

Early Learning Council **Best Beginnings Committee**  
*and Healthy Families Oregon Advisory Committee*

**Strategic Plan Debrief**  
**July 19, 2018**

**Overview of Early Learning Council Strategic Planning Process**

Carey McCann and Alyssa Chatterjee provided an update to the committee on the Early Learning Council strategic planning process. The committee's role is to provide the Council input that can inform the content of the strategic plan. Their input is summarized below. The committee discussed their vision for children prenatal to age 3 and their families. And, they provided input into five selected themes.

**Committee's Vision for Children Prenatal to Age 3 and Their Families**

The committee offers three visions: one about children and families, one about programs who serve Oregon's youngest children and families, and one about the early learning systems.

**Vision for Oregon's Youngest Children and Their Families**

- Every child born into a safe and nurturing and healthy (physically and mentally) family
- Every infant and toddler feels loved, valued, healthy, and held
- Every infant and toddler has ample and diverse opportunities for optimal health, happiness, and success
- Infants and toddlers have a wealth of positive experiences
- Infants and toddlers are supported and have a trajectory of lifelong health and success
- Parents are supported in community, so they are able to nurture healthy child development
- Parents have dedicated time to develop relationships with their newborn babies, such as offer healthy and attached relationships, provide serve and return; create calm environments that are language rich, etc.
- All middle and high school students will have a deep understanding of infant toddler brain development and parenting skills

**Vision for the Programs that Serve Oregon's Youngest Children and Their families**

- Delivery of all services that are culturally and linguistically competent
- All services are safe, non-judgmental, and convenient
- Resources and support that parents need to be effective and are offered starting at conception
- Quality services to new or soon-to-be mothers and fathers and their infants and toddlers support their development and healthy outcomes
- Home Visiting for all that want it, universal for all births
- Safe and adequate supply of affordable quality child care
- All learning environments are developmentally appropriate and caregivers offer infants and toddlers consistent nurturing and support
- Community networks that support all families
- Adequate access to healthcare and prenatal care for parents and children
- Access to affordable housing, nutritious food, quality child development opportunities, and a livable wage

**Vision for the Early Learning System**

- Diversity of culture, race, language, and ability is welcomed and leveraged as a strength
- Race and ethnicity are no longer predictive of child and family outcomes
- System has a data-driven equity approach to the delivery of services
- System provides coordinated supports where, when, what, and how families need so they can thrive
- The system has no wrong door in which a family can enter and there is a streamlined system of care
- All available caregivers of a child, especially fathers, are included in all service delivery
- There is legislative understanding of importance of pregnancy and early childhood, mental and physical health

### Committee develop a list of strategies that support families with children prenatal to age 3

- Home visiting
- Early Head Start
- Quality Child Care/ERDC & TANF
- Early Intervention
- Title V Maternal & Child Health
- SNAP
- WIC
- TANF
- Subsidized housing
- Minimum wage
- Parental Leave
- Health Insurance (Medicaid)
- Mental Health, I-ECMH
- Dental
- Substance prevention and treatment
- Parenting education
- Libraries/VROOM
- Help Me Grow/211
- Pell grant/education of parents
- Regional Orgs: CCO, ESDS, ELH, Community Action Agencies, DHS 16 regions
- Emerging family first/child welfare
- Informed judges/courts on children 0-5

### Input into Strategic Planning on Selected Themes

Below is the input the committee has provided for five of the themes the Early Learning Council generated: Cultural Responsiveness & Equity, Supply of Quality, Affordable, Accessible Early Care and Education Settings, Workforce, Supporting Families, Use of Data.

The Committee has also made a recommendation for the Council to consider in its five-year plan, to include those policies that will be up for renewal, e.g. EITC as Oregon has one of the lowest percentage amounts at the state level.

### *Cultural Responsiveness & Equity*

**Discussion:** Further define equity and cultural responsiveness – they are different ideas. Define them in relation to programs and explicitly explain why not equality. Recognize in the plan that other languages should be viewed as an asset. Ensure that work on equity does not become a checklist, and ensure that the approach to the work should not be about “guessing what people need,” but about a process for engaging communities.

#### **Priorities:**

- Engage families to develop strategies (input given throughout stakeholder engagement)
- Address and eliminate the “cliff effect”
- Recognize ESL as an asset

#### **Cross Sector:**

- Include all sectors in developing shared definitions of cultural responsiveness and equity
- Consider public-private partnership, K-12, and the university college system
- Coordinate workforce development across sectors and include social and criminal justice

**Biggest Bang for the Effort:** developed shared definitions and strategies across sectors; address our own implicit bias

### *Supply of Quality, Affordable, Accessible Early Care and Education Settings*

**Discussion:** Be clear about why infant toddler child care is considered a part of the early care and education sector and that education happens in additional settings to schools. Continuity of Care and creating stability for children in their child care setting is a core value for promoting children’s

development and learning. Address the supply of quality child care settings, and access even if families move.

**Priorities:**

- Quality/qualified workforce that is trained and paid what they are worth
- Workforce is reflective of communities served
- Increase supply of quality infant toddler child care settings and specific strategies for rural Oregon
- Increasing continuity of care and stability of care (i.e. if a family moves, they lose their slot and can't get it back)

**Cross Sector:**

- Partner across higher education and all sectors that offer professional development to birth to three workforce
- Home visiting and mental health are good cross sector partners for supporting quality infant toddler care and Family, Friend, Neighbor care
- Need strategy to better understand the market and the actual cost of care to inform subsidy amounts
- Training that identifies cultural and exclusionary practices in order to eliminate them
- Consider a strategy on how to incentivize business buy-in from state investment

**Biggest Bang for the Effort:**

- Increase compensations, consider rates, subsidies, etc.
- Consider incentives to support becoming an infant toddler provider (tax credits, grants, pay for ed advancements)
- Explore procurement processes (i.e. buying in bulk)
- Offer off-hour incentive for care similar to what Illinois has with their providers
- Explore what incentives are needed to retain good providers

## **Workforce**

**Discussion:** Need to create a framework and identify the shared competencies across the prenatal to age 5 workforce in the early learning system. Theme needs to include pediatric health and mental health workforce. Increase recruitment of diverse workforce into training opportunities and explore barriers to participation. Consider cross-sector credits for participating in shared professional development, e.g. CFU/CME. Make the strategies broader for early childhood, across sectors and not just focused on ECE.

**Priorities:**

- Professional consultation offered to programs, e.g. mental health consultation
- Provide livable wage and benefits
- Conduct critical analysis behind attrition of workforce in order to build aligned cross-sector system
- Provide substitute care provider network for child care

**Cross Sector:** Identify and agree on cross-sector early childhood competencies for entire workforce

**Biggest Bang for the Effort:**

- Professional consultation to programs
- Substitute pool

## *Supporting Families*

**Discussion:** Develop a strategy to foster local, organic parenting opportunities (i.e. playgroups – reduce isolation and build their support system). Identify strategies that normalize parenting support and deliver it in ways that do not always include coursework and use of classrooms. Include Vroom and Act Early as strategies that can be outside of a parenting education classroom.

### **Priorities:**

- Design effective parents supports and services
- Include strategies that empower families
- Articulate a goal to reduce parent isolation
- Increase parent education that supports parent relationship with child

### **Biggest Bang for the Effort:**

- Universal home visiting
- Supporting from a system view – supporting those local, organic parent groups (i.e. through community coordinator)
- Bring more intentionality to the effort to put effective parenting information out there
- “Parent Ed” happening on social media

## *Use of Data*

**Discussion:** Have a strategy that addresses the gap in data that is being tracked for the prenatal to age three population, and the need to define specific outcomes to improve what can be tracked and reported regarding this age group. Include a strategy for determining how to connect data points on parents’ health and wellbeing and its impact children’s health and their wellbeing (linking data between families; even mother and baby as dyad). Develop cross sector metrics specifically for infants and toddlers. Improve the tracking of developmental screening from birth. There is a lot of information for birth to five, but need ability to analyze data under age 3 population.

### **Priorities:**

- ELD needs a data system to track what they are doing for infants and toddlers
- Strategy re: integrating and connecting child level data across the sectors
- Clarify the approach to aligning data collection, management, and the sharing of that data
- Address developmental screening and how results should be shared across providers in different sectors, e.g. pediatricians and early care and education providers

### **Cross Sector:**

- Connect existing health care infant toddler data with prek-12 education data system
- Connect Medicaid ID to SSID
- Consider implementing and adding an infant toddler component to the population surveys at smaller geographic level and review regularly (i.e. PRAMS)

### **Biggest Bang for the Effort:**

- Data system for ELD
- Connect data between parents’ health and their children health
- Identify a few key metrics around infants and toddlers

# Early Learning Council

## Measuring Success Committee Report

### Committee Charge:

Advise the Early Learning Council on the issues, challenges, successes and priorities related to measuring the success of the early learning system and ensuring equitable outcomes for all children, including but not limited to the Early Learning Hubs

### Committee Membership:

Kristi Collins, Colleen Reuland, Bobbie Weber, Holly Mar Conte, Debbie Jones, Dorothy Spence, Emily Berry, Beth Green, Sara Kleinschmidt, Shannon Lipscomb, Bill Baney, Bess Day.

### Report:

The Measuring Success Committee met on Wednesday, August 1, from 1 – 4pm at the Early Learning Division. Following an update on the ELC strategic planning process, the committee discussed the revised Early Learning System Outcomes Template which will serve as the basis for and ELS “dashboard.”

Building on previous discussions, the committee finalized the developmental domains for children and families which are critical to achieving the goals of *children arriving at school ready to succeed and healthy, stable, and attached families*. With respect to kindergarten readiness, the domains are: **(a) Physical, perceptual, and motor development, (b) Social and emotional well-being, (c) Approaches to learning, and (d) Cognitive, language, and literacy development**. For healthy, stable, and attached families, the domains are: **(e) Birth mother/caregiver health, (f) Healthy relationships, and (g) Safe and stable families**.

The committee then began the process of identifying and discussing specific measures which could be used to assess progress toward intermediate outcomes and long-term outcomes. One important consideration was whether a measure assessed an intermediate, subpopulation outcome (e.g., used only within a certain program or sector), or a long-term, population-based outcome in which all sectors play important roles in the outcome. Other considerations included the validity of the measure, the data source, whether raw data are available, how often data are updated, how widely the measure is used, and whether any changes in data collection or reporting were feasible.

The following are measures within each of the seven domains of development that have been proposed and are currently under consideration:



## **Physical, Perceptual, & Motor Development**

**Long-term “Ultimate” Outcome Measure(s):** Childhood Obesity

### **Intermediate Outcome Measures:**

- ~~Gross/fine motor development at ages 1, 2 and/or 3 (ELD/OHA; ASQ).~~ **Not feasible.**
- Well-child visits
- Dental exams
- Immunization rate
- Number of visits to emergency room or urgent care
- Health insurance coverage without interruption
- Developmental screenings and follow-up
- Breastfeeding
- Child has medical home
- % of children with medical or health complexities
- Families have safe and accessible indoor/outdoor spaces for physical activity
- Access to healthy food
- Children in foster care receiving timely health assessment

## **Social and Emotional Well-being**

**Long-term “Ultimate” Outcome Measure(s):** OKA Interpersonal Skills

### **Intermediate Outcome Measures:**

- % of children developmentally on track on ASQ-SE.
- % of children attending high quality child care/preschool
- Families receive home visiting that is culturally and linguistically responsive
- All services for children and caregivers are trauma-informed/responsive

## **Approaches to Learning**

**Long-term “Ultimate” Outcome Measure(s):** OKA Approaches to Learning or Self-Regulation

### **Intermediate Outcome Measures:**

- ~~Problem Solving and Personal Social Development (ELD/ODE; ASQ subscales).~~ **Not feasible.**
- HOME Inventory



## **Cognitive, Literacy, & Language Development**

**Long-term “Ultimate” Outcome Measure(s):** OKA Early Math and Letter Names

### **Intermediate Outcome Measures:**

- ~~Percent of children on track for Communication and Problem solving (ASQ).~~ **Not feasible.**
- ~~ASQ-3 subscales of cognitive and language development.~~ **Not feasible.**
- HOME Inventory
- “Parenting Skills Ladder”
- Frequency of reading, telling stories, singing songs with children
- % of children attending high quality child care/preschool

## **Birth Mother/Caregiver Health**

**Long-term “Ultimate” Outcome Measure(s):** Adequate birthweight

### **Intermediate Outcome Measures:**

- Adequate prenatal care
- Rate of preterm births
- Infant mortality rate
- Maternal depression screening
- Intimate partner violence screening
- Effective contraception use
- Well-women visits
- Smoking during pregnancy
- Maternal mortality rate
- Percentage of mothers with 4+ ACES

## **Healthy Relationships**

**Long-term “Ultimate” Outcome Measure(s):** Child abuse & neglect per 1000 children

### **Intermediate Outcome Measures:**

- Frequency of reading, telling stories, singing songs with children
- “Parenting Skills Ladder”
- Child care slots
- Access to home visiting
- Basic services and resources needed, referred and accessed
- Intimate partner violence screening



- Relationship Assessment Tool used in some HV programs - it is a MIECHV requirement
- HOME Inventory
- Adult Resilience Measure.
- Children in foster care are placed with siblings/receive support to maintain strong relationships with siblings and other family members.

### **Safe and Stable Families**

#### **Long-term “Ultimate” Outcome Measure(s):**

#### **Intermediate Outcome Measures:**

- Child Poverty Rate
- Food insecurity among children
- Parenting stress
- HOME Inventory
- Neighborhoods are free from crime and violence
- Continuity of care
- For ERDC families, percent of income spent on child care
- Children experience stability in child welfare placements
- Employers have family friendly policies
- Family Assessment Tool
- Family’s sense of hope

The committee will continue to discuss and refine the current list of measures, and consider any new measures that emerge during discussions. Staff will research any measures in which the committee requests additional information needed.

#### **Key Issues Discussed & Uncovered:**

- Using the ASQ or other developmental screenings, despite widespread use, is problematic in that raw scores are generally not available, and not all developmental screenings are ASQs

#### **Upcoming Key Decisions:**

- Finalize long-term and intermediate outcomes measures

#### **Staffed by:**

David Mandell, Tom George, Sue Parrish



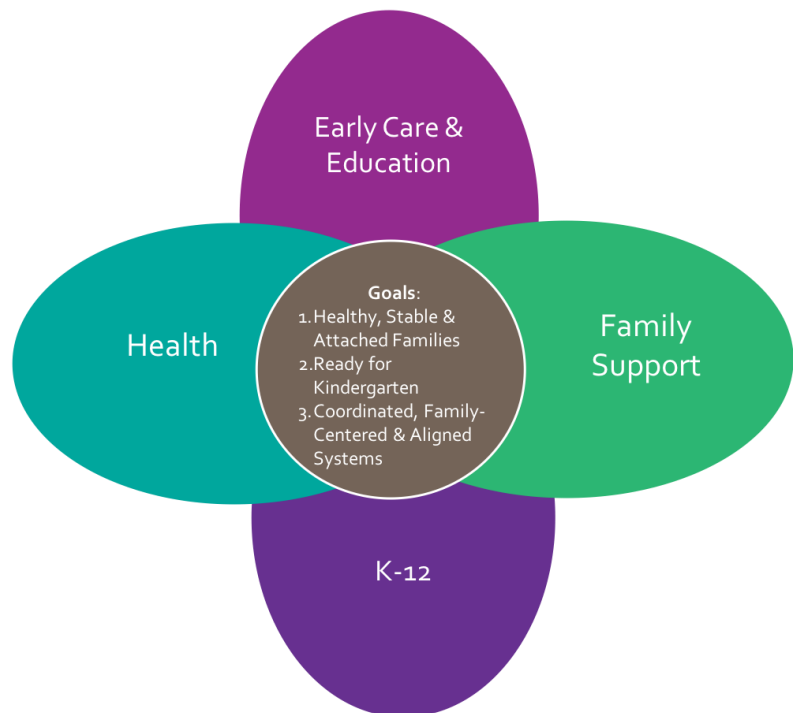


## Key Dates

- **ELC Meeting – September 27**
  - Provide the strategic activities matched to the goals/objectives.
  - Provide synthesis of process and findings from the process.
  - Provide outline of the plan.
- **ELC Retreat – October 29 & 30**
  - First total draft presented
- **ELC Meeting – November 30**
  - Final draft presented (full report and executive summary)
  - Recommended edits
  - Adoption (*couldn't find a December date for ELC; members can adopt with recommended edits and staff will share the final version during December*)
    - *ELD/BUILD working with designer to finish publication by Leg Session*

### Overview of Oregon's Early Learning System Strategic Plan

- **Captures what is most strategic to advance an Oregon early learning system for children ages prenatal to five and their families** toward the vision or system goals over the next five years that:
  - Children arrive ready for kindergarten
  - Children are raised in healthy, stable & attached families
  - Coordinated, family-center & aligned systems
- **Identifies shared interest and focus on child and family outcomes** and corresponding strategies, not individual programs
- **Keeps accountability and commitment** across sectors
- **Captures current momentum** - drives early childhood agenda– lifts up what sectors are doing
- **Identifies critical areas for cross-system efforts**



### Who is Receiving Work from the Strategic Plan

- Early Learning Council
- Individual sectors/state agencies: ELD, Education/K-12, Human Services, Health, Housing
- Partnerships/collaborations among state agencies where cross-sector work is needed
- Early Learning Hubs

### Remaining Summer Stakeholder Engagements to Inform Strategic Plan Content

- Remaining 4 Hub Governance Boards by Miriam and Council members
- Parent engagement sessions – Kairos, Adelante Mujeres, FACT Oregon
- Local Public Health (TBD)
- Community Partners: BPI,
- CCR&Rs (late summer/fall – September 26<sup>th</sup>)

### Getting from ELC Process to Strategic Plan

- ELC hosted stakeholder panel presentations organized by each sector
- ELC members submitted reflections after each sector – the content of these reflections are captured in the themes document. The content of each theme can inform the plan.

## Review of the Themes

The following list summarizes the themes captured from the debriefs the Council had after engagements from Human Services, Early Care & Education, K-12, Health, and Housing:

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| 1. Cultural Responsiveness & Equity | 11. Supporting Families              |
| 2. Access to ECE                    | 12. Family-Centered Systems          |
| 3. Affordability of ECE             | 13. Use of Data                      |
| 4. Supply of ECE Settings           | 14. Financing & Leveraging Resources |
| 5. Quality of Settings              | 15. Building a Systems Approach      |
| 6. Standards/Regulations Alignment  | 16. State-Community Connections      |
| 7. Child Development Outcomes       | 17. Geographic Specific Needs        |
| 8. Workforce                        | 18. Community Context                |
| 9. Trauma-Informed Care             | 19. Connecting with Business         |
| 10. Inclusion                       | 20. Role of Early Learning Council   |

## Themes Organized by the 3 System Goals

Children arrive ready for kindergarten	Children are raised in healthy, stable & attached families	Coordinated, family-center & aligned systems
Child Development Outcomes	Supporting Families	Equity and Cultural Responsiveness
Inclusion	Family-Centered Systems	Family-Centered Systems
Quality of Settings	Community Context	State-Community Connections
Access to ECE	Geographic Specific Needs	Use of Data
Affordability of ECE		State-Community Connections
Supply of ECE Settings		Building a Systems Approach
Workforce		Workforce
		Trauma-Informed Care
		Financing & Leveraging Resources
		Standards/Regulations Alignment
		Role of Early Learning Council
		Connecting with Business



# CHILD CARE RULES UPDATE AND SUMMARY OF CHANGES

Dawn Taylor, Child Care Director

August 30, 2018

# CCDF, HB 4065 & Infant Needs Requirements: Proposed Adoption

- July 1<sup>st</sup> Public Comment Period Opens
- Broad communication to the field
- Adoption August 30, 2018
- Effective September 30, 2018

# Community Engagement

- 4 online engagement sessions
  - 90 RF providers
  - 79 CF providers
  - 111 CC providers
  - OAELP – 6 providers
- 2 in-person engagement sessions
  - The Dalles (3 providers)
  - Salem (30 providers – organized by AFSCME)

# Permanent Rules Effective September 30, 2018

The following slides outline the proposed rule changes that were available for public comment July 1 – August 20, 2018.

# Requirements of HB 4065



# Statutory Requirements



- ❑ Clarification of exempt prohibition to match statute
- ❑ Definition of “School-Age Child” to include the summer months prior to the start of kindergarten
- ❑ Civil Penalties increase

# Meeting the Needs of Infants

# Safe Sleep

- ❑ Safe sleep training is required for all caregivers that care for infants.
- ❑ Expands on safe sleep standards by prohibiting any items in the crib with infants, except for a pacifier.
- ❑ Addresses swaddling and other clothing or items that could restrict a child's movement or pose a strangulation hazard.

# CCDF Requirements

# Central Background Registry

- Federal law requires fingerprint background checks on all individuals that may have contact with child care children.
- Once an individual has submitted their fingerprints to OCC, they may be conditionally enrolled in the CBR while their fingerprint checks are completed.
- During conditional enrollment, the individual may be present on the premises and may function in their staff position, but they may not have unsupervised access to child care children until confirmation of enrollment in the CBR has been received.

# Training Requirements

- Aide 1 & Assistant 1 Training
  - CPR
  - First Aid
  - RRCAN (Recognizing Reporting Child Abuse & Neglect)

# Serious Injury and Reporting

- ❑ Requires child care programs report any serious injury to OCC within 5 calendar days of the occurrence.
- ❑ Serious injury is defined in rule to include such things as choking, concussion, poisoning, broken bones, near-drowning as well as several other specific situations.
- ❑ Does not include precautionary evaluations by a doctor, ongoing medical issues or injuries where first aid is administered at the center, but no further treatment is needed.

# Lead Rules Corrections

The following changes were proposed to correct some errors in the rules adopted in February 2018.



# Technical Corrections to Lead Rules



- ❑ Clarify acceptance previous lead testing results
- ❑ Clarifying that dishwashers can be used without lead testing in Registered Family care

# Changes to Rules in Response to Public Comment

## All Rule Sets

- Change “severe” burns to “all” burns.
- Clarify “While on the child care premises” for safe sleep requirements.

## RF, CF, CC

- Clarify that Certificate of Registration is posted where it can be “clearly” viewed.

## CF, CC

- Clarify that “persons authorized to drop off and pick up a child care child” have access to that child(ren).



Questions and thoughts?

# Governor's Directive Rules

- ❑ Passed temporary on June 28, 2018 effective July 1, 2018
- ❑ Public Comment Period opened August 1 – September 18, 2018
- ❑ Proposed for Adoption September 27, 2018
- ❑ Proposed Effective Date: September 30, 2018

# CBR Temp Rules

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- Alignment with CCDF
- Proposed for Adoption at September 27<sup>th</sup> ELC Meeting
- September 30, 2018 Effective Date

# Full Rule Alignment

The following rule summaries represent the proposed rule language in its latest form and may continue to change based on public comment and additional research.

# Timeline

- Community engagement sessions beginning in the Fall
- *Anticipated* Public Comment Period: November 1 - December 15
  - ▣ This will be determined based on the feedback received during the community engagement process.
- Adoption: February 2019
- Effective: May 30, 2019

# Community Engagement

- Regional Provider Engagement Sessions throughout the state
  - Working with AFSCME to convene providers
  - Hiring a coordinator to manage the process, sessions and summarizing feedback
- In-person and Online Engagement Sessions
  - Engagements available in all five major languages: English, Spanish, Russian, Vietnamese and Chinese



**Definitions 414-180-0010**

(17) "Serious Injury or Incident" means any of the following:

- (a) Injury requiring surgery;
- (b) Injury requiring admission to a hospital;
- (c) Injury requiring emergency medical attention;
- (d) Choking and unexpected breathing problems;
- (e) Unconsciousness;
- (f) Concussion;
- (g) Poisoning;
- (h) Medication overdose;
- (i) Broken bone;
- (j) Severe head or neck injury;

Concern: What does "severe" mean?

Recommended change: None.

Rationale: Merriam-Webster defines severe as "very painful or harmful as in *severe wound*". Additional guidance can be given with an interpretive guide accompanying the rule.

(k) Chemical contact in eyes, mouth, skin, inhalation or ingestion;

(l) Severe burn;

Concern: What does "severe" mean? Does this include sunburns?

Recommended change: ~~Severe~~ All burns

Rationale: All burns (1<sup>st</sup> degree, 2<sup>nd</sup> degree and 3<sup>rd</sup> degree) should be reported. This would include sunburns.

(m) Allergic reaction requiring administration of Epi-Pen;

(n) Severe bleeding or stitches;

Concern: What does "severe" mean?

Recommended change: None.

Rationale: Merriam-Webster defines severe as "very painful or harmful as in *severe wound*". Additional guidance can be given with an interpretive guide accompanying the rule.

(o) Shock or confused state;

(p) Near-drowning.

(20) "Unsupervised Access to Children" means contact with children that provides the person opportunity for personal communication or touch when not under the direct supervision of a child care provider or staff with supervisory authority.

**Health 414-180-0015**

~~(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).~~ The following safe sleep practices must be followed:

- (a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets and playpens must comply with current Consumer Product Safety Commission (CPSC) standards;
- (b) Bassinets may only be used until the infant is able to roll over on their own;
- (c) Each mattress shall:
  - (A) Fit snugly; and
  - (B) Be covered by a tightly fitting sheet;

Concern: Do bassinets and playpens also have to have a tightly fitting sheet? Those types of equipment typically don't have mattresses, they have pads.

Recommended change: None. Additional guidance can be given through an interpretive guide accompanying the rule.

Rationale: The intent of the rule is to ensure that bedding will not restrict the infant's movement or interfere with breathing.

(d) A clean sheet shall be provided for each child;

(e) Infants must be placed on their backs on a flat surface for sleeping;

Concern: What about infants that can easily turn over, do we need to keep repositioning them on their backs?  
Recommended change: None.

Rationale: Caring for Our Children 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction (American Academy of Pediatrics): Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time  
<http://nrckids.org/CFOC/Database/3.1.4.1>

(f) If an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface;

Concern: What if an infant falls asleep in a stroller while on a walk, or on a blanket or pad while at a park? Shall the walk or park visit be cut short so that the infant can "immediately" be moved to an appropriate sleep surface?

Recommended change: While on the child care premises if an infant falls asleep...

Rationale: It seems unnecessary to require caregivers to curtail activities such as walks or park visits if an infant falls asleep. The additional language should provide clarity to the intent of the rule.

(g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest;

(h) There shall be no items in the crib with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers);

Concerns: What about security blankets or comfort toys?

Recommended change: None.

Rationale: Caring for Our Children 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction (American Academy of Pediatrics): Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Loose or ill-fitting sheets have caused infants to be strangled or suffocated. Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments.  
<http://nrckids.org/CFOC/Database/3.1.4.1>

(i) Swaddling or other clothing or covering that restricts the child's movement is prohibited;

Concern: Why is swaddling bad? It helps the infant sleep. They do it in hospitals.

Recommended change: None. Additional guidance will be given by licensors and interpretive guides accompanying the rule. Special circumstances can be assessed using the exception process.

Rationale: Caring for Our Children 3.1.4.2: Swaddling (Jointly published by the National Resource Center for Health and Safety in Child Care and Early Education, the AAP and the American Public Health Association): There is evidence that swaddling can increase the risk of serious health outcomes, especially in certain situations. The risk of sudden infant death is increased if an infant is swaddled and placed on his/her stomach to sleep or if the infant can roll over from back to stomach. Loose blankets around the head can be a risk factor for sudden infant death syndrome (SIDS). With swaddling, there is an increased risk of developmental dysplasia of the hip, a hip condition that can result in long-term disability. Hip dysplasia is felt to be more common with swaddling because infants' legs can be forcibly extended. With excessive swaddling, infants may overheat (i.e., hyperthermia).

<http://nrckids.org/CFOC/Database/3.1.4.2>

(j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and

(k) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the child care facility and placed in an appropriate sleep surface.

(8) A provider may submit documented lead testing results obtained within six years immediately preceding the effective date of this section to the OCC, ~~and request a waiver of this requirement for a period not to exceed six~~

~~years from the date of the test results submitted.~~ This provision applies only to tests conducted in accordance with the United States Environmental Protection Agency 3T's for Reducing Lead in Drinking Water in Schools: Revised guidance dated October 2006 and the results were below 15 ppb. The OCC shall determine whether the tests submitted conform to the requirements of OAR 414-180-0015(3).

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

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

(11) ~~Children shall not be laid down with a bottle for sleeping.~~ Children who cannot feed themselves shall be held or, if able to sit alone, fed in an upright position.

(a) Infants up to 6 months of age shall be held or sitting up in a caregiver's lap for bottle feeding;

(b) Bottles shall never be propped. The child or a caregiver shall hold the bottle; and

(c) Infants no longer being held for feeding shall be fed in a manner that provides safety and comfort.

(12) Children of any age shall not be laid down with a bottle.

### Record Keeping 414-180-0045

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

### General Requirements 414-180-0050

(3) The provider shall report to OCC:

(a) Any death of a child while in care, within 24 hours;

(b) Any child that was left unattended, within 24 hours;

Concern: What does "unattended" mean? Is there a time limit on how long a child can be unattended?

Recommended change: None.

Rationale: Further guidance will be given by licensors and an interpretive guide accompanying the rule. Examples given in engagement were if the group of children are brought in from the play area and while engaged in an activity, a head count reveals that a child had been left in the play area. Supervision rules would also be used to determine if a child was left "unattended".

(c) Any serious injury or incident, as defined in OAR 414-180-0010(21) within 5 calendar days after the occurrence. This does not include:

(A) Injuries for which a child is evaluated by a professional as a precaution;

(B) Injuries for which first aid is administered at the operation, but no further treatment by a medical professional is warranted; or

(C) Medical events due to routine, ongoing medical issues, such as asthma or seizures.

(d) Any animal bites to a child within 48 hours of occurrence.

Concern: Reports of any instance in the rule above that will appear on the parent portal may be viewed by parents as non-compliances and could negatively affect programs.

Recommended change: Include a lead-in statement on the parent portal informing parents that reports do not automatically indicate non-compliance. If a non-compliance has occurred, it will be clearly indicated.

**Purpose 414-205-0000**

(2) Registration is required for persons who provide child care:

- (a) On other than an occasional basis; and
- (b) To more than three children from more than one family at any one time, other than the person's children subject to the limits in OAR 414-205-0065.

~~(c) To three or fewer children, even if from the same family if that person's enrollment in the Central Background Registry (CBR) has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC; or~~

~~(d) Provide care that is primarily educational for four hours or less per day and where no preschool age child is present at the facility for more than four hours per day if that person's enrollment in the CBR has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC; or~~

~~(e) On an occasional basis by a person not ordinarily engaged in providing child care if that person's enrollment in the CBR has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC; or~~

~~(f) To children from only one family other than the person's own family if that person's enrollment in the CBR has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC.~~

(3) Individuals who are not enrolled in the Central Background Registry because of removal, denial for cause, or voluntary surrender in lieu of legal action, may only care for their own children or children related within the fourth degree as determined by civil law, pursuant to ORS 329A.252.

**Definitions 414-205-0010**

(2) "Central Background Registry" (CBR) means OCC's Registry of individuals who have been approved to be associated with a child care facility in Oregon pursuant to ORS 329A.030 and OAR 414-061-0000 through 414-061-0120.

(a) "CBR Enrollment" means approval for a 5 year period to be enrolled in the CBR following an Oregon State Police criminal records check, child abuse and neglect records check, checks of adult protective services and foster care certification and an FBI records check.

(b) "CBR Conditional Enrollment" means temporary approval to be enrolled in the CBR following a Oregon State Police records check and child abuse and neglect records check but prior to receipt by OCC of the results of the required FBI records check.

(27) "School-Age Child" means a child eligible to attend kindergarten or above in public school. ~~This does not include the months prior to the start of the kindergarten school year.~~ This includes the months from the end of the prior school year to the start of the kindergarten school year.

(29) "Serious Injury or Incident" means any of the following:

- (a) Injury requiring surgery;
- (b) Injury requiring admission to a hospital;
- (c) Injury requiring emergency medical attention;
- (d) Choking and unexpected breathing problems;
- (e) Unconsciousness;

- (f) Concussion;
- (g) Poisoning;
- (h) Medication overdose;
- (i) Broken bone;
- (j) Severe head or neck injury;

Concern: What does “severe” mean?

Recommended change: None.

Rationale: Merriam-Webster defines severe as “very painful or harmful as in *severe* wound”. Additional guidance can be given with an interpretive guide accompanying the rule.

- (k) Chemical contact in eyes, mouth, skin, inhalation or ingestion;
- (l) Severe burn;

Concern: What does “severe” mean? Does this include sunburns?

Recommended change: ~~Severe~~ All burns

Rationale: All burns (1<sup>st</sup> degree, 2<sup>nd</sup> degree and 3<sup>rd</sup> degree) should be reported. This would include sunburns.

- (m) Allergic reaction requiring administration of Epi-Pen;
- (n) Severe bleeding or stitches;

Concern: What does “severe” mean?

Recommended change: None.

Rationale: Merriam-Webster defines severe as “very painful or harmful as in *severe* wound”. Additional guidance can be given with an interpretive guide accompanying the rule.

- (o) Shock or confused state;
- (p) Near-drowning.

(32) “Unsupervised Access to Children” means contact with children that provides the person opportunity for personal communication or touch when not under the direct supervision of a child care provider or staff with supervisory authority.

### Application for Registration 414-205-0020

(6) An applicant shall identify the location of drinking water faucets and fixtures used to obtain water to prepare food, infant formula, drinking or cooking, ~~and dish washing~~ and the location of bathroom, diaper changing, bathing and handwashing faucets and fixtures that are not used for drinking water.

(10) An applicant may submit documented lead testing results obtained within six years immediately preceding the effective date of this section to the OCC, ~~and request a waiver of this requirement for a period not to exceed six years from the date of the test results submitted.~~ This provision applies only to tests conducted in accordance with the United States Environmental Protection Agency 3T’s for Reducing Lead in Drinking Water in Schools: Revised guidance dated October 2006 and the results were below 15 ppb. The OCC shall determine whether the tests submitted conform to the requirements of OAR 414-205-0020(9).

### General Requirements 414-205-0035

(8) ~~The Certificate of Registration must be posted in the family child care home in an area where it can be viewed by parents.~~ The provider shall display the following near the entrance, or in some other area of the home where they may be viewed by parent(s) of children in care:

Concern: Need more guidance on where items need to be posted.

Recommended change: The provider shall display the following near the entrance, or in some other area of the home where they may be **clearly** viewed by parent(s) of children in care:

Rationale: Provides clearer wording to meet the intent of the rule.

- (a) The Certificate of Registration; and

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

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

(25) The provider shall report to OCC:

- (a) Any death of a child while in care, within 24 hours;
- (b) Any child that was left unattended, within 24 hours;

Concern: What does “unattended” mean? Is there a time limit on how long a child can be unattended?

Recommended change: None.

Rationale: Further guidance will be given by licensors and an interpretive guide accompanying the rule. Examples given in engagement were if the group of children are brought in from the play area and while engaged in an activity, a head count reveals that a child had been left in the play area. Supervision rules would also be used to determine if a child was left “unattended”.

(c) Any serious injury or incident, as defined in OAR 414-205-0010(29) within 5 calendar days after the occurrence. This does not include:

- (A) Injuries for which a child is evaluated by a professional as a precaution;
- (B) Injuries for which first aid is administered at the facility, but no further treatment by a medical professional is warranted; or
- (C) Medical events due to routine, ongoing medical issues, such as asthma or seizures.
- (d) Any damage to the building that affects the provider’s ability to comply with these requirements, within 48 hours of the occurrence.
- (e) Any animal bites to a child within 48 hours of occurrence.

Concern: Reports of any instance in the rule above that will appear on the parent portal may be viewed by parents as non-compliances and could negatively affect programs.

Recommended change: Include a lead-in statement on the parent portal informing parents that reports do not automatically indicate non-compliance. If a non-compliance has occurred, it will be clearly indicated.

(26) The written emergency plan must be given to parents of children in care.

### The Provider and Other Persons in the Home 414-205-0040

~~(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 the OCC’s confirmation letter for the individuals enrolled in the CBR that may have contact with child care children. The provider must receive confirmation from OCC that an individual 18 years of age or over, is enrolled or conditionally enrolled in the CBR before the individual can:~~

- (a) Reside on the premises;
- (b) Stay overnight on the premises for longer than 14 consecutive days, not to exceed a total of 30 days in a calendar year;

Concern: What about family or other visitors that may stay for longer than 14 days? For example, kids coming home for the summer from college or military personnel.

Recommended change: None.

Rationale: Other rules are in place to help ensure that adults who are not enrolled or conditionally enrolled in the CBR will not have unsupervised access to children. Special circumstances can be assessed using the exception process.

- (c) Assist the provider; or
- (d) Volunteer in the child care program.

- (5) Individuals with conditional enrollment in the CBR shall 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 registered family child care license is active.
- (8) Individuals whose CBR enrollment has been revoked, denied or suspended, may not live in the home; be on the premises during child care hours; or have contact with child care children.
- (9) If any person, who is enrolled in the CBR, has been charged with, arrested for, or a warrant is out for any of the crimes which OCC has determined indicate behavior which may have a detrimental effect on a child, with final disposition not yet reached, registration may be denied or suspended until the charge, arrest, or warrant has been resolved if the person continues to operate, be employed in or reside in the home, or have access to children in the home.
- (10) The provider shall have a written plan to ensure that individuals who are not enrolled or conditionally enrolled in the CBR and are on the child care premises shall not have unsupervised access to children.
- (11) The provider shall maintain a log of arrival and departure times of all individuals 18 and older who are not enrolled or conditionally enrolled in the CBR and enter the home while child care children are present, excluding parents who are dropping off or picking up their children.

Concern: Why does the plan apply to the premises and the log only apply to the home?

Recommended change: None.

Rationale: The plan is designed to ensure that no one has access to child care children who is not enrolled or conditionally enrolled in the CBR regardless of where the children may be. For example, landscapers or contractors. The log is designed to monitor and document who has entered the home as there is an increased potential for unsupervised contact due to multiple rooms, etc.

### **Training Requirements 414-205-0055**

- (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:
- (f) Completed OCC approved safe sleep training.
- (3) When a person submits a reopen or address change application, OCC shall, shall prior to approving it, receive evidence from the individual that the individual has:
- (f) Completed OCC approved safe sleep training. If the reopen is the result of an address change, the person must complete the OCC approved safe sleep training by January 1, 2019.

### **Program of Activities 414-205-0090**

- (6) Throughout the day, each infant and toddler shall receive physical contact and individual attention (e.g., being held, rocked, talked to, sung to, and taken on walks inside and outside the home).
- (7) The provider must have routines for eating, napping, diapering and toileting, with flexibility to respond to the needs of each child.
- (8) Infants shall have a variety of appropriate infant toys stimulating to the senses.



(9) The following safe sleep practices must be followed:

(a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets and playpens must comply with current Consumer Product Safety Commission (CPSC) standards;

(b) Bassinets may only be used until the infant is able to roll over on their own;

(c) Each mattress shall:

(A) Fit snugly; and

(B) Be covered by a tightly fitting sheet;

Concern: Do bassinets and playpens also have to have a tightly fitting sheet? Those types of equipment typically don't have mattresses, they have pads.

Recommended change: None. Additional guidance can be given through an interpretive guide accompanying the rule.

Rationale: The intent of the rule is to ensure that bedding will not restrict the infant's movement or interfere with breathing.

(d) A clean sheet shall be provided for each child;

(e) Infants must be placed on their backs on a flat surface for sleeping;

Concern: What about infants that can easily turn over, do we need to keep repositioning them on their backs?

Recommended change: None.

Rationale: Caring for Our Children 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction (American Academy of Pediatrics): Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time

<http://nrckids.org/CFOC/Database/3.1.4.1>

(f) If an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface;

Concern: What if an infant falls asleep in a stroller while on a walk, or on a blanket or pad while at a park? Shall the walk or park visit be cut short so that the infant can "immediately" be moved to an appropriate sleep surface?

Recommended change: While on the child care premises if an infant falls asleep...

Rationale: It seems unnecessary to require caregivers to curtail activities such as walks or park visits if an infant falls asleep. The additional language should provide clarity to the intent of the rule.

(g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest;

(h) There shall be no items in the crib with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers);

Concerns: What about security blankets or comfort toys?

Recommended change: None.

Rationale: Caring for Our Children 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction (American Academy of Pediatrics): Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Loose or ill-fitting sheets have caused infants to be strangled or suffocated. Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments.

<http://nrckids.org/CFOC/Database/3.1.4.1>

(i) Swaddling or other clothing or covering that restricts the child's movement is prohibited;

Concern: Why is swaddling bad? It helps the infant sleep. They do it in hospitals.

Recommended change: None. Additional guidance will be given by licensors and interpretive guides accompanying the rule. Special circumstances can be assessed using the exception process.

Rationale: Caring for Our Children 3.1.4.2: Swaddling (Jointly published by the National Resource Center for Health and Safety in Child Care and Early Education, the AAP and the American Public Health Association): There is evidence that swaddling can increase the risk of serious health outcomes, especially in certain situations. The risk of sudden infant death is increased if an infant is swaddled and placed on his/her stomach to sleep or if the infant can roll over from back to stomach. Loose blankets around the head can be a risk factor for sudden infant



death syndrome (SIDS). With swaddling, there is an increased risk of developmental dysplasia of the hip, a hip condition that can result in long-term disability. Hip dysplasia is felt to be more common with swaddling because infants' legs can be forcibly extended. With excessive swaddling, infants may overheat (i.e., hyperthermia).

<http://nrckids.org/CFOC/Database/3.1.4.2>

(j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and

(k) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the home and placed in an appropriate sleep surface.

### Health 414-205-0100

(9) A provider may submit documented lead testing results obtained within six years immediately preceding the effective date of this section to the OCC, ~~and request a waiver of this requirement for a period not to exceed six years from the date of the test results submitted.~~ This provision applies only to tests conducted in accordance with the United States Environmental Protection Agency 3T's for Reducing Lead in Drinking Water in Schools: Revised guidance dated October 2006 and the results were below 15 ppb. The OCC shall determine whether the tests submitted conform to the requirements of OAR 414-205-0100 (3).

(14) Children who cannot feed themselves shall be held or, if able to sit alone, fed in an upright position.

(a) Infants up to six months of age shall be held or sitting up in a caregiver's lap for bottle feeding;

(b) Bottles shall never be propped. The child or a caregiver shall hold the bottle.

(c) Infants no longer being held for feeding shall be fed in a manner that provides safety and comfort.

(15) Children of any age shall not be laid down with a bottle.

### Record Keeping 414-205-0130

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

### ~~Findings Review and Sanctions 414-205-0170~~ Suspension, Denial, Revocation, Findings Reviews and Civil Penalties 414-205-0170

(1) A provider has the right to a review of any finding made by OCC. New applicants for registration will be given a copy of OCC's findings review procedures at the time of the on-site inspection. Information on the OCC findings review process will be in complaint letters. The OCC findings review procedures are also available upon request.

~~(2) Registration may be denied, suspended, or revoked if a provider fails to meet requirements, provide OCC with information requested, allow an inspection, or correct deficiencies.~~

~~(3) Any action taken by OCC to deny, suspend, or revoke registration may be reported to USDA Child Care Food Programs, child care resource and referral agencies, Children, Adults and Families, Office of Self-Sufficiency and Office of Safety and Permanency for Children.~~

~~(4) A registration may be suspended immediately when OCC believes children may be at risk of harm in the family child care home. Such action may be taken before an investigation is completed.~~

~~(a) A provider whose registration has been suspended must immediately notify, verbally or in writing, all parents of the suspension.~~

~~(b) A provider whose registration has been suspended must post the suspension in the home where it can be viewed by parents.~~

~~(c) A provider whose registration has been suspended must immediately provide OCC with all names, work and home telephone numbers and addresses of the parent(s) or legal guardian(s) for each child.~~

~~(5) Registration will be denied, suspended or revoked if the provider or other resident of the home has been removed or suspended from the CBR.~~

~~(6) If an individual listed in 414-205-0040(2)(a) or (b) has been charged with, arrested for, or a warrant is out for any crime which OCC has determined indicates behavior that would have a detrimental effect on a child, the provider's application will be denied or registration will be suspended or revoked until the charge, arrest, or warrant has been resolved.~~

~~(7) Registration will be denied, suspended or revoked if an individual listed in OAR 414-205-0040(2)(a) or (b) has been convicted of or sentenced for offenses that would disqualify the individual from the CBR.~~

~~(8) Registration will be denied, suspended or revoked if an individual listed in OAR 414-205-0040(2)(a) or (b) has a founded child protective services case or an open child protective services or law enforcement case that would disqualify the individual from the CBR.~~

~~(9) A provider whose registration has been denied for cause or revoked for cause shall not be eligible to reapply for three years after the effective date of the revocation.~~

(2) The Office of Child Care may immediately, and without prior notice, suspend the child care registration when, in the opinion of OCC, such action is necessary to protect the children from physical or mental abuse or a substantial threat to health, safety or well-being. Such action may be taken before an investigation is completed.

(3) A provider whose registration has been suspended must immediately notify, verbally or in writing, all parents of the suspension.

(4) A provider whose registration has been suspended must immediately provide OCC with all names, work and home telephone numbers and addresses of the parent(s) or legal guardian(s) for each child.

(5) A provider whose registration has been suspended must post the suspension in the home where it can be viewed by parents and others for the duration of the suspension.

(6) If necessary to protect children, OCC may give public notice of denial, suspension or revocation action taken. The type of notice will depend on individual circumstances.

(7) If the provider does not request a hearing and the conditions which resulted in suspension have not been corrected, the registration shall be revoked.

(8) Registration may be denied or revoked if a registered family child care home fails to meet requirements, provide OCC with information requested, allow an inspection, correct deficiencies, or is operated or maintained in a manner which is harmful to the health, safety or well-being of children in care.

(9) A registered family child care home whose registration has been denied or revoked must immediately notify all parents of the closure and shall post a notice of the closure where it can be viewed by parents and others. The notice shall remain posted for a minimum of 2 weeks.

(10) The provider has the right to appeal any decision to suspend, deny or revoke the registration, subject to the provisions of Chapter 183, Oregon Revised Statutes.

(11) Any action taken by OCC to deny, suspend, or revoke registration may be reported to the Department of Human Services, USDA Child Care Food Programs and child care resource and referral system.

(12) A provider whose registration has been denied for cause (e.g. health and safety concerns, criminal activity or child protective services involvement) or revoked shall not be eligible to reapply for 5 years after the effective date of the closure.

(13) If any person, who is enrolled in the CBR, has been charged with, arrested for, or a warrant is out for any of the crimes which OCC has determined indicate behavior which may have a detrimental effect on a child, with final disposition not yet reached, registration may be denied or suspended or revoked until the charge, arrest, or warrant has been resolved if the person continues to operate, be employed in or reside in the home, or have access to children in the home.

(14) Registration may be denied, suspended or revoked if an individual listed in OAR 414-205-0075 has a child protective services history or an open child protective services or law enforcement case that would disqualify the individual from the CBR.

~~(15) A provider who violates these rules or the terms and conditions of certification under these rules may be subject to a civil penalty.~~ Violations of these rules or terms and conditions of certification under these rules may be subject to a civil penalty up to \$750 per violation.

(16) Whenever the Office of Child Care (OCC) investigates an alleged complaint at a registered facility, or a facility that may be operating in violation of the requirements of ORS 329A.250 through 329A.450, OCC shall:

- (a) Provide technical assistance as appropriate;
- (b) Send written notice of the complaint visit to the facility with a finding of valid, unable to substantiate, or invalid; and
- (c) OCC shall assess whether additional legal actions are appropriate, including but not limited to civil penalties, denials, revocations or suspensions, depending upon:
  - (A) Numbers of previous violations of the same rule; or
  - (B) Circumstances surrounding the rule violation.

~~(2) For a serious violation, as defined in OAR 414-205-0010(29) a provider may be subject to a civil penalty of \$100 for a violation after a written warning with time to correct is issued; and \$100 for each subsequent violation, not to exceed \$1,000 in a quarter for all rule violations.~~

(17) For a serious violation, as defined in OAR-414-350-0010 (29), a provider may be subject to a civil penalty not to exceed \$750 for each violation.

~~(3) For other violations, a provider may be subject to a civil penalty of \$50 for a violation after a written warning with time to correct is issued; \$100 for a second violation, and \$100 for each subsequent violation, not to exceed \$1,000 in a quarter for all rule violations.~~ (18) For a non-serious violation, a provider may be subject to a civil penalty of \$250 for each violation.

(19) Each day that a child care facility is operating in violation of any of the rules and conditions of certification is a separate violation of the rules.

(20) An individual or entity that provides child care subject to licensing in a home or facility that is not certified with the Office of Child Care, may be subject to a civil penalty not to exceed \$1,500 per day of operation of the uncertified facility.

Feedback was very supportive of the increase in civil penalty for illegal care.
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(21) Notwithstanding the Office of Child Care's (OCC) decision to impose a civil penalty for one or more rule violations, OCC may also take action to deny, suspend or revoke a certification for the same rule violation or violations.

(22) The provider has the right to appeal any decision to impose a civil penalty, subject to the provisions of chapter 183, Oregon Revised Statutes.

(23) Failure to pay a civil penalty in which the Office of Child Care has issued a final order by default or a final order after a contested case hearing shall be grounds for denial or revocation of the facility's certification.

DRAFT

**Applicability of Rules 414-350-0000**

(1) OAR 414-350-0000 through 414-350-0405 set forth the Office of Child Care's (OCC) requirements for the inspection and certification of certified family child care homes subject to Oregon laws governing child care facilities (ORS 657A.030, 657A.250 through 657A.310, 657A.350 through 657A.460, and 657A.990) that:

(a) Care for no more than 16 children; and

(b) Are located in a building constructed as a single-family dwelling.

~~(c) Care for three or fewer children if the caregiver's enrollment in the Central Background Registry has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC; or~~

~~(d) Provides care for preschool children that is primarily educational for four hours or less per day and where no preschool age child is present at the facility for more than four hours per day if the caregiver's enrollment in the Central Background Registry has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC; or~~

~~(e) Provide care on an occasional basis by a person not ordinarily engaged in providing child care if the caregiver's enrollment in the Central Background Registry has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC; or~~

~~(f) Provide care for children from only one family other than the person's own family if the caregiver's enrollment in the Central Background Registry has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC.~~

(2) Individuals who are not enrolled in the Central Background Registry because of removal, denial for cause, or voluntary surrender in lieu of legal action, may only care for their own children or children related within the fourth degree as determined by civil law, pursuant to ORS 329A.252.

**Definitions 414-350-0010**

(5) "Central Background Registry" (CBR) means OCC's Registry of individuals who have been approved to ~~work in be associated with~~ a child care facility in Oregon pursuant to ORS 329A.030 and OAR 414-061-0000 through 414-061-0120.

(a) "CBR Enrollment" means approval for a 5 year period to be enrolled in the CBR following an Oregon State Police criminal records check, child abuse and neglect records check, checks of adult protective services and foster care certification and an FBI records check.

(b) "CBR Conditional Enrollment" means temporary approval to be enrolled in the CBR following a Oregon State Police records check and child abuse and neglect records check but prior to receipt by OCC of the results of the required FBI records check.

(25) "Preschool Age Child" means a child 36 months of age ~~up to the summer vacation months prior to being eligible to be enrolled in the first grade in public school.~~ to eligible to attend kindergarten or above in public school.

(30) "School-Age Child" means a child eligible to ~~be enrolled in the first grade or above in public school including the months of summer vacation prior to being eligible to be enrolled in the first grade, up to age 13.~~ attend kindergarten

or above in public school. This includes the months from the end of the prior school year to the start of the kindergarten school year.

(32) "Serious Injury or Incident" means any of the following:

- (a) Injury requiring surgery;
- (b) Injury requiring admission to a hospital;
- (c) Injury requiring emergency medical attention;
- (d) Choking and unexpected breathing problems;
- (e) Unconsciousness;
- (f) Concussion;
- (g) Poisoning;
- (h) Medication overdose;
- (i) Broken bone;
- (j) Severe head or neck injury;

Concern: What does "severe" mean?

Recommended change: None.

Rationale: Merriam-Webster defines severe as "very painful or harmful as in severe wound". Additional guidance can be given with an interpretive guide accompanying the rule.

(k) Chemical contact in eyes, mouth, skin, inhalation or ingestion;

(l) Severe burn;

Concern: What does "severe" mean? Does this include sunburns?

Recommended change: ~~Severe~~ All burns

Rationale: All burns (1<sup>st</sup> degree, 2<sup>nd</sup> degree and 3<sup>rd</sup> degree) should be reported. This would include sunburns.

(m) Allergic reaction requiring administration of Epi-Pen;

(n) Severe bleeding or stitches;

Concern: What does "severe" mean?

Recommended change: None.

Rationale: Merriam-Webster defines severe as "very painful or harmful as in severe wound". Additional guidance can be given with an interpretive guide accompanying the rule.

(o) Shock or confused state;

(p) Near-drowning.

(37) "Unsupervised Access to Children" means contact with children that provides the person opportunity for personal communication or touch when not under the direct supervision of a child care provider or staff with supervisory authority.

### Application for a Child Care Certificate 414-350-0020

(12) An application for certificate shall be accompanied by lead testing results for drinking water faucets and fixtures identified in OAR 414-350-0020(7). Results shall be those obtained within the past six (6) years.

(c) An applicant may submit documented lead testing results obtained within six years immediately preceding the effective date of this section to the OCC, ~~and request a waiver of this requirement for a period not to exceed six years from the date of the test results submitted.~~ This provision applies only to tests conducted in accordance with the United States Environmental Protection Agency 3T's for Reducing Lead in Drinking Water in Schools: Revised guidance dated October 2006 and the results were below 15 ppb. The OCC shall determine whether the tests submitted conform to the requirements of OAR 414-350-0020 (12)(b).

### General Requirements 414-350-0050

(1) The following items shall be posted in the certified family child care home where they may be viewed by parents:

Concern: Need more guidance on where items need to be posted.

Recommended change: The following items shall be posted in the certified family child care home where they may be **clearly** viewed by parents:

Rationale: Provides clearer wording to meet the intent of the rule.

- (a) The ~~child care certificate~~ **most current certificate issued by OCC;**
- (b) Notification of a communicable disease outbreak at the home;
- (c) The evacuation plan **and the location where parents may be reunited with their children in the event of an evacuation;**
- (9) The provider shall report to OCC:
  - (a) ~~An accident at the home resulting in the death of a child, within 48 hours after the occurrence; and Any death of a child while in care, within 24 hours;~~
  - (b) **Any child that was left unattended, within 24 hours;**

Concern: What does "unattended" mean? Is there a time limit on how long a child can be unattended?

Recommended change: None.

Rationale: Further guidance will be given by licensors and an interpretive guide accompanying the rule. Examples given in engagement were if the group of children are brought in from the play area and while engaged in an activity, a head count reveals that a child had been left in the play area. Supervision rules would also be used to determine if a child was left "unattended".

- (c) ~~Injuries to a child at the certified family child care home which require attention from a licensed health care professional, such as a physician, EMT or nurse, within 7 days after the occurrence. Any serious injury or incident, as defined in OAR 414-350-0010(38) within 5 calendar days after the occurrence. This does not include:~~
  - (A) Injuries for which a child is evaluated by a professional as a precaution;
  - (B) Injuries for which first aid is administered at the facility, but no further treatment by a medical professional is warranted; or
  - (C) Medical events due to routine, ongoing medical issues, such as asthma or seizures.
- (d) **Any damage to the building that affects the provider's ability to comply with the rules for Certified Family Child Care Homes within 48 hours of the occurrence.**
- (e) **Any animal bites to a child within 48 hours of occurrence.**

Concern: Reports of any instance in the rule above that will appear on the parent portal may be viewed by parents as non-compliances and could negatively affect programs.

Recommended change: Include a lead-in statement on the parent portal informing parents that reports do not automatically indicate non-compliance. If a non-compliance has occurred, it will be clearly indicated.

- (f) **Any change in provider prior to being on site. Such notification must include the replacement person's qualifications for the position and documentation that the person is enrolled in the Central Background Registry. A phone call, followed by written documentation, an e-mail or a FAX will serve as notification.**
- (15) **The written emergency plan must be given to parents of children in care.**

### Staff General Requirements 414-350-0090

- (4) 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 hours of operation. This does not apply to parents of children in care when they drop off and pick up their children.

Concern: What about other authorized persons who are dropping off or picking up children?

Recommended change: This does not apply to ~~parents of children in care when they drop off and pick up their children:~~ **persons authorized to drop off and pick up a child care child.**

- (a) The owner, provider, all caregivers and other residents of the ~~home~~ **premises** 18 years of age or older must be enrolled in OCC's CBR prior to the issuance of an initial or renewal certificate. ~~Residents of the home who are under 18 years of age must be enrolled in the Registry by their 18th birthday. Certification may be denied,~~



~~suspended, or revoked if the provider or other resident of the home has been removed or suspended from the Central Background Registry.~~

~~(b) Prior to any new caregiver caring for children or prior to an individual residing in the home, visiting the home on a regular basis, or substituting for or assisting the provider, the caregiver/individual shall be enrolled in the Central Background Registry and the provider shall receive verification from OCC of the enrollment. This does not apply to parents of children in care unless they are residing in the home or assisting in the provision of child care. The provider must receive confirmation from OCC that an individual 18 years of age or over, is enrolled or conditionally enrolled in the CBR before the individual can:~~

~~(A) Reside on the premises;~~

~~(B) Stay overnight on the premises for longer than 14 consecutive days, not to exceed a total of 30 days in a calendar year;~~

Concern: What about family or other visitors that may stay for longer than 14 days? For example, kids coming home for the summer from college or military personnel.

Recommended change: None.

Rationale: Other rules are in place to help ensure that adults who are not enrolled or conditionally enrolled in the CBR will not have unsupervised access to children. Special circumstances can be assessed using the exception process.

~~(C) Assist the provider; or~~

~~(D) Volunteer in the child care program.~~

~~(e) When a provider is notified by OCC that a caregiver or other individual has been removed from the Central Background Registry, the provider shall not permit the caregiver or other individual to be in the home during hours the child care business is conducted or to have access to child care children.~~

(c) If any person listed in section (4)(a) & (b) of this rule has been charged with, arrested for, or a warrant is out for any of the crimes which OCC has determined indicate behavior which may have a detrimental effect on a child, with final disposition not yet reached, certification may be denied or suspended until the charge, arrest, or warrant has been resolved if the person continues to operate, be employed in or reside in the home, or have access to children in the home.

(d) If a criminal record check shows that a warrant has been issued for any person checked, OCC will inform the originating law enforcement agency of the person's name, employment address and telephone number.

(e) Any visitor to the home or other adult who is not enrolled in the Central Background Registry shall not have unsupervised access to children.

(5) Individuals conditionally enrolled in the CBR shall not have unsupervised access to children until the provider has confirmed with OCC the individual is enrolled, but may count in staff to child ratio.

(6) The provider shall have a written plan to ensure that individuals who are not enrolled or conditionally enrolled in the CBR and are on the child care premises shall not have unsupervised access to children.

(7) The provider shall maintain a log of arrival and departure times of all individuals 18 and older who are not enrolled or conditionally enrolled in the CBR and enter the home while child care children are present, excluding parents who are dropping off or picking up their children.

Concern: Why does the plan apply to the premises and the log only apply to the home?

Recommended change: None.

Rationale: The plan is designed to ensure that no one has access to child care children who is not enrolled or conditionally enrolled in the CBR regardless of where the children may be. For example, landscapers or contractors. The log is designed to monitor and document who has entered the home as there is an increased potential for unsupervised contact due to multiple rooms, etc.

(8) The provider, caregivers and other individuals that are required to be enrolled in the CBR and are on-site must maintain current enrollment in the CBR at all times while the certified family child care license is active.



(9) Individuals whose CBR enrollment has been revoked, denied or suspended, may not live in the home; be on the premises during child care hours; or have contact with child care children.

(10) 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.

### The Provider 414-350-0100

(6) The provider shall provide evidence of the following training prior to being certified:

(d) Completed OCC approved safe sleep training.

### Assistants 414-350-0110

(2) An Assistant I shall:

(a) Be at least 15 years of age;

(b) ~~Work under the direct supervision, i.e., within sight and sound of the provider or substitute provider;~~ Have current certification in first aid and pediatric CPR;

(A) CPR courses must have practical hands-on instruction;

(B) CPR courses that involve an on-line component with hands-on instruction may be accepted;

(C) Strictly on-line CPR training is not acceptable; and

(D) New Assistant I's must complete the training within 90 days of employment.

(c) ~~Have on file documentation of an orientation and be familiar with the provider's policies and procedures and these requirements (OAR 414-350-0000 through 414-350-0405).~~ Have completed a minimum of 2 hours of training on child abuse and neglect that is specific to Oregon law within 30 days of employment;

(d) Have a current food handler certification approved by the Oregon Health Authority or OCC before preparing or serving food;

(e) Have completed OCC approved health and safety training within 30 days of employment; and

(f) Have completed OCC approved safe sleep training within 30 days of employment.

(3) An Assistant I, who is not enrolled in the CBR because they are under the age of 18, must be supervised within sight AND sound of the provider or substitute provider.

(4) An assistant I, who is enrolled in the CBR, must be supervised within sight OR sound of the provider or substitute provider.

(5) An Assistant II shall:

(f) Have completed OCC approved safe sleep training.

### Training Requirements 414-350-0115

Concern: Increased training will put too large a burden on facilities.

Recommended change: None.

Rationale: Training is required by CCDF state plan and to better meet the unique needs of infants in child care settings.

(6) ~~All new staff that may have unsupervised access to children must have completed OCC approved health and safety training within thirty days of employment.~~ The provider and all staff, with the exception of Assistant I's, who count in staff to child ratios must complete OCC approved training on recognizing and reporting child abuse and

neglect and health and safety, prior to having unsupervised access to children and functioning in their position. Assistant I's must complete the training within the first 30 days of employment.

(7) ~~All current staff that may have unsupervised access to children must complete OCC approved health and safety training by June 30, 2017.~~ The provider and all staff, with the exception of Assistant I's, who count in staff to child ratios must complete OCC approved training on safe sleep prior to having unsupervised access to children. Assistant I's must complete the training within the first 30 days of employment.

(8) All current staff must complete OCC approved safe sleep training by January 1, 2019.

(9) When a reopen or address change application is submitted, OCC shall, prior to approving it, receive evidence that the provider and all staff have completed OCC approved safe sleep training. If the reopen is a result of an address change, the person must complete the OCC approved safe sleep training by January 1, 2019.

### **Meals and Snacks 414-350-0210**

(8) A certified family child care home serving children under 12 months of age shall comply with the following requirements for those children:

(h) Children who cannot feed themselves shall be held or, if able to sit alone, fed in an upright position.

(A) Infants up to six months of age shall be held ~~or sitting up in a caregiver's lap for bottle feeding while bottle fed.~~

(B) Bottles shall never be propped. The child or a caregiver shall hold the bottle.

(C) Infants no longer being held for feeding shall be fed in a manner that provides safety and comfort.

(9) Children of any age shall not be laid down with a bottle.

### **Program and Care of Children General Requirements 414-350-0220**

(6) Infant and toddler program of activities. The following apply to infant and toddlers in care at the certified home.

(a) Infants shall be allowed to form and follow their own patterns of sleeping and waking periods.

(b) Children shall be given opportunities during each day to move freely by creeping and crawling in a safe, clean, warm, and uncluttered area.

(c) Throughout the day, each ~~child~~ **infant and toddler** shall receive physical contact and individual attention (e.g., being held, rocked, talked to, sung to, and taken on walks inside and outside the home).

(d) ~~Routines relating to activities such as bedtime, feeding, diapering, and toileting shall be used as opportunities for language development, building the child's self-esteem, and other learning experiences.~~ The provider must have routines for eating, napping, diapering and toileting, with flexibility to respond to the needs of each child.

(e) ~~Children shall be encouraged to play with a variety of safe toys and objects.~~ Infants shall have a variety of appropriate infant toys stimulating to the senses.

(7) The following safe sleep practices must be followed:

(a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets and playpens must comply with current Consumer Product Safety Commission (CPSC) standards;

(b) Bassinets may only be used until the infant is able to roll over on their own;

(c) Each mattress shall:

(A) Fit snugly; and

(B) Be covered by a tightly fitting sheet;

Concern: Do bassinets and playpens also have to have a tightly fitting sheet? Those types of equipment typically don't have mattresses, they have pads.

Recommended change: None. Additional guidance can be given through an interpretive guide accompanying the rule.

Rationale: The intent of the rule is to ensure that bedding will not restrict the infant's movement or interfere with breathing.

(d) A clean sheet shall be provided for each child;

(e) Infants must be placed on their backs on a flat surface for sleeping;

Concern: What about infants that can easily turn over, do we need to keep repositioning them on their backs?

Recommended change: None.

Rationale: Caring for Our Children 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction (American Academy of Pediatrics): Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time

<http://nrckids.org/CFOC/Database/3.1.4.1>

(f) If an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface;

Concern: What if an infant falls asleep in a stroller while on a walk, or on a blanket or pad while at a park? Shall the walk or park visit be cut short so that the infant can "immediately" be moved to an appropriate sleep surface?

Recommended change: While on the child care premises if an infant falls asleep...

Rationale: It seems unnecessary to require caregivers to curtail activities such as walks or park visits if an infant falls asleep. The additional language should provide clarity to the intent of the rule.

(g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest;

(h) There shall be no items in the crib with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers);

Concerns: What about security blankets or comfort toys?

Recommended change: None.

Rationale: Caring for Our Children 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction (American Academy of Pediatrics): Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Loose or ill-fitting sheets have caused infants to be strangled or suffocated. Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments.

<http://nrckids.org/CFOC/Database/3.1.4.1>

(i) Swaddling or other clothing or covering that restricts the child's movement is prohibited;

Concern: Why is swaddling bad? It helps the infant sleep. They do it in hospitals.

Recommended change: None. Additional guidance will be given by licensors and interpretive guides accompanying the rule. Special circumstances can be assessed using the exception process.

Rationale: Caring for Our Children 3.1.4.2: Swaddling (Jointly published by the National Resource Center for Health and Safety in Child Care and Early Education, the AAP and the American Public Health Association): There is evidence that swaddling can increase the risk of serious health outcomes, especially in certain situations. The risk of sudden infant death is increased if an infant is swaddled and placed on his/her stomach to sleep or if the infant can roll over from back to stomach. Loose blankets around the head can be a risk factor for sudden infant death syndrome (SIDS). With swaddling, there is an increased risk of developmental dysplasia of the hip, a hip condition that can result in long-term disability. Hip dysplasia is felt to be more common with swaddling because infants' legs can be forcibly extended. With excessive swaddling, infants may overheat (i.e., hyperthermia).

<http://nrckids.org/CFOC/Database/3.1.4.2>

(j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and

(k) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the home and placed in an appropriate sleep surface.

**Denial and Revocation of Certification 414-350-0390 and Suspension of Certification 414-350-0400**  
**Suspension, Denial and Revocation 414-350-0390**

~~(1) Certification may be denied or revoked if a certified family child care home fails to meet requirements, provide OCC with information requested, allow an inspection, correct deficiencies, or is operated or maintained in a manner which is harmful to the health, safety or well-being of children in care.~~

~~(2) Revocation of a certification shall occur only after the provider receives notification of deficiencies, has adequate time to make corrections, and fails to do so.~~

~~(3) The provider has the right to appeal any decision to deny or revoke the certification, subject to the provisions of Chapter 183, Oregon Revised Statutes.~~

~~(4) A provider whose certification has been revoked shall not be eligible to reapply for three years after the closure of the certified family child care home.~~

~~(5) If necessary to protect children, OCC may give public notice of denial or revocation action taken. The type of notice will depend on individual circumstances.~~

~~(1) OCC may immediately, and without prior notice, suspend the child care certification when, in the opinion of OCC, such action is necessary to protect the children from physical or mental abuse or a substantial threat to health, safety or well-being. Such action may be taken before an investigation is completed.~~

~~(a) A provider whose certification has been suspended must immediately notify, verbally or in writing, all parents of the suspension.~~

~~(b) A provider whose certification has been suspended must post the suspension in the home where it can be viewed by parents and others.~~

~~(2) The provider has the right to appeal any decision to suspend the certification, subject to the provisions of Chapter 183, Oregon Revised Statutes.~~

~~(3) If the provider does not request a hearing and the conditions which resulted in suspension have not been corrected, the certification shall be revoked.~~

(1) The Office of Child Care may immediately, and without prior notice, suspend the child care certification when, in the opinion of OCC, such action is necessary to protect the children from physical or mental abuse or a substantial threat to health, safety or well-being. Such action may be taken before an investigation is completed.

(2) An owner whose certification has been suspended must immediately notify, verbally or in writing, all parents of the suspension.

(3) An owner whose certification has been suspended must immediately provide OCC with all names, work and home telephone numbers and addresses of the parent(s) or legal guardian(s) for each child.

(4) An owner whose certification has been suspended must post the suspension in the home where it can be viewed by parents and others for the duration of the suspension.

(5) If necessary to protect children, OCC may give public notice of denial, suspension or revocation action taken. The type of notice will depend on individual circumstances.

- (6) If the owner does not request a hearing and the conditions which resulted in suspension have not been corrected, the certification shall be revoked.
- (7) Certification may be denied or revoked if a certified family child care home fails to meet requirements, provide OCC with information requested, allow an inspection, correct deficiencies, or is operated or maintained in a manner which is harmful to the health, safety or well-being of children in care.
- (8) A certified family child care home whose certification has been denied or revoked must immediately notify all parents of the closure and shall post a notice of the closure where it can be viewed by parents and others. The notice shall remain posted for a minimum of 2 weeks.
- (9) The owner has the right to appeal any decision to suspend, deny or revoke the certification, subject to the provisions of Chapter 183, Oregon Revised Statutes.
- (10) Any action taken by OCC to deny, suspend, or revoke certification may be reported to the Department of Human Services, USDA Child Care Food Programs, child care resource and referral system.
- (11) An owner whose certification has been denied for cause (e.g. health and safety concerns, criminal activity or child protective services involvement) or revoked shall not be eligible to reapply for 5 years after the effective date of the closure.
- (12) If any person, who is enrolled in the CBR, has been charged with, arrested for, or a warrant is out for any of the crimes which OCC has determined indicate behavior which may have a detrimental effect on a child, with final disposition not yet reached, certification may be denied or suspended or revoked until the charge, arrest, or warrant has been resolved if the person continues to operate, be employed in or reside in the home, or have access to children in the home.
- (13) Certification may be denied, suspended or revoked if an individual listed in OAR 414-350-0080(5) has a child protective services history or an open child protective services or law enforcement case that would disqualify the individual from the CBR.

#### **Civil Penalty 414-350-0405**

- (1) ~~A provider who violates these rules or the terms and conditions of certification under these rules may be subject to a civil penalty.~~ Violations of these rules or terms and conditions of certification under these rules may be subject to a civil penalty up to \$1200 per violation.
- (2) Whenever the Office of Child Care (OCC) investigates an alleged complaint at a certified facility, or a facility that may be operating in violation of the requirements of ORS 329A.250 through 329A.450, OCC shall:
  - (a) Provide technical assistance as appropriate;
  - (b) Send written notice of the complaint visit to the facility with a finding of valid, unable to substantiate, or invalid; and
  - (c) OCC shall assess whether additional legal actions are appropriate, including but not limited to civil penalties, denials, revocations or suspensions, depending upon:
    - (A) Numbers of previous violations of the same rule; or
    - (B) Circumstances surrounding the rule violation.
- ~~(2) For a serious violation, as defined in OAR 414-350-0010 (32), a provider may be subject to a civil penalty of \$100 for the first violation after a written warning with time to correct is issued; and \$200 for each subsequent violation, not to exceed \$1,000 in a quarter for all rule violations.~~

(3) For a serious violation, as defined in OAR-414-350-0010 (32), an owner may be subject to a civil penalty not to exceed \$1200 for each violation.

~~(3) For a non-serious violation, a provider may be subject to a civil penalty of \$50 for the first violation after a written warning with time to correct is issued; \$100 for a second violation, and \$200 for a third and subsequent violations, not to exceed \$1,000 in a quarter for all rule violations.~~

(4) For a non-serious violation, an owner may be subject to a civil penalty of \$400 for each violation.

(5) Each day that a child care facility is operating in violation of any of the rules and conditions of certification is a separate violation of the rules.

(6) An individual or entity that provides child care subject to licensing in a home or facility that is not certified with the Office of Child Care, may be subject to a civil penalty not to exceed \$1,500 per day of operation of the uncertified facility.

Feedback was very supportive of the increase in civil penalty for illegal care.

(7) Notwithstanding the Office of Child Care's (OCC) decision to impose a civil penalty for one or more rule violations, OCC may also take action to deny, suspend or revoke a certification for the same rule violation or violations.

(8) The provider has the right to appeal any decision to impose a civil penalty, subject to the provisions of chapter 183, Oregon Revised Statutes.

(9) Failure to pay a civil penalty in which the Office of Child Care has issued a final order by default or a final order after a contested case hearing shall be grounds for denial or revocation of the facility's certification.

**Applicability of Rules 414-300-0000**

(1) OAR 414-300-0000 through 414-300-0415 set forth the Office of Child Care's (OCC) requirements for inspecting and certifying those child care facilities subject to Oregon laws governing child care facilities, ORS 329A.030, 329A.250 through 329A.310, 329.350 through 329A.460 and 329A.990, that:

(a) Serve thirteen or more children; or

(b) Serve twelve or fewer children and are located in a building constructed as other than a single-family dwelling.

~~(c) Care for three or fewer children if the caregiver's enrollment in the Central Background Registry has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC; or~~

~~(d) Provides care for preschool children that is primarily educational for four hours or less per day and where no preschool age child is present at the facility for more than four hours per day if the caregiver's enrollment in the Central Background Registry has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC; or~~

~~(e) Provide care on an occasional basis by a person not ordinarily engaged in providing child care if the caregiver's enrollment in the Central Background Registry has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC; or~~

~~(f) Provide care for children from only one family other than the person's own family if the caregiver's enrollment in the Central Background Registry has been denied or the person has been removed for cause, or suspended; or their child care facility certification or registration has been denied or revoked for cause, or suspended, or the person has voluntarily withdrawn their application or closed their registration or certification while under investigation by OCC.~~

(2) Individuals who are not enrolled in the Central Background Registry because of removal, denial for cause, or voluntary surrender in lieu of legal action, may only care for their own children or children related within the fourth degree as determined by civil law, pursuant to ORS 329A.252.

**Definitions 414-300-0005**

(5) "Central Background Registry" means OCC's Registry of individuals who have been approved to ~~work in~~ be associated with a child care facility in Oregon pursuant to ORS 657A.030 and OAR 414-061-0000 through 414-061-0120.

(a) "CBR Enrollment" means approval for a 5 year period to be enrolled in the CBR following an Oregon State Police criminal records check, child abuse and neglect records check, checks of adult protective services and foster care certification and an FBI records check.

(b) "CBR Conditional Enrollment" means temporary approval to be enrolled in the CBR following a Oregon State Police records check and child abuse and neglect records check but prior to receipt by OCC of the results of the required FBI records check.

(35) "Preschool-Age Child" means a child who is 36 months of age to eligible to ~~be enrolled in the first grade and, during the months of summer vacation from school, eligible to be enrolled in the first grade in the next school year. For purposes of these rules, children attending kindergarten may be considered school-age children.~~ attend kindergarten or above in public school.



(40) "School-Age Child" means a child eligible to ~~be enrolled in the first grade or above and, during the months of summer vacation from school, a child eligible to be enrolled in the first grade or above in the next school year, up to age 13. For purposes of these rules, children attending kindergarten may be considered school-age children.~~ attend kindergarten or above in public school. This includes the months from the end of the prior school year to the start of the kindergarten school year.

(43) "Serious Injury or Incident" means any of the following:

- (a) Injury requiring surgery;
- (b) Injury requiring admission to a hospital;
- (c) Injury requiring emergency medical attention;
- (d) Choking and unexpected breathing problems;
- (e) Unconsciousness;
- (f) Concussion;
- (g) Poisoning;
- (h) Medication overdose;
- (i) Broken bone;
- (j) Severe head or neck injury;

Concern: What does "severe" mean?

Recommended change: None.

Rationale: Merriam-Webster defines severe as "very painful or harmful as in *severe* wound". Additional guidance can be given with an interpretive guide accompanying the rule.

(k) Chemical contact in eyes, mouth, skin, inhalation or ingestion;

(l) Severe burn;

Concern: What does "severe" mean? Does this include sunburns?

Recommended change: ~~Severe~~ All burns

Rationale: All burns (1<sup>st</sup> degree, 2<sup>nd</sup> degree and 3<sup>rd</sup> degree) should be reported. This would include sunburns.

(m) Allergic reaction requiring administration of Epi-Pen;

(n) Severe bleeding or stitches;

Concern: What does "severe" mean?

Recommended change: None.

Rationale: Merriam-Webster defines severe as "very painful or harmful as in *severe* wound". Additional guidance can be given with an interpretive guide accompanying the rule.

(o) Shock or confused state;

(p) Near-drowning.

(53) "Unsupervised Access to Children" means contact with children that provides the person opportunity for personal communication or touch when not under the direct supervision of a child care provider or staff with supervisory authority.

### Application for a Child Care Certificate 414-300-0010

(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, bathroom, diaper changing, and handwashing sinks not used for drinking water, and diaper changing tables, the location of the fixtures and plumbing in the kitchen, and the location of all drinking water faucets and fixtures used to obtain water to prepare food, infant formula, drinking or cooking. ~~Similar plans shall be submitted to the environmental health specialist, the fire marshal and the buildings department prior to initial construction or remodel.~~



(9) Floor plans shall be submitted to the environmental health specialist, the fire marshal and the buildings department prior to initial construction or remodel.

(17) An applicant may submit documented lead testing results obtained within six years immediately preceding the effective date of this section to the OCC, ~~and request a waiver of this requirement for a period not to exceed six years from the date of the test results submitted.~~ This provision applies only to tests conducted in accordance with the United States Environmental Protection Agency 3T's for Reducing Lead in Drinking Water in Schools: Revised guidance dated October 2006 and the results were below 15 ppb. The OCC shall determine whether the tests submitted conform to the requirements of OAR 414-300-0010(16).

### General Requirements 414-300-0030

(1) The operator shall display the following near the entrance, or in some other area of the center, where they may be viewed by parent(s) of children in care:

Concern: Need more guidance on where items need to be posted.

Recommended change: The operator shall display the following near the entrance, or in some other area of the center, where they may be clearly viewed by parent(s) of children in care:

Rationale: Provides clearer wording to meet the intent of the rule.

Concern: What about programs located in schools and there is no room to post everything that is required?

Recommended change: None.

Rationale: Licensors will work with programs to find the best way to post required items.

(j) Water testing results, in accordance with OAR 414-300-0060(1)(e).

(4) The operator shall report to OCC:

(a) ~~An accident at the center resulting in the death of a child, within 48 hours after the occurrence;~~ Any death of a child while in care, within 24 hours;

(b) Any child that was left unattended, within 24 hours;

Concern: What does "unattended" mean? Is there a time limit on how long a child can be unattended?

Recommended change: None.

Rationale: Further guidance will be given by licensors and an interpretive guide accompanying the rule. Examples given in engagement were if the group of children are brought in from the play area and while engaged in an activity, a head count reveals that a child had been left in the play area. Supervision rules would also be used to determine if a child was left "unattended".

(c) ~~Injuries to a child at the center which require attention from a licensed health care professional, such as a physician, EMT or nurse, within 7 days after the occurrence;~~ Any serious injury or incident, as defined in OAR 414-300-0010(45) within 5 calendar days after the occurrence. This does not include:

(A) Injuries for which a child is evaluated by a professional as a precaution;

(B) Injuries for which first aid is administered at the center, but no further treatment by a medical professional is warranted; or

(C) Medical events due to routine, ongoing medical issues, such as asthma or seizures.

(d) Damage to the building which affects the operator's ability to comply with these requirements, within 48 hours after the occurrence;

(e) Any animal bites to a child within 48 hours of occurrence; and

Concern: Reports of any instance in the rule above that will appear on the parent portal may be viewed by parents as non-compliances and could negatively affect programs.

Recommended change: Include a lead-in statement on the parent portal informing parents that reports do not automatically indicate non-compliance. If a non-compliance has occurred, it will be clearly indicated.

(e) Any change in director prior to the director being on site. Such prior notification must include the replacement person's qualifications for the position and documentation that the person is enrolled in the Central Background Registry. An e-mail or a phone call, followed by written documentation, or a FAX will serve as notification.

(13) The written emergency plan must be given to parents of children in care.

#### Personnel General Requirements 414-300-0070

(6) No one shall have access to child care children or be in the center during child care hours who has demonstrated behavior that may have a detrimental effect on a child. This includes any individual in the center who has or may have unsupervised access, however brief, to child care children (i.e., the owner, the operator, all child care staff, maintenance staff who work on-site during hours of operation, volunteers who may be left alone with children, etc.). This does not apply to parents of children in care when they drop off and pick up their children.

Concern: What about other authorized persons who are dropping off or picking up children?

Recommended change: This does not apply to ~~parents of children in care when they drop off and pick up their children;~~ persons authorized to drop off and pick up a child care child.

- (a) The operator, all child care staff and others as described in section (6) above 18 years of age or older shall be enrolled in OCC's Central Background Registry prior to the issuance of an initial or renewal certification;
- (b) ~~Prior to any new staff, including a director, or individual being on-site at the center during child care hours, the staff/individual shall be enrolled in the Central Background Registry and the center shall receive verification from OCC of the enrollment. This does not apply to parents of children in care unless they are assisting in the provision of child care. Volunteers may be exempt from this rule, as specified in OAR 414-300-0070(11);~~ The facility must receive confirmation from OCC that staff who are 18 years of age or older, are enrolled or conditionally enrolled in the CBR before they may be on-site of the child care premises during child care hours.
- (c) When a center is notified by OCC that a staff member or other individual has been removed from the Central Background Registry, the center shall not permit the staff member or other individual to have access to child care children;
- (d) If any person listed in section (6) and section (6)(a) of this rule has been charged with, arrested for, or a warrant is out for any of the crimes which OCC has determined indicate behavior which may have a detrimental effect on a child, with final disposition not yet reached, certification will be denied or suspended until the charge, arrest, or warrant has been resolved if the person continues to operate, be employed in, or have access to children in the center;
- (e) If a criminal record check shows that a warrant has been issued for any person checked, OCC will inform the originating law enforcement agency of the person's name, address, and telephone number.

(7) Staff conditionally enrolled in the CBR may function in their staff position but shall not have unsupervised access to children until the center has confirmed with OCC the individual is enrolled.

(8) All caregivers and other individuals that are required to be enrolled in the CBR and are on-site must maintain current enrollment in the CBR at all times while the center license is active.

(9) Individuals whose CBR enrollment has been revoked, denied or suspended, may not be on the premises during child care hours; or have contact with child care children.

(10) Any visitor to the center or other adult who is not enrolled in the CBR shall not have unsupervised access to children.

(11) The center shall have a written plan to ensure that individuals who are not enrolled or conditionally enrolled in the CBR and are on the child care premises shall not have unsupervised access to children.

(12) The center shall maintain a log of arrival and departure times of all individuals 18 and older who are not enrolled or conditionally enrolled in the CBR and enter the center while child care children are present, excluding parents who are dropping off or picking up their children.

Concern: Why does the plan apply to the premises and the log only apply to the center?

Recommended change: None.

Rationale: The plan is designed to ensure that no one has access to child care children who is not enrolled or conditionally enrolled in the CBR regardless of where the children may be. For example, landscapers or contractors. The log is designed to monitor and document who has entered the building as there is an increased potential for unsupervised contact due to multiple rooms, etc.

(13) 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.

#### **Director 414-300-0080**

(9) The director must have completed OCC approved health and safety training.

(10) If the center is certified to care for infants, the director must have completed OCC approved safe sleep training.

#### **Head Teacher 414-300-0090**

(6) Head teachers must have completed OCC approved health and safety training.

(7) If the center is certified to care for infants, the head teacher must have completed OCC approved safe sleep training.

#### **Teacher 414-300-0100**

(3) Teachers must have completed OCC approved health and safety training.

(4) If caring for infants, teachers must have completed OCC approved safe sleep training.

#### **Teacher Aides 414-300-0110**

(1) Aide I shall ~~be~~:

(a) Be at least 15 years of age;

(b) Be directly supervised, i.e., within sight and sound of a staff person who meets at least the qualifications of a teacher;

(c) Have current certification in first aid and pediatric CPR within 90 days of employment.

(A) CPR training must have practical hands-on instruction;

(B) CPR courses that involve an on-line component with hands-on instruction may be accepted; and

- (C) Strictly on-line CPR training is not acceptable.
  - (d) Have completed a minimum of 2 hours of training on recognizing and reporting child abuse and neglect that is specific to Oregon law within 30 days of employment;
  - (e) Have completed OCC approved health and safety training within 30 days of employment.
  - (f) If caring for infants, completed OCC approved safe sleep training within 30 days of employment.
- (7) An Aide II must:
- (a) Have completed a training with a minimum of 2 hours on recognizing and reporting child abuse and neglect that is specific to Oregon law;
  - (b) Have completed OCC approved health and safety training; and
  - (c) If caring for infants, completed OCC approved safe sleep training.

#### Training 414-300-0120

Concern: Increased training will put too large a burden on large facilities.  
 Recommended change: None.  
 Rationale: Training is required by CCDF state plan and to better meet the unique needs of infants in child care settings.

- (9) ~~All new staff that may have unsupervised access to children must have completed OCC approved health and safety training within thirty days of employment.~~ All staff, with the exception of Aide I's, who count in staff to child ratios must complete OCC approved training on recognizing and reporting child abuse and neglect, and health and safety training, prior to having unsupervised access to children and functioning in their position. Aide I's must complete the training within the first 30 days of employment.
- (10) ~~All current staff that may have unsupervised access to children must have completed OCC approved health and safety training by June 30, 2017.~~ All infant caregivers, with the exception of Aide I's, must complete OCC approved training on safe sleep, prior to having unsupervised access to children and functioning in their position. Aide I's must complete the training within the first 30 days of employment.
- (11) If certified to care for infants, current infant caregivers must complete OCC approved safe sleep training by January 1, 2019.

#### Sanitation 414-300-0180

- (1) Water Supply:
  - (i) A provider may submit documented lead testing results obtained within six years immediately preceding the effective date of this section to the OCC, ~~and request a waiver of this requirement for a period not to exceed six years from the date of the test results submitted.~~ This provision applies only to tests conducted in accordance with the United States Environmental Protection Agency 3T's for Reducing Lead in Drinking Water in Schools: Revised guidance dated October 2006 and the results were below 15 ppb. The OCC shall determine whether the tests submitted conform to the requirements of OAR 414-300-0010(16).

#### Meals and Snacks 414-300-0280

- (9) A center serving children under 12 months of age shall comply with the following requirements for those children:

- (h) Children who cannot feed themselves shall be held or, if able to sit alone, fed in an upright position.
- (A) Infants up to six months of age shall be held ~~or sitting up in a caregiver's lap for bottle feeding while bottle fed.~~
- (B) Bottles shall never be propped. The child or a staff person shall hold the bottle.
- (C) Infants no longer being held for feeding shall be fed in a manner that provides safety and comfort.

(10) Children of any age shall not be laid down with a bottle.

### Infant and Toddler Program of Activities 414-300-0300

- (6) ~~Infants must be put to sleep on their backs.~~ The following safe sleep practices must be followed:
  - (a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets and playpens must comply with current Consumer Product Safety Commission (CPSC) standards;
  - (b) Bassinets may only be used until the infant is able to roll over on their own;
  - (c) Each mattress shall:
    - (A) Fit snugly; and
    - (B) Be covered by a tightly fitting sheet;

Concern: Do bassinets and playpens also have to have a tightly fitting sheet? Those types of equipment typically don't have mattresses, they have pads.  
 Recommended change: None. Additional guidance can be given through an interpretive guide accompanying the rule.  
 Rationale: The intent of the rule is to ensure that bedding will not restrict the infant's movement or interfere with breathing.

- (d) A clean sheet shall be provided for each child;
- (e) ~~Infants must be placed on their backs on a flat surface for sleeping;~~

Concern: What about infants that can easily turn over, do we need to keep repositioning them on their backs?  
 Recommended change: None.  
 Rationale: Caring for Our Children 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction (American Academy of Pediatrics): Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time  
<http://nrckids.org/CFOC/Database/3.1.4.1>

- (f) If an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the caregiver must immediately move the infant to an appropriate sleep surface;

Concern: What if an infant falls asleep in a stroller while on a walk, or on a blanket or pad while at a park? Shall the walk or park visit be cut short so that the infant can "immediately" be moved to an appropriate sleep surface?  
 Recommended change: While on the child care premises if an infant falls asleep...  
 Rationale: It seems unnecessary to require caregivers to curtail activities such as walks or park visits if an infant falls asleep. The additional language should provide clarity to the intent of the rule.

- (g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest;
- (h) There shall be no items in the crib with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers);

Concerns: What about security blankets or comfort toys?  
 Recommended change: None.  
 Rationale: Caring for Our Children 3.1.4.1: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction (American Academy of Pediatrics): Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Loose or ill-fitting sheets have caused infants to be

strangled or suffocated. Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments. <http://nrckids.org/CFOC/Database/3.1.4.1>

(i) [Swaddling or other clothing or covering that restricts the child's movement is prohibited;](#)

Concern: Why is swaddling bad? It helps the infant sleep. They do it in hospitals.  
 Recommended change: None. Additional guidance will be given by licensors and interpretive guides accompanying the rule. Special circumstances can be assessed using the exception process.  
 Rationale: Caring for Our Children 3.1.4.2: Swaddling (Jointly published by the National Resource Center for Health and Safety in Child Care and Early Education, the AAP and the American Public Health Association): There is evidence that swaddling can increase the risk of serious health outcomes, especially in certain situations. The risk of sudden infant death is increased if an infant is swaddled and placed on his/her stomach to sleep or if the infant can roll over from back to stomach. Loose blankets around the head can be a risk factor for sudden infant death syndrome (SIDS). With swaddling, there is an increased risk of developmental dysplasia of the hip, a hip condition that can result in long-term disability. Hip dysplasia is felt to be more common with swaddling because infants' legs can be forcibly extended. With excessive swaddling, infants may overheat (i.e., hyperthermia).  
<http://nrckids.org/CFOC/Database/3.1.4.2>

(j) [Clothing or items that could pose a strangulation hazard \(e.g. teething necklaces, pacifier attachments, clothing drawstrings\) are prohibited;](#) and

(k) [Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival to the center and placed in an appropriate sleep surface.](#)

### ~~Denial and Revocation of Certification 414-300-0400 and Suspension of Certification 414-300-0410~~ Suspension, Denial and Revocation 414-300-0400

~~(1) Certification may be denied or revoked if a center fails to meet requirements, provide OCC with information requested, allow an inspection, correct deficiencies, or is operated or maintained in a manner which is harmful to the health, safety or wellbeing of children in care.~~

~~(2) Revocation of a certification shall occur only after the director receives notification of deficiencies, has adequate time to make corrections, and fails to do so.~~

~~(3) The operator has the right to appeal any decision to deny or revoke the certification, subject to the provisions of Chapter 183, Oregon Revised Statutes.~~

~~(4) An operator whose certification has been revoked shall not be eligible to reapply for three years after the revocation is effective.~~

~~(5) If necessary to protect children, OCC may give public notice of denial or revocation action taken. The type of notice will depend on individual circumstances.~~

~~(1) OCC may immediately, and without prior notice, suspend the child care certification when, in the opinion of CCD, such action is necessary to protect the children from physical or mental abuse or a substantial threat to health, safety or well-being. Such action may be taken before an investigation is completed.~~

~~(a) An operator whose certification has been suspended must immediately notify, verbally or in writing, all parents of the suspension.~~

~~(b) An operator whose certification has been suspended must post the suspension on the main entry door where it can be viewed by parents and others.~~

~~(2) The operator has the right to appeal any decision to suspend the certification, subject to the provisions of chapter 183, Oregon Revised Statutes.~~

~~(3) If the operator does not request a hearing and the conditions which resulted in suspension have not been corrected, the certification shall be revoked (OAR 414-300-0400).~~

~~(4) If necessary to protect children, OCC may give public notice of suspension action taken. The type of notice will depend on individual circumstances.~~

(1) The Office of Child Care may immediately, and without prior notice, suspend the child care certification when, in the opinion of OCC, such action is necessary to protect the children from physical or mental abuse or a substantial threat to health, safety or well-being. Such action may be taken before an investigation is completed.

(2) A center whose certification has been suspended must immediately notify, verbally or in writing, all parents of the suspension.

(3) A center whose certification has been suspended must immediately provide OCC with all names, work and home telephone numbers and addresses of the parent(s) or legal guardian(s) for each child.

(4) A center whose certification has been suspended must post the suspension on the main entry door where it can be viewed by parents and others for the duration of the suspension.

(5) If necessary to protect children, OCC may give public notice of denial, suspension or revocation action taken. The type of notice will depend on individual circumstances.

(6) If the center does not request a hearing and the conditions which resulted in suspension have not been corrected, the certification shall be revoked.

(7) Certification may be denied or revoked if the center fails to meet requirements, provide OCC with information requested, allow an inspection, correct deficiencies, or is operated or maintained in a manner which is harmful to the health, safety or well-being of children in care.

(8) A center whose certification has been denied or revoked must immediately notify all parents of the closure and shall post a notice of the closure where it can be viewed by parents and others. The notice shall remain posted for a minimum of 2 weeks.

(9) The center has the right to appeal any decision to suspend, deny or revoke the certification, subject to the provisions of Chapter 183, Oregon Revised Statutes.

(10) Any action taken by OCC to deny, suspend, or revoke certification may be reported to the Department of Human Services, USDA Child Care Food Programs, child care resource and referral system.

(11) A center whose certification has been denied for cause (e.g. health and safety concerns, criminal activity or child protective services involvement) or revoked shall not be eligible to reapply for 5 years after the effective date of the closure.

(12) If any person, who is enrolled in the CBR, has been charged with, arrested for, or a warrant is out for any of the crimes which OCC has determined indicate behavior which may have a detrimental effect on a child, with final disposition not yet reached, certification may be denied or suspended or revoked until the charge, arrest, or warrant has been resolved if the person continues to operate, be employed in or reside in the center, or have access to children in the center.



(13) Certification may be denied, suspended or revoked if an individual listed in OAR 414-350-0080(5) has a child protective services history or an open child protective services or law enforcement case that would disqualify the individual from the CBR.

#### **414-300-0415 Civil Penalty**

(1) ~~A facility that violates these rules or the terms and conditions of certification under these rules may be subject to a civil penalty.~~ Violations of these rules or terms and conditions of certification under these rules may be subject to a civil penalty up to \$2500 per violation.

(2) Whenever the Office of Child Care (OCC) investigates an alleged complaint at a certified facility, or a facility that may be operating in violation of the requirements of ORS 329A.250 through 329A.450, OCC shall:

(a) Provide technical assistance as appropriate;

(b) Send written notice of the complaint visit to the facility with a finding of valid, unable to substantiate, or invalid; and

(c) OCC shall assess whether additional legal actions are appropriate, including but not limited to civil penalties, denials, revocations or suspensions, depending upon:

(A) Numbers of previous violations of the same rule; or

(B) Circumstances surrounding the rule violation.

~~(2) For a serious violation, as defined in OAR 414-300-0005(42) a facility may be subject to a civil penalty of \$100 for the first violation after a written warning with time to correct is issued; and an additional \$100 for each subsequent violation up to \$500 per violation, not to exceed \$1,000 in a quarter for all rule violations.~~

(3) For a serious violation, as defined in OAR 414-350-0010 (43), a center may be subject to a civil penalty not to exceed \$2500 for each violation.

~~(3) For other violations, a facility may be subject to a civil penalty of \$75 for the first violation after a written warning with time to correct is issued, \$150 for a second violation, \$250 for a third violation and an additional \$100 for each subsequent violation up to \$500 per violation, not to exceed \$1,000 in a quarter for all rule violations.~~

(4) For a non-serious violation, a center may be subject to a civil penalty of \$800 for each violation.

(5) Each day that a child care facility is operating in violation of any of the rules and conditions of certification is a separate violation of the rules.

(6) An individual or entity that provides child care subject to licensing in a home or facility that is not certified with the Office of Child Care, may be subject to a civil penalty not to exceed \$1,500 per day of operation of the uncertified facility.

Feedback was very supportive of the increase in civil penalty for illegal care.

(7) Notwithstanding the Office of Child Care's (OCC) decision to impose a civil penalty for one or more rule violations, OCC may also take action to deny, suspend or revoke a certification for the same rule violation or violations.

(8) The facility has the right to appeal any decision to impose a civil penalty, subject to the provisions of chapter 183, Oregon Revised Statutes.



(9) Failure to pay a civil penalty in which the Office of Child Care has issued a final order by default or a final order after a contested case hearing shall be grounds for denial or revocation of the facility's certification.

DRAFT