

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 (1st degree, 2nd degree and 3rd 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.