



Oregon Department of  
**Early Learning  
and Care**

---

Family Child Care Community  
Workgroup

July 9, 2024





# Welcome to the Workgroup!

We are glad you are here. While we are waiting to begin, please add your name and role in this Workgroup in the chat.

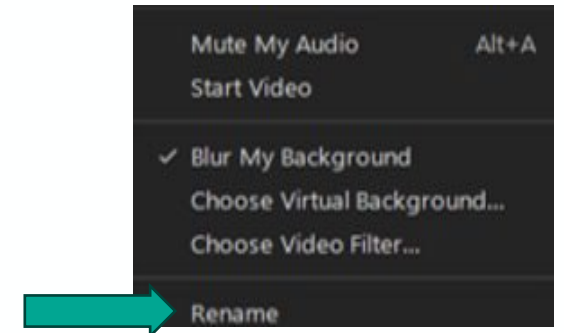
**Rename your participant icon with your first and last name.** You can do that one of two ways:

1. Click on the participants icon on the bottom of your screen.

- At the top right, your participant name will appear.
- Hover over your name and click on the 3 dots to the right and click rename.



2. Right mouse click on the screen to get a short menu. Choose rename.



## Accessing Zoom from a phone App:

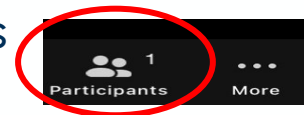
Rename your participant icon with your first and last name.

1. On the Zoom in-meeting controls, tap Participants

2. Tap your name, then tap rename

3. Other controls:

- \*6 Mute/Unmute
- \*9 Raise/Lower hands





# Meeting Agenda

1. Welcome / Introductions: (15 minutes)
2. Review of meeting agenda: (5 minutes)
3. Review Group Norms: (5 minutes)
4. Workgroup Guiding Questions (5 minutes)
5. Resources Used for Rulemaking (5 minutes)
6. Follow-up from last meetings topics (20 minutes)
7. Break (5 minutes)
8. Discussion Topics: (30 minutes)
  - Storage of hazards
9. Discussion Topics (25 minutes)
  - Roles and Responsibilities of Staff
  - Clarifying the use of infant monitors
10. Closing and next steps (5 minutes)





# Group Norms



- Allow opportunities for all voices to be heard
  - *Take space, make space*
- Remain focused on the scope of the workgroup
- Be open for respectful discussion
  - *Have an open mind and ask clarifying questions to confirm understanding*
- Encourage and honor individual perspectives and truths
  - *All experiences are valuable and contribute to our shared understanding*
- Use the "raise hand" function or chat for comments
- Practice active listening
  - *Listen to understand and give time to reflect before responding*
- Seek commonality
  - *We may disagree-which is okay-but will be guided by our shared commitment*





# Workgroup Guiding Questions

When reviewing the Workgroup discussion topics, some guiding questions and thoughts to consider:

- How would this requirement look in a family child care environment?
- What resources may be needed to implement the requirement?
- What recommendations do you have to alter the proposed requirement?



# Resources Used for Rulemaking

Caring for our Children  
(CFOC)

Child Care Development Fund  
(CCDF)

Consultation with Partner  
Agencies

EX. Environmental Health, Fire  
Marshal, OHA, CCR&R

Other National Resources:

1. Child Care Technical Assistance Network;
2. National Center on Early Childhood Quality Assurance

Other State's Child Care  
Licensing Rules

Experts in the Field = You

# Feedback and Follow-Up

- Group Size Requirements For Certified Home
- Documentation and Record Keeping
- Notifications



# Group Size Requirements- Certified Homes

<b>What We Heard:</b>	<b>Adjustments Made Based on Feedback:</b>
<ul style="list-style-type: none"><li>• Separation may look different in each environment due to layout of the home, ages of children in attendance, etc.</li><li>• Separation may hinder a caregiver's ability to move quickly between children</li><li>• Suggestion: Utilize a written plan incorporated into the program's policies to ensure safety of children in different age groups instead of requiring separation.</li></ul>	<ul style="list-style-type: none"><li>• If infants are in care, the provider must have a plan that addresses how the provider will ensure the safety of infants who are not yet crawling.</li></ul>



# Documentation and Record Keeping

What We Heard:	Adjustments Made Based on Feedback:
Not documenting application of "nonmedical" items	
<ul style="list-style-type: none"><li>• What does nonmedical mean? More clarification will be needed</li><li>• List out the items this is referencing</li><li>• Keep the requirement simple: Documentation of sunscreen and diaper cream is not necessary</li></ul>	<ul style="list-style-type: none"><li>• Remove the reference to "non-medical" items;</li><li>• Proposing listing the application of sunscreen and diaper cream does not need to be documented since these are commonly used items.</li></ul>
12-month authorization for nonmedical items such as sunscreen as well as chronic medical conditions like the use of an asthma inhaler	
<ul style="list-style-type: none"><li>• Authorizations should last the length of enrollment</li></ul>	<ul style="list-style-type: none"><li>• Still under review since this is considered best practice and is a standard requirement for other states.</li></ul>
Declaration of Viewing	
<ul style="list-style-type: none"><li>• Redundant and unnecessary since licenses must be posted</li></ul>	<ul style="list-style-type: none"><li>• Still under review. Feedback and suggestions have been relayed to the rulemaking team and agency leadership.</li></ul>

# Documentation and Record Keeping-Continued

What We Heard:	Adjustments Made Based on Feedback:
Enrollment shouldn't require doctor or dentist information	
<ul style="list-style-type: none"> <li>• Never have used this information while caring for children</li> <li>• Emergency medical services determine where to take a child if there is an emergency</li> </ul>	<ul style="list-style-type: none"> <li>• This requirement will remain.</li> <li>• Supports communication with medical professionals in case of emergency medical treatment is needed.</li> </ul>
Attendance records:	
<ul style="list-style-type: none"> <li>• The term "caregivers" may be confusing maybe state position they hold or state anyone counted in ratio</li> <li>• Rules for maintaining attendance should not be too prescriptive</li> <li>• There was support for placing in rule that attendance and enrollment records to be maintained electronically</li> </ul>	<ul style="list-style-type: none"> <li>• The term caregivers will be defined:</li> <li>• "Caregiver" means any person in the home, who works directly with the children, providing care, supervision, and guidance.</li> <li>• The name of the individual/caregiver will be required.</li> </ul>

# Notifications

What We Heard:	Adjustments Made Based on Feedback:
<p>Feedback regarding the wording on the examples was provided. We heard the following:</p> <ul style="list-style-type: none"><li>• Any impact to a child’s head needs clarification</li><li>• Suggest using medical provider instead of physician</li><li>• Don’t write to enforce micromanagement on programs</li><li>• Why write rules with so much ambiguity</li></ul>	<p>The timelines of immediate notification, notification upon pick-up and notifying CCLD by 5:00 pm the next business day will remain in the draft.</p> <ul style="list-style-type: none"><li>• The specific examples that were reviewed are a part of a longer list of items.</li><li>• The rulemaking team will review the feedback, incorporate the suggestions where possible</li><li>• A more complete list of examples will be in the draft rules.</li><li>• Those rules will be available for feedback during the public comment period in the fall.</li></ul>



# Five Minute Break







# Discussion Topics



# Storage of Hazards

## What We Heard From the Listening Sessions

- Storing cleaning supplies under child-safety lock is difficult to maintain
- Confusing to know what needs to be stored under child-safety lock and what doesn't
- Cleaning items, laundry detergent and sanitizing wipes should be able to be stored out of reach of children. That would make cleaning easier and quicker.

### Current Rule:

**CF:** Items of potential danger (e.g., cleaning supplies and equipment, paints, poisonous and toxic materials, plastic bags, aerosols, detergents) shall be: (b): stored under child-proof lock

**RF:** Cleaning supplies, paints, matches, lighters, plastic bags kept under child-safety lock;

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

### Proposed Changes

- Align wording so both CF and RF read similarly;
- CCLD wants to explore options with how some hazards are stored.
  - Goal: Create flexibility within your environment while protecting the health and safety of children

# Storage of Hazards

## Considerations and Best Practice

---

### Supervision Rules:

- Allow for children to be within sight OR sound of a caregiver
- Must know what each child is doing and be able to respond

### Caring for Our Children:

- Store any potentially toxic substances behind doors/cabinets with child-resistant locks/latches. A locked cabinet or room that children cannot open or enter is best, but it must be locked all the time. Storing potentially toxic substances in child-resistant containers is another level of protection.
- In an early childhood program that takes place in a family home, keep all edible, adult medications, including nicotine, marijuana products and other substances, in a locked or child-resistant storage container.
- Store medications safely in child-resistant containers and preferably in a locked cupboard or cabinet away from children and discard them properly

# Storage of Hazards

## Sample Rules from Other States

State:	Rule Language:
Utah	<p>References maintaining items "inaccessible" and they define that term. In addition to storing items under child-safety lock, Utah adds the following into the definition of "inaccessible."</p> <ul style="list-style-type: none"><li>• Located at least 36 inches above the floor or</li><li>• If in a bathroom, at least 36 inches above any surface from where a child could stand or climb</li></ul>
Virginia	<p>Medications must be kept in a locked place using a "locking device" Most other items must be inaccessible to children. "Inaccessible" means not capable of being entered, reached or used.</p>
Georgia	<p>Poisons, medicines, cleaning agents, razors, aerosol cans and other potential hazardous materials shall be stored "out of reach of children" or in locked cabinets. (No definition of "out of reach of children")</p>
Washington	<p>References maintaining items "inaccessible" to children and they define that term. "Inaccessible to children" means a method to prevent a child from reaching, entering, using, or getting to items, areas, or materials of an early learning program.</p>
<p>Above listed states require extra safety precautions for bodies of water, firearms/ammunition, and storage of power or motorized tools.</p>	



# Storage of Hazards- Questions to Consider

---

What suggestions do you have to keep hazards inaccessible to children?

- If out of reach, what does that look like to you?
- How could that be captured in the rules?

Are there specific items that you think would be safest stored in a specific manner?

- For example, firearms and ammunition are required to be locked with the ammunition stored separately and the gun unloaded.

Are there specific items that may need less secure storage?



# Roles and Responsibilities of Caregivers-Certified Home Staff

## What We Heard From the Listening Sessions

An assistant I with CBR enrollment should be able to be left alone in certain situations and should have more flexibility with working with children;

### Current Rule:

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

### Proposed Changes:

CCLD is exploring options on what duties an assistant I staff, who is fully enrolled in the CBR, could perform that would not require sight or sound supervision by a provider:

- Examples: Bringing a child inside to change a diaper or assist with toileting; Walking a child to the bus stop;
- What other activities would be beneficial to you to have an assistant I do that would not require direct supervision from a provider or substitute provider?

# Roles and Responsibilities of Caregivers- Certified Home Staff

## What We Heard From the Listening Sessions

The number of hours that a substitute provider or assistant II can provide care prior to needing annual training needs to be increased.

### Current Rule:

(2)...Substitute providers and volunteers who provide care in the home for less than 20 hours in a calendar year are not required to participate in the 15 clock hours of training.

### Proposed Changes:

- Proposing to increase the amount of hours from 20 to 240 hours before ongoing training is needed.
- This aligns with child care center training requirements for substitute teachers and substitute aide II staff.

# Monitor Use in Family Child Care Homes

## What We Heard From the Listening Sessions

Rule clarification is needed around using infant monitors. Can they be used if they have video/audio capabilities?

### Current Rule:

The use of monitors is not specifically addressed in current family child care rules.

### Proposed Changes:

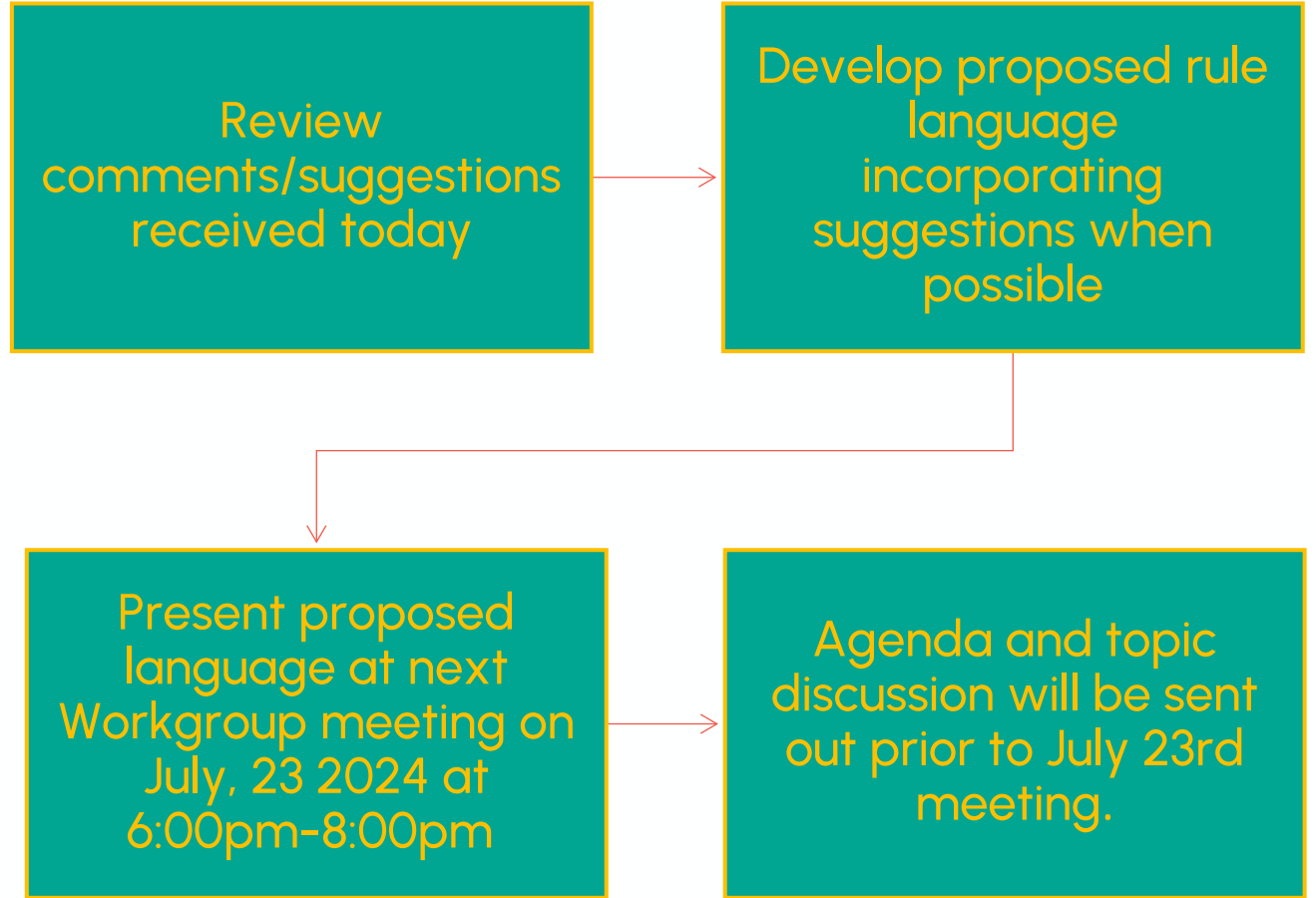
Proposed language:

- Provider or caregivers must: Be within sight or sound supervision of children at all times, without relying on audio or video monitoring devices.
- Monitoring devices can be used as a supplement to supervision but cannot take the place of sight or sound supervision.





# Next Steps





Contact Information:

Carol Petersen

[carol.a.petersen@delc.oregon.gov](mailto:carol.a.petersen@delc.oregon.gov)

Next Meeting:

Tuesday July 23, 2024

6:00 pm-8:00 pm



Thank You