



Rules for

Regulated Subsidy Child Care

Oregon Department of Early Learning and Care
Child Care Licensing Division

www.oregon.gov/delc

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REGULATED SUBSIDY CHILD CARE FACILITIES

414-180-0005 Purpose

Oregon Administrative Rules (OAR) 414-180-0005 through 414-180-0100 are the 's minimum health and safety requirements for license exempt child care providers who accept federal child care subsidy payments through the state. The purpose of these rules is to protect the health, safety, and well-being of children in care. These rules apply to child care providers who accept federal child care subsidies from the Oregon Department of Human Services or the Child Care Licensing Division and are exempt from child care licensing as outlined in ORS 329A.250.

414-180-0010 Definitions

The following definitions apply to Oregon Administrative Rules 414-180-0015 through 414-180- 0090.

- (1) "Caregiver" means any person, including the provider, who cares for the children in Regulated Subsidy child care and works directly with the children, providing care, supervision and guidance.
- (2) "Child Care" means the care, supervision and guidance on a regular basis of a child, unaccompanied by a parent, legal guardian or custodian, during a part of the 24 hours of the day, with or without compensation.
- (3) "Child Care Child" means a child under 13 years of age, or a child under 18 years of age with special needs. Children who turn age 13 or age 18 with special needs remain an eligible child care child based on age through their current certification period. The provider has supervisory responsibility for the child in the temporary absence of the parent.
- (4) "Child Care Facility" means the location where child care is being conducted. This can be either a private residence or commercially zoned building.
- (5) "Child with Special Needs" means a child under 18 years of age who requires a level of care over and above the norm for their age due to a physical, developmental, behavioral, mental or medical disability.
- (6) "Communicable Disease" means an illness caused by an infectious agent or its toxins.
- (7) "Disinfecting" means using a process for destroying or irreversibly inactivating harmful organisms, including bacteria, viruses, germs and fungi. "Family" means a group of individuals related by blood, marriage or adoption, or individuals whose functional relationships are similar to those found in such associations.
- (8) "Infant" means a child from birth up to 12 months of age.
- (9) "CCLD" means the Child Care Licensing Division, of the Department of Early Learning and Care.
- (10) "Outbreak of Communicable Disease" means two cases from separate households associated with a suspected common source.

- (11) "Premises" means the structure where child care is conducted that is identified on the application or listed with the Department of Human Services, including indoors and outdoors and space not directly used for child care.
- (12) "Preschool-Age Child" means a child who is 36 months of age up to eligible to attend kindergarten in a public school.
- (13) "Provider" means the person or facility who is responsible for the children in care; is the children's primary caregiver; and who is listed with the Department of Human Services as the provider.
- (14) "Regulated Subsidy Child Care" means care that is provided to children whose families access federal child care subsidy funds through the state.
- (15) "Restrictable Disease" means an illness or infection that would prohibit the child from attending child care.
- (16) "Sanitizing" means using a treatment that provides enough heat or concentration of chemicals for enough time to reduce the bacterial count, including disease producing organisms, to a safe level on utensils, equipment and toys.
- (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; Poisoning;
 - (g) Medication overdose;
 - (h) Broken bone;
 - (i) Severe head or neck injury;
 - (j) Chemical contact in eyes, mouth, skin, inhalation or ingestion;
 - (k) All burns;
 - (l) Allergic reaction requiring administration of Epi-Pen;

- (m) Severe bleeding or stitches;
 - (n) Shock or confused state;
 - (o) Near-drowning.
- (18) "Substitute Provider" means a person who acts as the child's primary caregiver in the temporary absence of the provider.
- (19) "Toddler" means a child who is at least 12 months of age but is not preschool-age.
- (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.
- (21) "Useable Exit" means an unobstructed door or window through which the provider and the children can evacuate the child care facility in case of a fire or emergency. Doors must be able to be opened from the inside without a key.
- (a) For buildings built before July 1, 2010, window openings must be at least 20 inches wide and at least 22 inches in height, with a net clear opening of five square feet (at least 720 square inches) and a sill no more than 48 inches above the floor.
 - (b) For buildings built after July 1, 2010, window openings must be at least 20 inches wide and at least 24 inches in height, with a net clear opening of five square feet (at least 720 square inches) and a sill no more than 44 inches above the floor.

414-180-0015 Health

- (1) The provider must give the children's needs first priority, assuring that they get adequate care and attention. The child care facility must be a healthy environment for children.
- (2) All caregivers shall take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.
- (3) There must be at least one flush toilet and one hand-washing sink available to children. Drinking water for preparing food, infant formula, drinking or cooking shall not be obtained from hand-washing sinks.
- (4) The facility shall identify the location of all drinking water faucets and fixtures accessible to children or used to obtain water for preparing food, infant formula, drinking or cooking and shall sample the water from these faucets and fixtures for lead. The facility shall sample in accordance with United States Environmental Protection Agency 3T's for Reducing lead in Drinking Water in Schools: Revised guidance dated October 2006 and shall use an Oregon Environmental Laboratory Accreditation Program (ORELAP) accredited drinking water laboratory.
- (5) Lead testing as required by 414-180-0015(5) shall be conducted within the past six years of the effective date of this section and no later than six months after the effective date of this section

and at least once every six years.

- (6) The test results shall be kept on the facility premises at all times and a copy provided to the Office of Child care within ten (10) days of receiving the results.
- (7) Irrespective of test results, the facility must immediately notify all parents and guardians verbally, in writing, or by email, of the test results and post results in a prominent place in the facility where they will be seen by parents and guardians within one business day. Information provided to parents and guardians shall be in accordance with United States Environmental Protection Agency 3T's for Reducing Lead in Drinking Water in Schools: Revised guidance dated October 2006.
- (8) If the test results are at or above 15 parts per billion (ppb), the facility must immediately:
 - (a) Prevent children from using or consuming water from faucets or fixtures identified in 414-180-0015(5) that have test results at or above 15 ppb, supplying water from drinking water faucets or fixtures identified in 414-180-0015(5) that have test results below 15 ppb or bottled or packaged water to meet the requirements of this section;
 - (b) Within sixty days of receiving the test results, the provider shall submit a corrective action plan for approval by the CCLD for any faucet or fixture that has test results at or above 15 ppb, following the United States Environmental Protection Agency 3T's for Reducing Lead in Drinking Water in Schools: Revised guidance dated October 2006;
 - (c) The facility must implement corrective actions or remedies identified in the approved plan within 30 days of CCLD approval; and The facility must conduct follow-up sampling and results must demonstrate lead below 15 ppb before the facility may resume use of faucets or fixtures identified in 414-180-0015(5) that previously tested at or above 15 ppb.
- (9) A provider may submit documented lead testing results obtained within six years immediately preceding the effective date of this section to the CCLD. 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 CCLD shall determine whether the tests submitted conform to the requirements of OAR 414-180-0015(5).
- (10) Irrespective of results obtained in accordance with 414-180-0015(5), actions to protect children from exposure to lead contamination in drinking water include:
 - (a) Flushing pipes before using to prepare food, infant formula, drinking or cooking by running the tap each time before use until the water is noticeably cooler (30 seconds to two minutes); and
 - (b) Using only cold water from drinking water faucets or fixtures identified in 414-180-0015(5) that have test results below 15 ppb for preparing food, infant formula, drinking or cooking.
 - (c) Boiling water does not remove lead from water and is not considered an acceptable action to protect children from exposure to lead contamination in drinking water.

- (11) Existing programs must submit test results by September 30, 2018.
- (12) If a provider replaces any faucets or fixtures identified pursuant to OAR 414-180-0015(5) at any time, the provider must notify CCLD and sample the water from these faucets and fixtures pursuant to the requirements of OAR 414-180-0015(5) and provide the test results to the CCLD within ten (10) days of receiving the results. The provider may not allow access to the replaced faucet or fixture until the CCLD approves access.
- (13) The provider must comply with local, state and federal laws related to immunizations, child care restrictable diseases, child safety systems and seat belts in vehicles, bicycle safety, civil rights laws, and the Americans with Disabilities Act.
- (14) 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; Each mattress shall:
 - (A) Fit snugly; and
 - (B) Be covered by a tightly fitting sheet.
 - (c) A clean sheet shall be provided for each child;
 - (d) Infants must be placed on their backs on a flat surface for sleeping;
 - (e) While on the child care premises, 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;
 - (f) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest;
 - (g) There shall be no items in the crib, portable crib, bassinet or playpen with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers);
 - (h) Swaddling or other clothing or covering that restricts the child's movement is prohibited;
 - (i) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and
 - (j) 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.

- (15) If the parent(s) so request, siblings may share the same bed.
- (16) The upper level of bunk beds shall not be used for children under ten years of age.
- (17) 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.
- (18) Children of any age shall not be laid down with a bottle.
- (19) First aid supplies and a chart or handbook of first aid instructions shall be maintained in one identified place and kept out of reach of children.
- (20) The first aid supplies shall include: band aids, adhesive tape, sterile gauze pads, soap or sealed antiseptic towelettes or solution to be used as a wound cleaning agent, a solution for disinfecting after a blood spill, a sanitary temperature taking device.
- (21) Illness:
 - (a) Except for mild cold symptoms that do not impair a child's daily functioning, sick children shall not be in care.
 - (b) A provider shall not admit or retain in care, except with the written approval of the local health office, a child who:
 - (A) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rule; or
 - (B) Has one of the following symptoms or combination of symptoms or illness;
 - (i) Fever over 100°F, taken under the arm;
 - (ii) Diarrhea (more than one abnormally loose, runny, watery or bloody stool);
 - (iii) Vomiting;
 - (iv) Nausea;
 - (v) Severe cough;
 - (vi) Unusual yellow color to skin or eyes;
 - (vii) Skin or eye lesions or rashes that are severe, weeping, or pus-filled;
 - (viii) Stiff neck and headache with one or more of the symptoms listed above;
 - (ix) Difficult breathing or abnormal wheezing; or

- (x) Complaints of severe pain.
 - (c) A child who, after being admitted into child care, shows signs of illness, as defined in this rule, whenever possible will be separated from the other children, and the parent(s) notified and asked to remove the child from the child care facility as soon as possible.
 - (d) If a child has mild cold symptoms that do not impair his/her normal functioning, the child may remain in the child care facility and the parent(s) notified when they pick up their child.
- (22) Section 22 of this rule does not apply when the provider is caring only for children from the same family and no other unrelated child care children are present, except that the provider shall notify the parent if a child who, after being admitted into child care, shows signs of illness.
 - (23) Parents must be notified if their child is exposed to an outbreak of a communicable disease.
 - (24) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan.
 - (25) No person shall smoke or carry any lighted smoking instrument, including an e-cigarette or vaporizer in the child care facility or within ten feet of any entrance, exit, or window that opens or any ventilation intake that serves an enclosed area, during child care hours or when child care children are present.
 - (26) No person shall use smokeless tobacco in the child care facility during child care hours or when child care children are present.
 - (27) No person shall smoke, carry any lighted smoking instrument, including an e-cigarette, or vaporizer or use smokeless tobacco in motor vehicles while child care children are passengers.
 - (28) No one shall consume alcohol on the child care facility premises during child care hours or when child care children are present.
 - (29) No one shall be under the influence of alcohol on the child care facility premises during child care hours or when child care children are present.
 - (30) No one shall possess, use or store illegal controlled substances on the child care facility premises. No one shall be under the influence of illegal controlled substances on the child care facility premises.
 - (31) No one shall grow or distribute marijuana on the premises of the child care facility. No adults shall use marijuana on the child care facility premises during child care hours or when child care children are present.
 - (32) Child care providers and any individual supervising, transporting, preparing meals, or otherwise working in the proximity of child care children and those completing daily attendance and billing

records shall not be under the influence.

- (33) "Under the influence" means observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the individual has used alcohol, any controlled substances (including lawfully prescribed and over-the-counter medications), marijuana (including medical marijuana), or inhalants that impairs their performance of essential job function or creates a direct threat to child care children or others. Examples of abnormal behaviors include, but are not limited to hallucinations, paranoia, or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to slurred speech as well as difficulty walking or performing job activities.
- (34) All marijuana, marijuana derivatives and associated paraphernalia must be stored under child safety lock.
- (35) Any animal at the child care facility shall be in good health and be a friendly companion for the children in care.
- (36) Dogs and cats must be vaccinated according to a licensed veterinarian's recommendations.
- (37) Dogs and cats shall be kept free of fleas, ticks and worms.
- (38) Animal litter boxes shall not be located in areas accessible to children or areas used for food storage or preparation.
- (39) Exotic animals, including, but not limited to: reptiles (e.g. lizards, turtles, snakes) amphibians, monkeys, hook-beaked birds, baby chicks and ferrets are prohibited unless they are housed in and remain in a tank or other container which precludes any direct contact by children. Educational programs that include prohibited animals and are run by zoos, museums and other professional animal handlers are permitted.
- (40) Prescription and non-prescription medication shall only be given to a child if the provider has written authorization from the parent.
- (41) Prescription and non-prescription medications must be properly labeled and stored.
- (42) Non-prescription medications or topical substances must be labeled with the child's name.
- (43) Prescription medications must be in the original container and labeled with the child's name, the name of the drug, dosage, directions for administering, and the physician's name.
- (44) Medication requiring refrigeration must be kept in a separate, tightly covered container, marked "medication," in the refrigerator.
- (45) Parents must be informed daily of any medications given to their child or any injuries their child has had.
- (46) Sunscreen may be used with written parental authorization.
 - (a) In instances where parent has provided written permission to use sunscreen, providers must

reapply sunscreen every two hours while the child care children are exposed to the sun.

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

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

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

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

414-180-0020 Sanitation

(1) Pre-mixed sanitizers and disinfectants that are EPA registered and meet Oregon Health Authority criteria may be used in all areas of the child care facility per manufacturer instructions.

(2) All caregivers and children must wash their hands with soap and warm, running water:

(a) Before handling food;

(b) Before assisting with feeding;

(c) Before and after eating;

(d) After diapering;

(e) After using the toilet;

(f) After assisting someone with toileting;

(g) After nose wiping;

(h) After playing outside; and

(i) After touching an animal or handling pet toys.

(3) Hand sanitizers shall not replace hand washing. If hand sanitizers are present in the child care facility, they shall be kept out of children's reach and shall not be used on children.

(4) Clean toys, equipment and furniture used by children when soiled.

(5) Diaper changing surfaces must be either:

(a) Non-absorbent and easily disinfected;

(b) Disposed of after each use; or

(c) Laundered after each use.

- (6) The building, grounds, any toy, equipment, and furniture are maintained in a clean, sanitary, and hazard free condition.
- (7) All garbage, solid waste, and refuse must be disposed of regularly, in a safe and sanitary manner.
- (8) Bio-contaminants including but not limited to bodily fluids and blood shall be disposed of in a manner that prevents exposure to children.
- (9) The child care facility has safe drinking water.

414-180-0025 Safety

- (1) The room temperature must be at least 68°F during the hours which child care children are in care.
- (2) Rooms child care children are predominantly occupying must have a combination of natural and artificial lighting.
- (3) Floors must be free of splinters, large unsealed cracks, sliding rugs and other hazards.
- (4) Potentially aggressive animals must not be in the same physical space as the children.
- (5) Children shall be protected from fire and safety hazards. Providers must have the following protections in place:
 - (a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use.
 - (b) Extension cords shall not be used as permanent wiring;
 - (c) All appliance cords must be in good condition;
 - (d) Multiple connectors for cords shall not be used;
 - (e) A grounded power strip outlet with a built-in over-current protection may be used;
 - (f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present;
 - (g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers;
- (6) The child care facility has a working smoke detector on each floor level and in any area where a child naps.
- (7) Cleaning supplies, paints, matches, lighters, and any plastic bags large enough to fit over a child's head kept under child-safety lock.

- (8) Other potentially dangerous items, such as medicine, drugs, sharp knives and poisonous and toxic materials kept under child-safety lock.
- (9) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded;
- (10) If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children;
- (11) All clear glass panels in doors clearly marked at child level.
- (12) Each provider must ensure that the child care facility where care is provided meets all of the following standards:
 - (a) Each floor level used by a child has two useable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a useable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency.
 - (b) The child care facility has a working telephone or telephone service in operating condition.
 - (c) Emergency telephone numbers for fire, ambulance, police and poison control and the child care facility address must be posted in a visible location.
 - (d) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition.
 - (e) Broken toys, furniture and equipment must be removed from areas accessible to children.
- (13) Wading pools are prohibited for wading.
- (14) The provider is responsible for the children in care. At all times the provider must:
 - (a) Be within sight or sound of all children;
 - (b) Be aware of what each child is doing;
 - (c) Be near enough to children to respond when needed.
- (15) A center-based child care facility may not exceed the ratios and group sizes in Table A.

Table A

Age of Children	Minimum Number of Caregivers to Children	Maximum Number of Children in a Group
Birth through 23 Months	1:4	8
24 Months of Age through 35 Months	1:5	10
36 Months of Age to Attending Kindergarten	1:10	20
Attending Kindergarten and Older	1:15	30

- (16) In a mixed-age group of children, the number of caregivers and group size shall be determined by the age of the youngest child in the group.
- (17) 414-180-0025(15) and 414-180-0025(16) apply to center-based child care defined as a child care facility located in a building constructed as other than a single-family dwelling.
- (18) The provider must have a written plan for evacuating and removing children to a safe location in an emergency. The plan must be posted in the child care facility, familiar to the children and the caregivers, and practiced at least every other month and must include:
 - (a) Procedures for notifying parents or other adults responsible for the children, of the relocation and how children will be reunited with their families;
 - (b) Procedures to address the needs of individual children, including infants and toddlers, children with special needs and children with chronic medical conditions;
 - (c) An acceptable method to ensure that all children in attendance are accounted for;
 - (d) Procedures for handling natural disasters (e.g. fire, earthquake, etc.) and man-caused events, such as violence at a child-care facility;
 - (e) Procedures in the event that children must shelter-in-place or if the child-care facility must be locked-down so that no one can enter or leave; and
 - (f) Procedures for maintaining continuity of child care operations.
- (19) If a caregiver is transporting children, the caregiver must have a valid driver's license and proof of appropriate insurance.
- (20) The number of children transported shall not exceed the number of seat belts or child safety systems available in the vehicle.
- (21) The provider must take precautions to protect children from vehicular traffic. The provider shall:
 - (a) Require drop off and pick up only at the curb of at an off-street location protected from traffic.
 - (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.
- (22) The following vehicles may be used to transport child care children:
 - (a) A vehicle manufactured to carry fewer than ten passengers;
 - (b) A school bus or a multi-function school activity bus;
 - (c) A vehicle manufactured to carry ten or more passengers that was manufactured in 2010 or after; or

(d) A vehicle manufactured to carry ten or more passengers that was manufactured before 2010, with the following conditions:

(A) Travel speed may not exceed 50 mph; and

(B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by the or on a form provided by the inspector which contains the same information.

(23) The provider must have a written statement from the parent(s) regarding whether or not the provider is authorized to:

(a) Take a child on a field trip or other activity outside the child care facility or participate in any water activity; and

(b) Transport a child to or from school or allow a child to bus or walk to or from school or child care facility.

414-180-0030 Guidance and Discipline

(1) The following behaviors by caregivers are prohibited:

(a) Using any form of corporal punishment, including, but not limited to: hitting, spanking, slapping, beating, shaking, pinching or other measures that produce physical pain, or threatening to use any form of corporal punishment.

(b) Parental request or permission to use any form of behavior listed in subsection (a) of this section, does not give the provider or substitute provider permission to do so.

414-180-0035 Nutrition

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

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

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

414-180-0040 Access to Physical Activity

(1) Providers must make available activities, materials, and equipment for both indoor and outdoor play that provide a variety of experiences geared to the ages and abilities of the child(ren) with a balance of active and quiet play.

(2) Child care children shall not be exposed to more than two hours of screen time per day. All media exposure must be developmentally and age appropriate. Screen time is defined as time spent using a device such as a computer, television, or games console.

414-180-0045 Record Keeping

- (1) The following records, except those specified in OAR 414-180-0045(1)(e), must be kept by the provider for at least one year. These records shall be available at all times to CCLD:
 - (a) Information from the parent(s) for each child at the time of admission:
 - (A) Name and birth date of the child;
 - (B) Any chronic health problem(s), including allergies, the child has;
 - (C) Date child entered care;
 - (D) Names, work and home telephone numbers and addresses, and the work hours of the parent(s) or legal guardian(s);
 - (E) Name and telephone number of person(s) to contact in an emergency;
 - (F) Name and telephone number of person(s) to whom the child may be released;
 - (G) Health history of any problems that could affect the child's participation in child care.
 - (b) Daily attendance records, including dates each child attended and arrival and departure times for each day. Times shall be recorded as the child care children arrive and depart.
 - (c) Medications administered, including the child's name, and the date and time of dosage and the dosage amount.
 - (d) Injuries to a child.
 - (e) Lead testing results for drinking water for the past 6 years.
- (2) The provider must have a written statement from the parent(s) regarding whether or not the provider is authorized to obtain emergency medical treatment for a child.

414-180-0050 General Requirements

- (1) CCLD records are open to the public on request. However, information protected by state or federal law will not be disclosed.
- (2) The name and status of providers is public information.
- (3) The provider shall report to CCLD:
 - (a) Any death of a child while in care, within 24 hours;
 - (b) Within 24 hours:

- (A) Any child that is lost or missing from the premises;
 - (B) Any child that is left behind on a facility excursion;
 - (C) Any child that is left unattended on the premises;
 - (D) Any child that is left alone on the playground; or
 - (E) Any child that is left alone in a vehicle.
- (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.

414-180-0055 Enforcement of Regulatory Requirements

- (1) The provider shall allow an inspection of all areas of the child care facility that are accessible to child care children, and a health and safety review of other areas of the child care facility to ensure the health and safety of child care children.
- (2) The provider or substitute must allow a representative from the Child Care Licensing Division access to the child care facility any time child care children are present.
- (3) The provider must allow parents or legal guardians of child care children access to the child care facility during the hours their child(ren) are in care.

414-180-0090 Compliance with Child Abuse Reporting Requirements

Any caregiver who has reason to believe that any child has suffered or is currently suffering from abuse (physical injury, mental injury, neglect that leads to physical harm, sexual abuse and/or exploitation, or threat of harm) must report the information to the Department of Human Services Child Welfare (DHS) or to a law enforcement agency. By statute, this requirement applies 24 hours per day.