



**Eco-Healthy
Child Care**

Train the Trainer: Fact Sheet Massachusetts October 2008

1. How many children, under the age of 18, in Massachusetts have asthma?

22,744 children, under the age of 18, have asthma. This age group numbers 245,086 which means 9.3 % of children in Massachusetts are asthmatic.

2. What are the state licensing regulations on the application of pesticides in or near the child care facility?

Group Day Care 7.25

(13) Pest elimination. The interior of the building shall be clean and maintained free from rodents and/or insects. Safe and effective means of eliminating insects and/or rodents shall be provided. All extensive extermination shall be carried out by a licensed exterminator.

Family Child Care 8.07

(7)(d) The interior of the home must be clean and maintained free from vermin. Safe and effective means of eliminating vermin must be ensured. No exterminations may occur during child care hours.

Additional regulations are required per the Massachusetts' *Act Protecting Children and Families from Harmful Pesticides*. See #3.

3. Is there a state program working on promoting Integrated Pest Management (IPM) in Massachusetts?

The implementation of IPM programs in day care centers (see definition below) is required by the *Massachusetts' Act Protecting Children and Families from Harmful Pesticides*. Family day care homes are exempted. The Massachusetts School IPM web site (www.umass.edu/umext/schoolipm) features a link to an interactive web site to generate an IPM plan; information on training workshops; and many additional resources.

“Day care center”-- any public or private facility operated on a regular basis whether known as a day nursery, nursery school, kindergarten, child play school, progressive school, child development center or preschool, or known under any other name, which receives children not of common parentage who are not more than six years of age, or who are not more than 21 years of age if such children have special needs, for nonresidential custody and care during part or all of the day separate from their parents. Day care center shall not include: any part of a public school system; any part of a private, organized educational system, unless the services of such system are primarily limited to kindergarten, nursery or related preschool services; periodic religious instruction classes conducted by a religious institution; a facility operated by a religious organization where children are cared for during short periods of time while persons responsible for such children are attending religious services; a family day care

home; an informal cooperative arrangement among neighbors or relatives; or the occasional care of children with or without compensation.

(The General Law of Massachusetts Section 2 of Chapter 132B)

4. What are the state licensing regulations on smoking on or near a child care property?

Group Day Care 7.05:

(4)(b) The licensee shall not permit smoking in areas used by children during hours that children are in attendance.

Family Child Care 8.12

(11)(a) Smoking is not permitted in the presence of children during child care hours.

(b) If the caregivers or household members smoke cigarettes, cigars, or pipes, the provider must make this known in advance to parents who are considering placing their children in the provider's care.

5. What are the state regulations on using candles, air fresheners, and perfumes within the child care program?

No regulations currently exist.

6. What are the regulations on types of cleaners allowed/disallowed in child care programs?

No regulations currently exist.

7. Do child care centers have to use State licensing regulations for sanitizing and disinfecting?

Yes. Providers are required to use chlorine bleach or a commercially prepared disinfectant that has been registered by the EPA as a sanitizing solution. See regulations below.

Group Day Care 7.05

(6)(b) Sanitizing.

1. The licensee shall ensure that the specified equipment, items or surfaces are washed with soap and water and disinfected using guidelines prepared by the Office.

2. The disinfectant solution shall be either a self-made bleach solution or a commercially prepared disinfectant that has been registered by the Environmental Protection Agency (EPA) as a sanitizing solution (registration can be identified by reading the product label and using the disinfectant precisely as directed on the label.) Bleach solutions will be made using guidelines in TA-OFC-01.

Family Child Care 8.07

(8) Sanitizing Materials and Equipment.

(a) The caregiver must wash with soap and water and then disinfect equipment, surfaces and materials as frequently as necessary to maintain cleanliness.

(b) The disinfectant must be either a self-made bleach solution or a commercially prepared disinfectant that has been registered by the Environmental Protection Agency (EPA) as a sanitizing solution (registration can be identified by reading the product label and using the disinfectant precisely as directed on the label). Bleach solutions must be made using guidelines provided by the Office.

The bleach-to-water ratio, for both Group Day Care and Family Child Care facilities, are listed below.

Disinfectant Solution **

Programs using a self made bleach solution must follow the guidelines of the Department of Public Health (DPH) in determining the appropriate concentration of bleach for each use. DPH recommendations are as follows:

- for dishes, baby toys, thermometers, tables, countertops and sleep mats
 - use 1 tbsp of bleach in 1 gallon of cool water
- for sinks, toilets, diapering tables and pails
 - use 4 tbsp (1/4 cup) of bleach in 1 gallon of cool water
- for blood and vomit spill
 - use 1 part bleach in 10 parts warm water

If household bleach is used to prepare the disinfecting solution, it must contain 5.25% available chlorine as hypochlorite. The solution must be labeled and stored in either a spray bottle or a bottle that is sealed with a cap, and the solution must be prepared or tested daily, in accordance with the Department of Public Health's guidelines. (Note: Programs may find it helpful to attach a measuring spoon to the bleach bottle to facilitate accurate measuring.)

**from Department of Early Education and Care/Group and School Age Child Care Licensing Policy Statement: Sanitizing and Disinfecting Number P-GCC/SA-13

8. Are child care facilities tested for lead - in paint and water - before receiving a state child care license?

Yes. See below.

Group Day Care 7.25

(2)(b) The licensee shall provide evidence that any private well or water source has been inspected and approved by the local board of health, health department, or private laboratory. This evidence will be updated upon renewal of a regular license.

(3)(a) The licensee shall provide evidence of a lead paint inspection from the local board of health, or the Massachusetts Department of Public Health, or a private lead paint inspection service and compliance with 105 CMR 460.000 (Department Of Public Health Prevention and Control of Lead Poisoning regulations).

Family Child Care 8.03

(4)(a)4. If water is not from a municipal supply, evidence that drinking water has been tested within the last year by a Department of Environment Protection (DEP) approved laboratory and meets drinking water standards as required by 102 CMR 8.07(10);

8.07(6) Peeling Paint. The provider must maintain the interior and exterior of the child care home in good repair, free of chipped, flaking, or peeling paint, or broken plaster.

Note, the Massachusetts Lead Law requires the removal or covering of lead paint hazards in homes built before 1978 where any children under six reside.

9. Are lead testing kits available at state Public Health Departments, if so, are they free?

Lead testing kits are not recommended/provided as they are not considered accurate measures. Child care providers must hire a licensed professional to test for lead. Call the *Childhood Lead Poisoning Prevention Program* (1-800-532-9571), a state Public Health

*All regulations noted in this document are state regulations. Some cities and/or counties in Massachusetts may have additional regulations. Check with city or county governments to find out if there are additional standards.

program, which can answer your questions and share available resources pertaining to lead and children. *Childhood Lead Poisoning Prevention Program* educators are also available to train child care programs on the topic.

10. Are there regulations regarding using mercury-containing thermometers in child care centers?

No.

11. Have any of the chemicals in toxic flame retardants (PBDEs) been banned?

No.

12. Have phthalates or BPA been banned, or is the state crafting legislation about banning these toxins?

A bill has been proposed (Senate, #545, An Act to Protect Children from Toxic Toys) which would eliminate the use of two types of chemicals—phthalates and Bisphenol A-- from products designed for children under the age of 3.

13. Are centers required to use non-toxic art supplies as approved by ACMI...or another institute?

Currently there is no such regulation. However, both group day care programs and family day care programs have regulations prohibiting the use of materials identified by the U.S. Consumer Safety Commission as being hazardous. (See below.)

Group Day Care 7.23

(4)(a) The licensee shall not use any equipment, materials, furnishings, toys, or games identified by the U.S. Consumer Safety Commission as being hazardous.

Family Child Care 8.11

(4)(c)1. The caregiver must not use any equipment, materials and furnishings identified by the U.S. Consumer Product Safety Commission as being hazardous.

14. Are the child care centers asked to recycle by licensing entities – is recycling common?

Recycling is not required by regulation, but is voluntary. Recycling is a common practice in Massachusetts.

15. Is there a state resource/agency that provides free blood-lead-level tests?

A doctor, health care provider, local health clinic, health department or lead poisoning prevention program can test the child's blood for lead. This test is covered by insurance. If the child is uninsured, and requirements are met for free health care, then the blood-level-test would be provided at no charge. Some local health departments, WIC on Wheels, and Head Start Programs in Massachusetts provide free blood-lead-level tests. Call the *Childhood Lead Poisoning Prevention Program* (1-800-532-9571) for additional resources.

(Note: The Massachusetts Lead Law requires that all children be tested for lead between the ages and 9 and 12 months, and again at ages 2 and 3. Any child living in a location identified as high-risk must also be tested for lead at age 4.

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Group and School Age Child Care

POLICY STATEMENT: LEAD PAINT COMPLIANCE

P-GCC/SA-29

Compliance with the child care licensing regulation 102 CMR 7.25(3) requires a lead paint inspection showing that the property is in compliance with the Department of Public Health (DPH) 105 CMR 460.00 Lead Poisoning Prevention and Control regulations. Licensing regulations further require that the property be free of lead paint on all interior and exterior surfaces accessible to children.

Acceptable Evidence of Compliance:

Acceptable evidence of compliance with lead paint requirements is an itemized lead paint inspection of all surfaces completed by a certified lead paint inspector, a local board of health or the Department of Public Health. This inspection pertains to the child care facility (i.e. the premises). As a result, if a new licensee occupies the premises, it is acceptable for a new licensee to demonstrate compliance with lead paint requirements by submitting a copy of the inspection from the previous licensee. The operative principle for DPH is the condition of the property, not the age of the inspection.

Interim Control Letters:

When lead paint is found a licensee may seek an Interim Control letter from DPH. An Interim Control letter gives a two-year extension of time during which full de-leading of the child care program must occur. However, there are certain requirements that must be met in the interim: removal of the worst of the flaking and chipping lead paint, and assurance that no water leaks exist so that other paint does not crack, chip or peel.

These specialized Interim Control letters are issued by DPH in accordance with their regulations. EEC will therefore accept these as evidence of compliance.

Restored Compliance:

In the event that loose, chipping or peeling paint is observed in a previously compliant facility, the current licensee must prove that the loose paint is not lead-based. This may require re-inspection. In the event that lead paint is found, the Department may require that parents be notified and encouraged to have their children screened for lead poisoning and the test results placed in their program records. Depending on the circumstances and the extent of the lead paint problem, the licensee may also be required to send notices to the parents of children who previously attended the center, informing them of the presence of lead paint and advising them to have their children screened for lead poisoning. When post-abatement de-leading is completed, a statement of restored compliance will be issued by a local Board of Health, DPH, or a private lead paint inspection service. These statements of restored compliance then become acceptable evidence of compliance.