

Submitted by: Chair of the Assembly at the
Request of the Mayor
Prepared by: Anchorage Health Dept.
For reading: April 28, 2026

**ANCHORAGE, ALASKA
AO No. 2026-69**

1 **AN ORDINANCE OF THE ANCHORAGE ASSEMBLY AMENDING**
2 **ANCHORAGE MUNICIPAL CODE CHAPTER 16.55 ANCHORAGE CHILD CARE**
3 **LICENSING CODE TO REDUCE BURDENS ON LICENSED CHILD CARE**
4 **PROVIDERS BY REPEALING SECTIONS 16.55.100, 16.55.150, 16.55.220, AND**
5 **16.55.300; AND AMENDING SECTIONS 16.55.030, 16.55.140, 16.55.210.**
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7
8 **WHEREAS**, Anchorage Child Care Licensing is proposing updates to AMC 16.55
9 to better meet community needs, including the needs of children, parents, and
10 child care staff. Currently, there remains a shortage of child care availability within
11 the Municipality; and
12

13 **WHEREAS**, the proposed changes to AMC 16.55 will support child care facilities
14 that are currently operating as well as future child care facilities, all of which will
15 reinforce Anchorage's economic growth and support families in need of child care;
16 and
17

18 **WHEREAS**, Anchorage Child Care Licensing has listened to feedback from the
19 Governor's Task Force, administrators and staff working in the field, and parents in
20 need of child care to determine the necessity for continued updates to AMC 16.55,
21 following changes in AO 2025-70 approved on July 15, 2025; and
22

23 **WHEREAS**, the proposed amendments are intended to reduce regulatory
24 burdens, improve alignment with State of Alaska child care regulations, increase
25 operational flexibility, and support workforce participation; now, therefore,
26

27 **THE ANCHORAGE ASSEMBLY ORDAINS:**

28
29 **Section 1.** Anchorage Municipal Code 16.55.030 is hereby amended to read as
30 follows (*the remainder of the section is not affected and therefore not set out*):
31

32 **16.55.030 - Definitions.**
33

34 Except as otherwise provided in this title or unless the context clearly
35 indicates otherwise, the definitions of the words and phrases found in 7
36 AAC 57.990, 7 AAC 57.940, AS 47.05.390, AS 47.32.900, 7 AAC 10.900
37 and 7 AAC 10.990 shall be the definitions of those same words and
38 phrases used in this title, except as follows:
39

40 [ASSOCIATE ADMINISTRATOR MEANS A CHILD CARE ASSOCIATE
41 DESIGNATED BY THE ADMINISTRATOR TO BE IN CHARGE OF THE
42 FACILITY IN THE ABSENCE OF THE ADMINISTRATOR.]
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1 *Business owner* means the individual, partnership, corporation, or other
2 entity which owns or controls a child care facility.

3
4 [CAREGIVER AIDE MEANS A STAFF MEMBER WHO IS 16 OR 17
5 YEARS OLD WHOSE DUTIES INCLUDE CARE AND SUPERVISION OF
6 CHILDREN AND WHO HAS BEEN APPROVED BY THE DEPARTMENT
7 AS A CAREGIVER AIDE.]

8
9 *Child care center* means a child care facility authorized to care for nine or
10 more children.

11
12 *Child care facility* means [:1. MEANS] a place where child care is provided
13 for children under 18 years of age for periods of time that are less than 24
14 hours in duration, unless nighttime care is authorized by the department;
15 and includes: [2. INCLUDES A]

16 A. A child care center and a child care home; and

17 B. [3. INCLUDES THE] The persons, administration, program,
18 physical plant, other parts of the building housing the child
19 care facility, and adjoining grounds over which the
20 administrator or business owner of the child care facility has
21 control.

22
23 *Child care home* means a child care facility authorized to care for no more
24 than eight children.[:;]

25
26 *College credits in management* means college credits in supervising,
27 directing, administering, personnel management, or business
28 administration.

29
30 *Community water supply* has the same meaning as defined by Alaska
31 Department of Environmental Conservation or the Municipality of
32 Anchorage, whichever has jurisdiction.

33
34 *Days* means calendar days unless otherwise stated.

35
36 *Department* means the Anchorage Health Department, except where the
37 context of the adopted state statute or regulation clearly requires it to mean
38 the state Department of Health [AND SOCIAL SERVICES], such as in
39 reference to the central registry of entities and individual services providers
40 provided pursuant to AS 47.05.330.

41
42 *Director* means the director of the Anchorage [DEPARTMENT OF] Health
43 Department [AND HUMAN SERVICES] or that person's authorized
44 representative.

45
46 *Drop-in* means a child who attends irregularly and requires child care
47 services specifically to satisfy short-term needs, on an unscheduled basis.

48
49 *Enrolled* means a child's parent or guardian has an agreement with a facility
50 for that child to attend the facility regardless of whether that child receives
51 full-time or part-time care. For the purposes of inspections or investigations

1 the child does not need to be present during the inspection or investigation
2 to be considered enrolled in a facility.

3
4 *Fall height* means the vertical distance between the highest designated play
5 surface on a piece of equipment and the protective surfacing beneath it.

6
7 *Harmful treatment* means an act or acts performed upon a child, or the
8 omission of an act, that could or does cause or allow harm to a child.
9 Harmful treatment is less serious than abuse or neglect, as defined and
10 determined by state law, and may include serious types of inappropriate
11 discipline.

12
13 *Inappropriate discipline* means any disciplinary action or inaction prohibited
14 in AMC 16.55.200 and 7 AAC 57.535.

15
16 *Job duties* means the responsibilities or tasks required of a staff person in a
17 specific facility position.

18
19 *Junior helper* means a staff member age 13 through 17 years who is not a
20 caregiver aide, who serves as an extra hand. A junior helper cannot be
21 counted in the child-to-caregiver ratio either as a child or as a caregiver,
22 and may never be alone with children.

23
24 *Licensing representative* means an employee of the department whose role
25 includes the enforcement of this chapter.

26
27 *Operating hours or hours of operation* means the hours for which a facility is
28 licensed.

29
30 *Staff or staff member* means any person who is employed by or works in a
31 facility, including volunteers and contractors, and who has contact with
32 children or whose work product directly affects children, including but not
33 limited to the cook.

34
35 (AO No. 2016-82, § 1, 8-9-16; AO No. 2018-118, § 2, 1-1-19)

36
37 **Section 2.** Anchorage Municipal Code 16.55.100 is hereby repealed as follows:

38
39 **16.55.100 - Reserved. [ADMINISTRATOR.]**

40
41 [THE PROVISIONS OF 7 AAC 57.210 ARE ADOPTED AND
42 INCORPORATED BY REFERENCE, WITH MODIFICATION AND
43 SUPPLEMENTATION AS FOLLOWS:

- 44
45 A. AN ADMINISTRATOR SHALL BE LICENSED TO OPERATE
46 A CHILD CARE HOME ONLY WHERE THE
47 ADMINISTRATOR RESIDES, OR IN A RESIDENTIAL
48 LOCATION WHERE NO ONE RESIDES.]

49
50 (AO No. 2016-82, § 1, 8-9-16)

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1 **Section 3.** Anchorage Municipal Code 16.55.140 is hereby amended to read as
2 follows:
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5 **16.55.140 - Caregiver age requirements and additional qualifications for**
6 **adolescent staff.**
7

8 The provisions of 7 AAC 57.320 are adopted and incorporated by reference,
9 with modification and supplementation as follows:
10

11 A. [A CAREGIVER IN A CHILD CARE FACILITY SHALL BE AT
12 LEAST 18 YEARS OLD TO COUNT TOWARD THE CHILD-
13 TO-CAREGIVER RATIO REQUIREMENTS OF
14 SECTION 16.55.170 HOWEVER, IN A CENTER, AN
15 INDIVIDUAL AGE 16 OR 17 WHO IS A CAREGIVER AIDE
16 MAY BE COUNTED IF:

- 17 1. THE INDIVIDUAL WORKS UNDER THE DIRECT
18 SUPERVISION OF AND IN THE SAME ROOM AS AN
19 ADULT CAREGIVER WITH ONLY ONE CAREGIVER
20 AIDE UNDER DIRECT SUPERVISION AT A TIME;
21 AND
- 22 2. THE INDIVIDUAL MEETS THE SAME
23 REQUIREMENTS, EXCEPT FOR THE AGE
24 REQUIREMENT, IN 7 AAC 57.310 AND SECTION
25 16.55.140.
26

27 B.] Facilities using junior helpers shall meet the following
28 requirements:
29

- 30 1. The facility shall ensure the junior helper demonstrates
31 compliance with requirements of this chapter;
32
- 33 2. Before having contact with children, the junior helper
34 shall submit the following information:
 - 35 a. An application to work or volunteer;
 - 36 b. One written reference from an unrelated person;
 - 37 c. [IF AGE 16 OR 17, CURRENT TUBERCULIN
38 CLEARANCE AS REQUIRED BY THE STATE;
 - 39 D. A SELF-PREPARED HEALTH HISTORY IN
40 ACCORDANCE WITH 7 AAC 57.310;
 - 41 E. RELEASE OF INFORMATION FORM
42 AUTHORIZING REVIEW OF JUVENILE
43 JUSTICE INFORMATION TO THE EXTENT
44 ALLOWED BY LAW WHEN DETERMINED BY
45 THE DEPARTMENT; AND
 - 46 F. A RECORD OF CURRENT EMERGENCY
47 INFORMATION AND CURRENT
48 IMMUNIZATION RECORD.]

49 G.] If the junior helper is a member of the
50 administrator's household and the facility is a
51 child care home, the junior helper does not need

to submit the information listed in a., or b., D., OR F.];

3. [THE FACILITY SHALL PROVIDE ORIENTATION FOR THE JUNIOR HELPER, AND, IF THE JUNIOR HELPER WILL WORK WITH BABIES, DOCUMENTATION THAT THE JUNIOR HELPER HAS COMPLETED A BASIC INFANT CARE ORIENTATION APPROVED BY THE DEPARTMENT;]

[4.] The facility shall complete annual or interim performance appraisals; and

4. [5.] Assign only one junior helper to an adult staff member who is responsible to supervise the junior helper.

(AO No. 2016-82, § 1, 8-9-16)

Section 4. Anchorage Municipal Code 16.55.150 is hereby repealed as follows:

16.55.150 – Reserved. [ORIENTATION AND TRAINING.]

[THE PROVISIONS OF 7 AAC 57.350 ARE ADOPTED AND INCORPORATED BY REFERENCE, WITH MODIFICATION AND SUPPLEMENTATION AS FOLLOWS:

- A. A CAREGIVER IN A CHILD CARE HOME SHALL:
 - 1. COMPLETE THE MINIMUM HOURS OF TRAINING ANNUALLY REQUIRED BY 7 AAC 57.350.
 - 2. COMPLETE AT LEAST 75 PERCENT OF THE REQUIRED HOURS OF TRAINING BY ATTENDING FORMAL TRAINING CLASSES, SUCH AS CHILD CARE CONFERENCES, CLASSES THROUGH LOCAL RESOURCE AND REFERRAL AGENCIES, AND FOOD PROGRAM TRAINING CLASSES. ALTERNATE SOURCES OF TRAINING MAY BE APPROVED BY THE DEPARTMENT ON A CASE BY CASE BASIS.

- B. EXCEPT FOR EMERGENCY CAREGIVERS SET OUT IN 7 AAC 57.500(H), AT ALL TIMES WHEN CHILDREN ARE PRESENT AT THE FACILITY THERE SHALL BE AT LEAST ONE CAREGIVER WITH VALID CERTIFICATIONS FOR FIRST AID (FA) AND AGE APPROPRIATE CARDIOPULMONARY RESUSCITATION (CPR) FOR EVERY 20 CHILDREN OR PART THEREOF, IN ATTENDANCE.

- C. WHILE OFF SITE, AT LEAST ONE FA/CPR CERTIFIED STAFF MEMBER SHALL ACCOMPANY EACH GROUP FOR EVERY 20 CHILDREN OR PART THEREOF.

- 1
2 D. AT ALL TIMES IN A CENTER, AT LEAST ONE INFANT
3 CAREGIVER FOR EACH 20 OR FEWER INFANTS WITH
4 CURRENT FA AND INFANT CPR CERTIFICATIONS SHALL
5 BE IN THE INFANT AREA.]
6

7 (AO No. 2016-82, § 1, 8-9-16)
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9 **Section 5.** Anchorage Municipal Code 16.55.210 is hereby amended to read as
10 follows:
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12 **16.55.210 - Health in child care facilities.**
13

14 The provisions of 7 AAC 57.550 are adopted and incorporated by reference,
15 with modification and supplementation as follows:
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- 17 A. [EXCEPT FOR CHILDREN ATTENDING INTERMITTENT
18 AND DROP-IN CENTERS, A CHILD IN CENTER CARE
19 SHALL HAVE A PHYSICAL EXAMINATION BY A HEALTH
20 CARE PROVIDER ON FILE AT THE CENTER.
21 1. THE EXAM SHALL BE RENEWED ANNUALLY UNTIL
22 A CHILD IS FIVE YEARS OLD, AND THEN
23 BIENNIALY;
24 2. THE EXAM SHALL BE ON A FORM APPROVED BY
25 THE DEPARTMENT, SHOWING NO CONTRA-
26 INDICATIONS TO ATTENDANCE, AND EXPLAINING
27 SPECIAL MEDICAL CONDITIONS;
28 3. THE EXAM MAY NOT BE OLDER THAT ONE YEAR
29 PRIOR TO THE FIRST DATE OF ATTENDANCE;
30 AND
31 4. IT MAY NOT BE COMPLETED LATER THAN FIVE
32 WEEKS AFTER THE FIRST DATE OF
33 ATTENDANCE.]
34

- 35 [B.] In a child care home where an administrator resides, ill
36 household members, including the administrator, shall be
37 isolated from contact with children to reduce the risk of
38 infecting them.
39

- 40 B.[C.] A child shall not be deprived of clothing, and extra clothing
41 shall be available for each child.
42

43 (AO No. 2016-82, § 1, 8-9-16)
44

45 **Section 6.** Anchorage Municipal Code 16.55.220 is hereby repealed as follows:
46

47 **16.55.220 – Reserved. [NUTRITION.]**
48

49 [THE PROVISIONS 7 AAC 57.560 ARE ADOPTED AND INCORPORATED
50 BY REFERENCE, WITH MODIFICATION AND SUPPLEMENTATION AS
51 FOLLOWS:
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- A. TO ENSURE ADEQUATE NUTRITION AND PROMOTE GOOD EATING HABITS AND ATTITUDES, A FACILITY SHALL ENSURE:
 - 1. AT LEAST ONE NUTRITIOUS MEAL IS OFFERED TO EACH CHILD IN CARE FOR FIVE HOURS OR MORE;
 - 2. A NUTRITIOUS SNACK OR BREAKFAST IS OFFERED BOTH BEFORE LUNCH AND BETWEEN LUNCH AND DINNER. SNACKS WITH A HIGH SUGAR CONTENT SHALL BE AVOIDED, AS WELL AS DRINKS THAT DO NOT CONTAIN PURE FRUIT OR VEGETABLE JUICE; AND
 - 3. A CHILD IN CARE OVER TEN HOURS IS OFFERED AN ADDITIONAL MEAL OR SNACK, UNLESS THE PARENT REQUESTS OTHERWISE.]

(AO No. 2016-82, § 1, 8-9-16)

Section 7. Anchorage Municipal Code section 16.55.300 is hereby repealed in its entirety and attached as Attachment A.

16.55.300 – Reserved. [CENTERS SERVING SICK CHILDREN.]

[SEE ATTACHMENT A FOR FULL TEXT.]

(AO No. 2016-82, § 1, 8-9-16)

Section 8. This ordinance shall be effective immediately upon passage and approval by the Assembly.

PASSED AND APPROVED by the Anchorage Assembly this _____ day of _____, 2026.

Chair of the Assembly

ATTEST:

Municipal Clerk



MUNICIPALITY OF ANCHORAGE ASSEMBLY MEMORANDUM

No. AM 299-2026

Meeting Date: April 28 , 2026

1 **From: MAYOR**

2
3 **Subject: AN ORDINANCE OF THE ANCHORAGE ASSEMBLY AMENDING**
4 **ANCHORAGE MUNICIPAL CODE CHAPTER 16.55 ANCHORAGE**
5 **CHILD CARE LICENSING CODE TO REDUCE BURDENS ON**
6 **LICENSED CHILD CARE PROVIDERS BY REPEALING SECTIONS**
7 **16.55.100, 16.55.150, 16.55.220, AND 16.55.300; AND AMENDING**
8 **SECTIONS 16.55.030, 16.55.140, 16.55.210.**

9
10 The Anchorage Health Department Child Care Licensing program proposes
11 amendments to AMC 16.55 in response to the ongoing shortage of available child
12 care. These changes are intended to reduce regulatory barriers for both existing
13 providers and prospective applicants while maintaining health and safety
14 standards. The overall goal is to support providers in opening and sustaining
15 operations, thereby increasing access to child care for families.

16
17 The proposed amendments were selected because each has the potential to ease
18 operational challenges for licensed homes and centers. The changes also align
19 municipal code more closely with state regulations and remove duplicative or
20 outdated requirements.

21
22 The proposed changes include removing obsolete definitions; eliminating the
23 requirement that an administrator reside in a licensed child care home; reducing
24 additional requirements for adolescent caregivers; repealing the requirement that
25 75% of annual training be completed in person; repealing outdated First Aid/CPR
26 ratio language; repealing the annual physical examination requirement for children
27 attending centers; repealing additional nutrition requirements; and repealing
28 requirements for centers serving sick children.

29
30 The proposed changes are as follows:

31 **AMC 16.55.030 - Definitions.**

32 **Amendment:** Remove definitions for "associate administrator" and "caregiver
33 aide." Correct definitions for "Department" and "Director" to reflect current terms.

34 **Notes:** Removes obsolete references, includes official name changes for
35 municipal and state departments, and aligns municipal code terminology more
36 closely with state regulations.

37
38 **AMC 16.55.100 - Administrator.**

39 **Amendment:** Repeal entire section.

40 **Notes:** State regulations do not require an administrator to reside in a licensed
41 child care home. Repeal removes a local requirement that is more restrictive than
42 the state framework.

43
44

AMC 16.55.140 - Caregiver age requirements.

Amendment: Remove additional requirements for adolescent staff.

Notes: Municipal provisions are duplicative and have proven cumbersome. Repeal aligns more closely with state regulations and allows greater flexibility for after-school programs hiring adolescent caregivers.

AMC 16.55.150 - Orientation and training.

Amendment: Repeal entire section.

Notes: Municipal code requires at least 75% of training to be completed in person for a child care provider working in a home. State regulation does not specify training format, allowing effective online options. This amendment also removes obsolete First Aid/CPR ratio language because all caregivers are now required to be First Aid/CPR certified.

AMC 16.55.210 - Health in child care facilities.

Amendment: Remove the physical examination requirement.

Notes: Repeals the requirement for children to have an annual physical examination to attend child care. This can be financially challenging for families, creates compliance risk for facilities if deadlines are missed, and is more stringent than state regulations. Physical examinations have not proven effective in determining day-to-day wellness for attendance.

AMC 16.55.220 - Nutrition.

Amendment: Repeal entire section.

Notes: Municipal nutrition rules include specific meal and snack content requirements and restrictions on sugary foods that duplicate and may conflict with broader, more flexible state standards. Adopting 7 AAC 57.560 already ensures consistency and incorporates applicable federal nutrition requirements in child care.

AMC 16.55.300 - Centers serving sick children.

Amendment: Repeal entire section.

Notes: Outdated provision that has not been implemented. State regulations do not allow dedicated care for sick children in centers.

Pursuant to AMC 2.30.053(B)(1), the proposed ordinance has no private sector economic effects and local government effects are less than \$30,000; therefore, a summary of economic effects is not required.

THE ADMINISTRATION RECOMMENDS APPROVAL.

| | |
|-------------------------|--|
| Prepared by: | Dawn Skeete, Anchorage Health Department |
| Approved by: | Kimberly Rash, Director, Anchorage Health Department |
| Concur: | Eva Gardner, Municipal Attorney |
| Concur: | William D. Falsey, Chief Administrative Officer |
| Concur: | Rebecca A. Windt Pearson, Municipal Manager |
| Respectfully submitted: | Suzanne LaFrance, Mayor |



ANCHORAGE
CHILD CARE &
EARLY EDUCATION **FUND**



March 23, 2026

Dear Members of the Anchorage Assembly,

I write this letter as Chair of the Municipality's Anchorage Child Care & Early Education (ACCEE) Fund Board regarding the Anchorage Health Department's proposed changes to the Municipal Code, section 16.55, relating to child care licensing. At its March 18th, 2026 meeting, the ACCEE Fund Board heard a presentation from the Anchorage Health Department (AHD) about these potential Code changes. AHD staff explained the specific changes, including their many efforts to solicit public comment and feedback on the changes. The Board had the opportunity to ask questions regarding the specific Code changes.

After hearing from AHD, the ACCEE Fund Board voted unanimously to recommend Assembly approval of these potential Code changes. Consistent with the Board's role "as an advisory body to the Assembly and Mayor on topics related to child care and early education" (AO 2024-61(S-1), As Amended), I am providing this recommendation to you as you consider these potential Code changes.

Should you have any questions, about this item or the ACCEE Fund Board more generally, please don't hesitate to reach out.

Sincerely,

Trevor Storrs
Chair, ACCEE Fund Board
President & CEO of the Alaska Children's Trust

03/27/26

Re: Comments on Proposed Code Changes

Child Care Licensing
Anchorage Health Department
825 L Street, 3rd Floor
Anchorage, Alaska 99501

To Whom it may Concern,

thread supports the proposed Municipality of Anchorage (MOA) code changes in AMC 16.55. These changes align with **thread's** vision of ensuring that all early care and education is accessible, affordable, and high quality to support positive outcomes for children and families. **thread's** mission is to advance the quality of early education and child development by empowering parents, educating child care professionals, and collaborating with communities—values that are echoed in the goals of these proposed revisions.

The proposed changes under consideration aim to support existing licensed child care facilities in remaining open and to provide easier access for new facilities to open.

thread supports the following code changes:

- From the AMC: Definitions – Remove Associate Administrator and Caregiver Aide as they are either already addressed in SOA code or are no longer applicable. Referenced in 7 AAC 57 as Administrator Designee and Adolescent Caregiver.
- From AMC 16.55.100(A) – Remove specific language for an administrator to operate a child care home only where the administrator resides or in an unoccupied residential location. This requirement is already included in AMC 16.55.240 in the necessity to meet other agency requirements in having someone reside in a licensed child care home.
- From AMC 16.55.140(A)(1),(2); 16.55.140(B)(2)(c-f), (g) referencing d or f; 16.55.140(B)(3) – Remove several of the stringent and outdated requirements regarding adolescent staff, better aligning with State of Alaska child care requirements and making the employment of adolescent caregivers easier. State

regulation: 7 AAC 57.320

- From AMC 16.55.150 – Eliminate extra staff training requirements for child care homes to obtain 75% of the annual training in person and the requirements as stated for First Aid and Cardiopulmonary Resuscitation as the FA/CPR requirements are outdated and now obsolete. 7 AAC 57.350 requires all caregivers to be FA/CPR certified. State regulation: 7 AAC 57.350
- From AMC 16.55.210(A)(1–4) – Remove requirement for annual physicals for children attending a child care center. This will ease the burden on both facilities and families to track dates and ensure children’s physicals are current as well as align with SOA requirements. State regulation: 7 AAC 57.550
- From AMC 16.55.220 – Remove municipal nutrition requirements in a facility as it is either exceeds or is duplicative of 7 AAC 57.560. Facilities are already required to meet Food Program requirements regardless of whether a facility participates in the Food Program. State regulation: 7 AAC 57.560
- From AMC 16.55.300 – Remove municipal code regarding centers serving “sick children.” This is outdated and not utilized under state regulations. This section of AMC 16.55 was created in ~1992 and added to AMC 16.55 when it was created in 2004 and has never been implemented, even after enduring challenges faced through COVID.

In conclusion, we support these proposed changes. As we work to strengthen child care, we must ensure that every child in Alaska has access to care that is not only affordable and accessible, but also safe, high-quality, and developmentally appropriate.

Thank you for the opportunity to provide comment and for your continued effort to strengthen access to child care across the MOA.

Sincerely,



Stephanie Berglund, MSW
CEO, **thread** - Alaska’s Child Care Resource and Referral Organization
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sberglund@threadalaska.org

16.55.300 Centers serving sick children.

- A. *Purpose.* The purpose of this section is the protection of the health, well-being, and safety of sick children cared for in a child care center.
- B. *General requirements.*
1. A center serving sick children shall meet all requirements of this chapter and the Alaska Child Care Statutes and Regulations as well as the provisions for centers serving sick children in this section.
 2. Centers serving sick children may be a separate child care center licensed only to provide child care for sick children, or it may be a component of a licensed child care center with facilities and rooms designated for use by sick children physically separated from other components of the center.
 3. A center serving sick children as the component of another licensed child care center shall be issued a separate license for the care of sick children and shall ensure:
 - a. The sick child care component is physically separated from all other components of the center; and
 - b. The physical space designated for use by sick children shall not be used by children or staff from any other component of the center. The administrator is exempt from this requirement, when not providing direct care.
- C. *Levels of care.* The level of regulation for the care of sick children shall be determined by the number of sick children for which the center is licensed, the types of illnesses served by the center, and the physical setting.
1. *Level 1:* A center is Level 1 when it provides child care for sick children and meets all of the following criteria:
 - a. Is licensed for no more than eight sick children;
 - b. Serves only children with minor illnesses and those recuperating from acute episodic illnesses;
 - c. Does not serve children with short-term physical disabilities or illnesses that require special equipment and staff; and
 - d. Operates as the component of another licensed child care and educational center.
 - e. The administrator for the licensed child care and educational center shall be permitted to serve as the administrator for a Level 1 center for sick children.
 2. *Level 2:* A center is Level 2 it provides child care for sick children and meets any one of the following criteria:
 - a. Is licensed for nine or more sick children; or
 - b. Serves children with short-term physical disabilities or illnesses that require special equipment and staff; or
 - c. Serves children with illnesses or symptoms requiring separation or isolation from other children; or
 - d. Is licensed to provide child care for sick children only.
 - e. A Level 2 center providing child care for sick children must meet the following requirements:

- i. It shall employ an on-site administrator with no responsibilities related to the care of well children; and
- ii. The center shall employ a licensed registered nurse, with documented experience in pediatric or community health nursing, to serve as administrator or caregiver.

D. *Administration and organization.*

1. *Health consultant.*

- a. A center providing child care for sick children shall have an agreement for continuing medical/nursing consultation from a licensed physician or a licensed registered nurse with experience in pediatric or community health nursing, with a backup arrangement with a licensed physician.
- b. The health consultant shall perform the following duties:
 - i. Oversee the development, review and approval, of the center's written policies and procedures, and review and update those annually;
 - ii. Provide at least quarterly on-site monitoring of the implementation of the written policies and procedures in the program; and
 - iii. Provide ongoing consultation to the program in its daily operation and the management of illness in individual children.

2. *Policies and procedures.*

- a. *Generally.* The program shall have written policies and procedures for operation that address the following:
 - i. Admission policy;
 - ii. Infection control;
 - iii. Methods for the daily care of children including procedures for recording each child's progress;
 - iv. Procedures for the care and referral of children for medical evaluation who develop worsening symptoms, including a listing of such symptoms;
 - v. Staff training;
 - vi. Policy and procedures for staff communication with parents and health care providers;
 - vii. Plans for feeding children as appropriate to each child's illness or symptoms, and bathing of children as needed; and
 - viii. Procedures for cleaning and sanitation in the facility.
- b. *Admission policy.* In addition to the requirements of section 16.55.160, a center serving sick children shall have written criteria for admission made available to the public, including:
 - i. A description of illnesses or symptoms to be served and specific illnesses or symptoms to be excluded;
 - ii. Ages of children to be served;
 - iii. A description of services offered; and

- iv. Intake and admission procedures, including criteria for determining the appropriateness of a child's admission.
- c. *Admission procedures required.*
 - i. Prior to admitting a child, the center shall require:
 - (A) A copy of the standard emergency record card and the child's health examination as required in 7 AAC 57.400(a) and 7 AAC 57.550(a).
 - (B) A description, written and signed by the parent, of the child's current and recent illnesses, special diet, medication needs and symptoms requiring notification of parent or health care provider; and
 - (C) A written physical assessment of the child by the administrator or designated caregiver to determine the appropriateness of the child's attendance that day or the need for a medical evaluation prior to admission. In a Level 2 center, the written assessment for arriving children shall be conducted by a State of Alaska licensed medical professional.
 - ii. The center administrator shall determine whether admission is appropriate given a child's history, symptoms and general condition.
 - iii. The center administrator shall have the authority to require a written medical evaluation for a child, to include diagnosis, treatment and prognosis, if such evaluation is necessary to verify the appropriateness of the child's attendance.
- 3. *Criteria for admission or exclusion.*
 - a. A center serving sick children may care for children with illnesses or symptoms that exclude them from another child care and educational center, except as prohibited in subsection B.
 - b. A center serving sick children shall not admit a child with the following symptoms, unless the program has written approval from a licensed physician:
 - i. Diarrhea continued beyond three days;
 - ii. Vomiting lasting over a six-hour period;
 - iii. Difficult or rapid breathing;
 - iv. Asthmatics with upper respiratory infections and coughing interfering with the child's ability to drink, talk or sleep;
 - v. Undiagnosed rash; or
 - vi. Fever over 103 degrees F (oral) or 104 degrees F (rectal).
 - c. A center serving sick children shall not admit any child with the following illnesses or symptoms:
 - i. Contagious stages of pertussis, measles, mumps, rubella, diphtheria, tuberculosis, shigella, giardiasis or chicken pox; or
 - ii. Untreated scabies or head lice.
 - d. A Level 2 center may admit children needing postoperative convalescent care and children with short-term disabilities, including but not limited to tracheotomy tubes, colostomy or gastrostomy tubes or apnea monitors, or children with long-term disabilities exhibiting illnesses

or symptoms excluding them from a day care program for well children, as long as the program ensures:

- i. The center employs a licensed nurse with demonstrated competence to handle a specific disability;
- ii. The center has appropriate equipment and staff with documented competence or experience in operating the equipment; and
- iii. The center has, prior to admission, written permission from a licensed health care provider for each child and specification of any skilled nursing treatment to be provided to the child.

E. *Staff.*

1. *Qualifications.*

- a. The administrator of a Level 1 or 2 center shall fulfill the requirements of 7 AAC 57.300, 7 AAC 57.310, 7 AAC 57.315, 7 AAC 57.320, 7 AAC 57.320, and AMC 16.55.130. The administrator of a Level 1 or 2 center shall have written evidence of immunization against, or immunity from, rubella and measles.
- b. Caregivers of a Level 1 or 2 center shall fulfill the requirements of 7 AAC 57.310, 7 AAC 57.315, 7 AAC 57.320, 7 AAC 57.320, and AMC 16.55.130. Caregivers in a Level 1 or 2 center shall have written evidence of immunizations against, or immunity from, rubella and measles.

2. *Training.* A center serving sick children shall ensure the following training is received by each employee, including the administrator and substitutes, as follows:

- a. Minimum of 40 hours for staff of a Level 1 center and a minimum of 60 hours for staff of a Level 2 center;
- b. All required training must be completed within three months from date of hire;
- c. The training shall include:
 - i. The recognition and care of sick children;
 - ii. The prevention and control of communicable disease;
 - iii. First aid and CPR;
 - iv. The center's policies and procedures;
 - v. Recognizing and documenting signs and symptoms of illness and common infectious diseases;
 - vi. Administration of medication;
 - vii. When and how to call for medical assistance;
 - viii. Infection control procedures;
 - ix. Communication with parents of sick children;
 - x. Immunizations; and
 - xi. Other care as required by admissible illnesses or conditions.

3. *Child-to-caregiver ratios.* A center serving sick children shall ensure the following minimum child-to-caregiver ratios:

| Age of Children | Term for Age Group | # Children | # Caregivers | Max Group Size (children: caregivers) |
|--|--------------------|------------|--------------|---------------------------------------|
| 6 weeks through 11 months, or older if not walking independently | Young Infants | 4 | 1 | 8:2 |
| 12—18 months | Older Infants | 4 | 1 | 8:2 |
| 19—36 months | Toddlers | 4 | 1 | 8:2 |
| 3 years | Preschoolers | 4 | 1 | 8:2 |
| 4 years | Preschoolers | 5 | 1 | 10:2 |
| 5—6 years | Kindergartners | 5 | 1 | 10:2 |
| 7—12 years | School age | 5 | 1 | 10:2 |

4. For mixed age groups with children under 24 months of age, the child-to-caregiver ratio shall be for the age of the youngest child present.

F. *Health practices.*

1. A center serving sick children shall immediately notify parents of any significant change in a child's illness or symptoms or any injury in the facility, and obtain instructions for action to be taken.
2. The center shall make prompt arrangement with the parents for obtaining medical evaluation or treatment for a child, if necessary, as provided by the program policies.
3. The center shall obtain emergency medical treatment without specific parental instruction as specified in 7 AAC 57.400 (a)(1)(D—F).
4. The center shall periodically monitor each child's condition throughout the day as appropriate to the child's illness and plan of care.
5. A center serving sick children shall modify the program requirements of 7 AAC 57.520 and AMC 16.55.190 to meet the needs of sick children including provision of:
 - a. Quiet and active indoor and outdoor activities, according to the development level, ability, and physical condition of each child;
 - b. Individual activities for use by children in the contagious stage of disease and by children not physically well enough to participate in group activities; and
 - c. Toys and equipment that are disposable or able to be sanitized.
6. Children shall be given opportunity to nap or rest without distraction or disturbance from other activities in the center.
7. A center serving sick children shall follow the guidelines of the child care food program in 7 C.F.R. 226.20 but shall modify the menus to meet the individual physical condition of each child in care.

G. *Physical environment and safety.*

1. *Separation from other rooms.* A center serving sick children as a component of a licensed child care and educational center shall areas physically separated by floor-to-ceiling walls from other components of the center.
2. *Outdoor area.*
 - a. A center licensed only for sick children shall not be required to have an outdoor play area, but shall have a written plan ensuring opportunities for safe outdoor activities.
 - b. In a center serving sick children as a component of a licensed child care and educational center, the outdoor play area for sick children shall be physically separated from that used by well children, or used at separate times from well children.
3. *Indoor area.*
 - a. Centers for sick children shall provide 50 square feet of usable indoor space per child, exclusive of hallways, bathrooms, storage areas, office and administrative space, furnace and laundry rooms, crib space, diaper tables, cubbies, and any area children are prevented from using.
 - b. Cots for resting shall be placed at least three feet apart when in use.
 - c. The center shall not use potty chairs, and shall ensure only soap from a liquid soap dispenser is used for handwashing.
 - d. The center shall ensure carpeted floors are vacuumed at least daily and shampooed at least monthly.
 - e. The center shall ensure all washable toys, equipment, and furniture used for one group of children are washed and disinfected before use by another group.
 - f. The center shall ensure that a telephone or an intercom system is available to staff in every area of the center where care is provided.
 - g. Drinking fountains shall not be used.

(AO No. 2016-82, § 1, 8-9-16)