

Graeff, Melissa

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From: James Nicholson <james.nicholson@firstup.org>
Sent: Friday, November 9, 2018 12:35 PM
To: PW, CC Reg Changes
Subject: comments on the regulations
Attachments: Childcare regs change template.docx

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Hello. Please see the attached document with my comments on the new regulations.

Regards,

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VOTE
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Topic and Proposed Regulation	Comment
<p>Annual Unannounced Inspections</p> <p>3270.11(g), 3270.24(d)</p> <p>3280.11(h), 3280.23(d)</p> <p>3290.11(k), 3290.11(m)(2), 3290.21(d)</p>	<p>I strongly support the requirement for annual, unannounced inspections. However, I do believe that providers should be given at least a ten-day window. If a program is operating with gross violations, then a ten-day warning won't significantly change anything. Programs that are operating in good faith, however, may use the warning to fine tune things. The provider does not need to know a specific date.</p>
<p>Certification of Family Childcare Homes</p>	<p>Agree as written - I support removing the biennial certificate of registration requirement through a self-certification process and replacing it with a requirement that all family child care homes become certified and have an annual certificate of compliance. All children, no matter if they are enrolled in a FCC, Group or Center based setting, should have the same policies in place to ensure their health and safety.</p>
<p>Announced Pre-Certification Inspections</p> <p>3270.24(e)</p> <p>3280.23(e)</p> <p>3290.11(i) and (m)(1), 3290.21(e)</p>	<p>Agree as written - I strongly support this regulation. Pre-Certification Inspections will help ensure that applicants understand the regulations and ultimately ensure the health and safety of the children enrolled. Although providers receive information regarding Keystone Stars and the supports available at orientation, these visits provide another to reinforce the information.</p>
<p>One-Time Professional Development</p> <p>3270.11(c), 3270.31(f)</p> <p>3280.11(c), 3280.31(f)</p> <p>3290.11(e), 3290.31(g)</p>	<p>Agree as written - I support the requirement of one-time professional development and its inclusion in the regulation. The ten health and safety trainings will help ensure that all children are enrolled in environments that will protect their health and safety.</p> <p>The inclusion of pediatric first-aid is also supported. The regulation does not currently explicitly state Pediatric first-aid.</p> <p>I recommend that the actual language under the proposed section for one-time professional development be added to the regulation, itself. The time frames for completing are reasonable, especially if there is an on-line option available.</p> <p>I do recommend that program staff be required to repeat these trainings every 5 years. Re-visiting this training will reinforce compliance with health and safety standards that are often overlooked and ensure program staff are consistently being trained. Annual or unannounced inspections won't necessarily pick up on all non-compliance in practices related to the 10 training topics.</p>

<p>General Requirements for Facility Persons</p> <p>3270.33 (d)</p>	<p>I think that at least 25% of staff should have this certification with a minimum of two persons.</p> <p>The current proposed regulation states that one or more facility persons competent in <u>pediatric first-aid and pediatric cardiopulmonary resuscitation</u> techniques shall be at the facility when one or more children are in care. I believe that the required number of staff should say at least two. Requiring <u>only</u> one person that is competent in pediatric first-aid and CPR to be present in the facility at all times could result in putting a classroom out of ratio if that person is currently in ratio and is needed to help a child in a different classroom. I recommend that the regulation be written requiring that there be at least one facility person (not-in ratio) to be present all times. This facility person would be available to cover ratios or, if competent in pediatric first aid CPR, would be available to help child without having to call on a facility member to maintain ratios.</p>
<p>Emergency Plans</p> <p>3270.27(a)(5)(6) and (f)</p> <p>3280.26(a)(4)(5) and (f)</p> <p>3290.24(a),(5),(d) and (g)</p>	<p>Agree as written - I support the changes requiring annual drills and the requirement that emergency plans include provisions infants, toddlers, children with disabilities and children with chronic medical conditions. I also agree that the plan should be filed with local and county municipalities.</p>
<p>Increased Annual Professional Development</p> <p>3270.31(e)</p> <p>3280.31(e)</p> <p>3290.31(f)</p>	<p>This should be driven by the Keystone Stars Process.</p> <p>I support the proposal to increase the number of annual training hours. All training supports the development of staff competencies that are needed to ensure the health and safety of all children.</p> <p>In the "purpose" section DHS notes the one-time only professional development can count towards the twelve hours for a new staff person in their first year of employment. However, this provision is not in the actual regulation. I recommend it be added.</p>
<p>Updating Terminology – "Day Care" to "Child Care"</p> <p>Throughout 3270, 3280 and 3290, as well as 3041.13</p>	<p>Agree as written - I agree with the change terminology. Changing Day Care to Child Care supports NAEYC Power of the Profession.</p>
<p>Updated Clearance and Mandated Reporting Requirements</p> <p>3270.19(b)</p> <p>3280.11 (e), 3280.18(b)</p>	<p>Agree as written - I support clarifying the provisions related to mandatory reporting. The provision requiring Household members 18-year-old or older living in a group childcare or family childcare homes ensures the health and safety of all children are being met in these settings.</p>

3290.11(h), 3290.16(b)	
Availability of certificate of compliance and applicable regulations 3270.25 9(a) 3280.24 (a) 3290.22(b)	Agree as written - I agree with the requirement that information be provided to families about how to access regulations and information on how to contact DHS representative. I also recommend that the "term" parent change to "family" to incorporate children who are not reared by their "parents" or whose care is shared with family members other parents. All reference to "parents" throughout regulations should be changed to "family".
Pediatric CPR 3270.33(d) 3280.33(c) 3290.32(d)	I think that at least 25% of staff should have this certification with a minimum of two persons. The current regulation states that One or more facility persons competent in <u>pediatric</u> first-aid <u>and pediatric cardiopulmonary resuscitation</u> techniques shall be at the facility when one or more children are in care. I believe that the required number of staff should be stated differently. In any given, time a child could need the help of the facility person who is competent in Pediatric first aide and/or CPR. Requiring <u>only</u> one person that is competent in pediatric first-aid and CPR to be present in the facility at all times could result of putting a classroom out of ratio if that person is currently in ratio is needed to help a child in a different classroom. I recommend that there be at least one facility person (not-in ratio) to be present all times. This facility person would be available to cover ratios or, if competent in pediatric first aid CPR, would be available to help child without having to call on a facility person that is in ratio.
Identification of Staff 3270.34(c) 3280.34(a) 3290.31(a)(3)	Agree as written - I support the requirement for the program director, primary staff person or operator to present a photo ID at inspection. This will prevent falsification of Identity.
Family Child Care Supervision of Children 3290.113(f)	This is a great idea. How can this not be cost prohibitive as Family Child Care providers have limited financial resources. I agree as long as the financial support is available. The Department is proposing that family child care home providers have monitors with a camera or other video or sight technology to use when the only child care staff person present is not able to directly supervise the children during a restroom break, kitchen activities or any other situation in which the children cannot be seen, heard, directed and assessed. Appropriate supervision is critical to the health and safety of children. When there is only one person present to supervise children, the Department recognizes that there are times when that

	<p>person cannot properly supervise the children and needs a device to assist with supervision. I agree with this change.</p> <p>There will be a purchase cost and possibly an installment cost. There are some organizations locally who have grant money to support startup costs (fire extinguishers, Carbon Dioxide detectors, smoke alarms, etc.). DHS representatives should be made aware of these organizations so that they can refer FCC providers to them.</p>
<p>Work Hour Limits in Family Child Care</p> <p>3290.113(g)</p>	<p>Agree as written - The Department is proposing that when a family child care home provider operates service for 24 hours a day, another child care staff person is required. No family child care staff person may work for a period of more than 16 hours in a 24-hour time. This will ensure that staff have time to sleep.</p>
<p>Human Milk</p> <p>3270.166(7)</p> <p>3280.166(7)</p> <p>3290.166(7)</p>	<p>Agree as written - I support banning the use of microwaves to warm human milk. I support the American Academy of Pediatrics (AAP) and other standards recommendations of using warm running water to heat the bottles. DHS should also consider eliminating the use of crock pots for warming bottles as there is no guarantee that the water stays at or below recommended temperature 110 degrees.</p> <p>Staff should be required to be trained in the handling of breast milk.</p>
<p>Adding Foster Mother/Father to Definition of Parent</p> <p>3270.4 Definitions</p> <p>3280.4 Definitions</p> <p>3290.4 Definitions</p>	<p>Agree as written - All children in foster care should have the same opportunities to participate in age-appropriate every day activities, as all other children. I recommend adding foster mother/father to definition of parent. However, I recommend that we add "family" member along with parent in the definitions to include children who are not living with parents but living with and being cared for by family members. Changing family is culturally sensitive. I recommend changing "parent" to family everywhere in regulations.</p>
I would also like DHS to consider the following changes.	
<p>Rest Equipment</p> <p>3280.105 (j)</p> <p>3290.105 (j)</p> <p>3270.106 (j)</p>	<p>Agree as written - I would like DHS to consider updating 3280.105 (j) to include blankets. Currently the regulation states: (j) Toys, bumper pads or pillows may not be present in a crib while an infant is sleeping in the crib. Safe sleep practices as prepared by the American Academy of Pediatrics include not using blankets in cribs, bed or sleeping cots for children under 12 months of age.</p>
<p>Ratios</p> <p>3270.51, 3270.52</p> <p>3280.52</p>	<p>Agree as written - I would like DHS to take a closer look and consider clarifying the definition regarding group size. Group size definition should be defined as the "maximum number of children within a defined physical space", as it is by NAEYC accreditation. Currently, however, the current interpretation of the regulation allows programs to exceed the intended group size requirements as long as they still maintain ratios, meet licensing capacity in the classrooms and can validate the names of the staff and the children enrolled in each individual group within the classroom. For example, there is nothing to</p>

	<p>prevent a program from enrolling 20 or more children in a toddler classroom. Regulating Staff-child ratios and group size increase the likelihood that children’s care will be reliably sensitive to their individual needs and style and responsive to their bids for comfort, social interaction, and cognitive stimulation.</p>												
<p>Napping Ratios 3270.55</p>	<p>My concern with this reg is that there are always children who will not nap or stay on the sleeping apparatus. If a child is up and “quietly” engaged in an activity, and the staff can still properly supervise the napping children, then that is maybe ok. However, if it’s two or more children awake and off the apparatus, then the napping ratio should not apply.</p> <p>Changes to the regulations should include clarity around staff ratios when children are napping. Provide (see below) a more defined definition of when napping ratios apply and don’t apply.</p> <p>From a recent communication from OCDEL</p> <p>Ratios while children are napping.</p> <p>(a) While toddlers and preschoolers are napping, the following staff-child ratios apply:</p> <table border="1" data-bbox="672 955 1317 1218"> <thead> <tr> <th>Similar Age Level</th> <th>Staff</th> <th>Children</th> </tr> </thead> <tbody> <tr> <td>Young toddler</td> <td>1</td> <td>10</td> </tr> <tr> <td>Older toddler</td> <td>1</td> <td>12</td> </tr> <tr> <td>Preschool</td> <td>1</td> <td>20</td> </tr> </tbody> </table> <p>in a recent communication, OCDEL clarified for providers when napping ratios apply and compliance will be based on:</p> <p>When do staff-child napping ratios apply?</p> <ol style="list-style-type: none"> 1. When children are sleeping on their sleep equipment, ratios apply. 2. When children are awake and on their sleep equipment, ratios apply. 3. When one or more children are up and not on their sleep equipment, napping ratios no longer apply. The exception is when a child is up solely to use the bathroom and returns to his/her mat. 	Similar Age Level	Staff	Children	Young toddler	1	10	Older toddler	1	12	Preschool	1	20
Similar Age Level	Staff	Children											
Young toddler	1	10											
Older toddler	1	12											
Preschool	1	20											

	<p>Napping ratio clarification should be added to the Group Childcare Regulations. Currently 3280.52 does not include information on what napping ratios are. Nor does it define when ratios apply and don't apply.</p>
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