3214

Kathy Cooper

From: Betsy Miller <betsy@cchealthsafety.com>
Sent: Wednesday, November 14, 2018 11:22 AM
To: IRRC
Subject: Please use V2_RE: Comments to CC Certification Requirements
Attachments: CCHS-v2_Comments to proposed CC Certification Regulations.pdf

Importance: High

Greetings,
I have added a few additional thoughts to my proposed Child Care Certification Regulations.

I do know that the deadline was 11/13/18, however I believe it is important for my thoughts to be considered

Thank you,
Betsy

CCHS.
Child Care Health & Safety, LLC
Elizabeth (Betsy) L.M. Miller, BSN, RN, BC
P.O. Box 153
Newtown Square, PA 19073-0153
(610) 764-8977
Betsy@cchealthsafety.com
www.cchealthsafety.com

From: Betsy Miller <betsy@cchealthsafety.com>
Sent: Wednesday, November 14, 2018 12:09 AM
To: 'irrc@irrc.state.pa.us' <irrc@irrc.state.pa.us>
Subject: Comments to CC Certification Requirements
Importance: High

Thank you for the opportunity to review and comment on the new Child Care Certification Regulations.

Kind regards, Betsy

CCHS.
Child Care Health & Safety, LLC
Elizabeth (Betsy) L.M. Miller, BSN, RN, BC
P.O. Box 153
Newtown Square, PA 19073-0153
(610) 764-8977
Betsy@cchealthsafety.com
www.cchealthsafety.com

CCHS.
Child Care Health & Safety, LLC
On-Site Consultation & Professional Development (PA-EQ-IS)

Elizabeth (Betsy) L. M. Miller BSN, RN, BC
PO Box 153
Newtown Square, PA 19073-0153

(610) 764-8977
Betsy@cchealthsafety.com
www.cchealthsafety.com

November 12, 2018

Summitted to *Independent Regulatory Review Commission* via email to irrc@irrc.state.pa.us

Reference Regulation No. **14-542**

Tamula Ferguson
Bureau of Certification Services
Office of Child Development and Early Learning Department of Human Services
333 Market Street, 6th Floor
Harrisburg, PA 17105

Re: IRRC Number 3216; Department of Human Services changes to 55 Pa. Code Chapter 20; 55 Pa. Code Chapter 3041; 55 Pa. Code Chapter 3270; 55 Pa. Code Chapter 3280; 55 Pa. Code Chapter 3290

Dear Ms. Ferguson:

On behalf of Child Care Health and Safety, LLC, please accept my comments on the proposed changes to the ***Child Care Facility Regulations*** referenced above. Thank you for the opportunity to provide input and comments.

Now a little bit about me. A portion of my professional background involves being a PA Registered Nurse, PA certified PQAS, independent Child Care Health Consultant / Trainer (CCHC/T) and nationally Board Certified (BC) Community / Public Health Nurse. I am nationally recognized as a content expert, across disciplines, and reviewer when a **Caring For Our Children**, 3rd Edition standard is in need of revision in **General Health** (social/emotional/mental health, oral health, diapering, health education, etc.), **Infectious Diseases / Injury Prevention / Nutrition / Staff Health,** on behalf of The American Academy of Pediatrics (AAP). I am a reviewer/contributor for many other health and safety national publications including the Pennsylvania Chapter of the American Academy of Pediatrics, **Model Child Care Health Policies, 5th Edition.**

In December 2010, I launched **Child Care Health & Safety, LLC** (CCHS) which provides current, "best practice" professional development workshop trainings and technical assistance by on-site observations, telephone, and/or email, to early care and education and school-age providers in center-based, family / group homes, Early Head Start / Head Start, nursery schools, pre-schools and neighbor / relative programs.

From September 2001 - December 2010, I served as a **Training/Technical Assistance Coordinator for Early Childhood Education Linkage System-Healthy Child Care Pennsylvania (ECELS-HCCPA),** Pennsylvania Chapter, American Academy of Pediatrics. During my tenure, I coordinated many health & safety grants including Healthy Child Care Pennsylvania, part of Healthy Child Care America. I educated, mentored and linked health professionals to be child care health consultants with PA early care and education programs. I wrote and edited numerous self-learning modules and professional development workshops on health and safety topics.

I understand that many of the proposed changes that are being made are the result of the **Reauthorization of the Child Care and Development Block Grant (CCDBG).** These are mandatory changes that Pennsylvania must make in order to come into compliance with the CCDBG.

Below are my suggestions:

Department of Human Services (DHS) Proposed Changes

Chapters 3270.31 (e); 3280.31 (e); 3290.31 (f). Increased Annual Professional Development: Annual professional development requirements would increase from 6 hours per year to 12 hours per year.

> ***PACCA Organization's comment:*** *While we do not oppose the increase in professional development hours, we do note that DHS has underestimated the cost to providers to comply with the increase in training hours. We appreciate DHS's attempt to provide a fiscal note, however the fiscal note calculates the cost for training at a flat hourly rate. As required by Federal Labor and Industry rule, legal entities must pay employees for time attending training. If the time worked and the time in training exceeds 40 hours, employees must be paid one and one-half time. If the employer, allows the employee to attend training during work hours, no additional cost for that employee is incurred. However, this may require an employer to engage a substitute which would in effect have the employer paying double-time for the coverage – straight time for the employee in training and straight time for the substitute.*
>
> ***CCHS, LLC Organization Comment****: I support PACCA's comments above.*
>
> *However, as stated in the Regulatory Analysis Form, page 10,* ***Annual Professional Development Required Increase*** *it states the average fee is $10.00 for a child care staff person to take the additional six hours of professional development."*
>
> *I question to where this information is cited from? As an independent child care health consultant nurse and PQAS trainer, it is* **not possible** *to prepare for a two- or three-hour health and safety professional development, print participant packets, add the course to the PA Keys website, travel to and from the site, pay for parking, teach the course and reconcile the course taught at the end of the day. I as a trainer would loses money with this scenario. Consider that each provider pays at least $20.00 per clock hour of face-to-face professional development training.*

Child Care Health & Safety, LLC | PA-PQAS | Elizabeth (Betsy) L. M. Miller BSN, RN, BC
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Betsy@cchealthsafety.com | www.cchealthsafety.com

CCDBG Related Changes

Page 8 Additional Proposed Changes Paragraph 4

"This proposed requirement for the 12 hours of annual professional development for all child care staff is in addition to the one-time-only professional development in ten health and safety topics that are required by the CCDBG. The one-time-only professional development required by the CCDBG can count towards the 12 hours of annual professional development for a new child care staff person in the first year of employment."

CCHC, LLC Organization Comment: *I support the proposed requirement to increase the professional development to 12 hours annually for all child care staff.*

However, written clarification should indicate the specific number of hours that directly relate to learning updates to health and safety topics after the first year of employment.

Similar to Caring For Our Children, 3rd Edition, Standard 1.4.4.1: Continuing Education for Directors and Caregivers/Teachers in Centers and Large Family Child Care Homes states in part "...In the second and each of the following years of employment at a facility, all directors and caregivers/teachers should successfully complete at least twenty-four clock-hours of continuing education based on individual competency needs and any special needs of the children in their care, sixteen hours of which should be in child development programming and eight hours of which should be in child health, safety, and staff health."[1]

Consider specifying the number of hours, out of 12 hours proposed, requiring (6 hours) in child development programming and (6 hours) in in child health, safety, and staff health.

In my experience as a child care health consultant / trainer, speaking with early care and education providers across Pennsylvania, it is believed that they do not need additional health and safety professional development once they have completed the initial Health and Safety Basics (CCDBG) since it is not written specifically.

It must be remembered that the initial one-time only (Pre-certification) Health and Safety Basics professional development is a broad overview of topics covered in a very short amount of time of six (6) hours. There is so much more content to be taught in each topic area that would benefit every early care and education provider in Pennsylvania. By

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[1] American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at http://nrckids.org .

The National Standards are for reference purposes only and shall not be used as a substitute for medical or legal consultation, nor be used to authorize actions beyond a person's licensing, training, or ability.

increasing the number of professional development hours required for health and safety topics on a yearly basis, may ultimately improve the ERS Personal Care Routines scores.

Excellent, up-to-date, health and safety self-learning modules are available at ***ECELS-Healthy Child Care PA*** *website* ***http://www.ecels-healthychildcarepa.org/*** *. In the* ***"Search"*** *box type in* ***"self learning modules"*** *for the extended list available.*

Specific Regulations Sections changes to Chapters 3270, 3280, and 3290

Page 18 Item 13. § 3270.27(a)(5) and (6) and (f), 3280.26(a)(5) and (6) and (f), and 3290.24(a)(5), (d) and (g) (relating to emergency plan)
The Department is proposing that the required emergency plan include an additional element that provides specific accommodations for the evacuation of infants, toddlers, children with disabilities, and children with medical conditions.
This is a requirement of the CCDBG (42 U.S.C.A. § 9858c(c)(2)(U)(iN)(I)).
The Department is also proposing that the child care provider conduct drills annually for the emergency plan and maintain documentation that the drills are conducted.
This addition is a requirement of the CCDBG (42 U.S.C.A. § 9858c(c)(2)(U) (iN)(II0).
The Department is also proposing that the child care provider shall send a copy of the emergency plan and subsequent plan updates to the local municipality as well as the county emergency management agency.

CCHS, LLC Organization Comment *I support the changes made to the regulations reflecting mandatory requirement of CCDBG and recommendations the Department add the additional CCDBG requirements that all emergency plans provide procedures for lockdown.*

In addition, consider reviewing CFOC3 Standard 9.2.4.3: Disaster Planning, Training, and Communication, http://nrckids.org/CFOC/Database/9.2.4.3 and include the additional wording..."*Details in the Emergency/Disaster Plan should be reviewed and updated bi-annually and immediately after any relevant event to incorporate any best practices or lessons learned into the document.*

Facilities should conduct an annual drill, test, or "practice use" of the communication options / mechanisms that are selected."

Page 21 Item: 21 § 3270.131(a), 3280.131(a) and 3290.131(a) (relating to child health) The Department is proposing to shorten the timeframe to submit an initial health report from 60 days to 30 days. This change is needed to allow the child care provider more opportunity to determine if the child is healthy enough to attend. The health report also shows whether the child has health conditions or diseases that would prohibit attendance or be contagious.

PACCA Organization's Comment. *We believe that while good intentioned, this requirement may be unreasonable when the availability of health services are inconsistent across the commonwealth. A 2017 survey of Physician Appointment Wait*

Times & Medicaid and Medicare Acceptance Rates conducted by Merritt Hawkins, a national physician search firm and a company of AMN Healthcare found the time it takes to schedule a new patient physician appointment in 15 major metropolitan areas has increased by 30 percent since 2014. The survey indicates that it now takes an average of 24 days to schedule a new patient physician appointment in 15 of the largest cities in the U.S., up from 18.5 days in 2014.1 The onus to comply inevitably falls to the child care provider who would be cited by certification when a family is unable or does not comply with the regulation, but requires child care due to job search and attainment. PACCA urges DHS to withdraw this change and revert to the 60-day provision.

***CCHS, LLC Organization Comment**: I support PACCA's comments above.*

Page 22 Item 22 § 3270.166(7), 3280.166(7) and 3290.166(7) (relating to meals for infants) The Department is proposing to add human milk as milk that cannot be heated in a microwave. See American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs (3 ed. 2011), Standard 4.3.1.3, available at http://www.cfoc.nrckids.org/StandardView/4.3.1.3. This is consistent with recognized national health and safety standards. The requirement is to use warm running water to heat the bottle instead.

Commented [EM1]: This website does not open to the CFOC3 Standard.

Commented [EM2]: Warm running water is only partially correct.

***CCHS, LLC Organization Comment:** What is written, above, is very limited to what is presented in CFOC3, Standard 4.3.1.3* Preparing, Feeding, and Storing Human Milk *http://nrckids.org/CFOC/Database/4.3.1.3* "Human milk should be defrosted in the refrigerator if frozen, and then heated briefly in bottle warmers or under warm running water so that the temperature does not exceed 98.6°F. If there is insufficient time to defrost the milk in the refrigerator before warming it, then it may be defrosted in a container of running cool tap water, very gently swirling the bottle periodically to evenly distribute the temperature in the milk. Some infants will not take their mother's milk unless it is warmed to body temperature, around 98.6°F. The caregiver/teacher should check for the infant's full name and the date on the bottle so that the oldest milk is used first. After warming, bottles should be mixed gently (not shaken) and the temperature of the milk tested before feeding."

Refer to Model Child Care Health Policies, 5th Edition, Appendix R, Using Stored Human Milk, page 167 MCCHP_File_with_Form_Fields_final.pdf.[2]

Additional considerations not listed in this document:

CCHS, LLC Organization Comment: **Consider expanding § 3270.166(3), 3280.166(3) and 3290.166(3) Disposable nursers shall be used unless bottles are provided by the parent or unless a commercial dishwasher is used by the facility.**

Based on CFOC3 Standard *4.3.1.3* Preparing, Feeding, and Storing Human Milk *http://nrckids.org/CFOC/Database/4.3.1.3* "

[2] Pennsylvania Chapter of the American Academy of Pediatrics. Model Child Care Health Policies. Aronson SS, ed. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2014. www.eccls-healthychildcarepa.org

"Expressed human milk should be placed in a clean and sanitary bottle with a nipple that fits tightly or into an equivalent clean and sanitary sealed container to prevent spilling during transport to home or to the facility. Only cleaned and sanitized bottles, or their equivalent, and nipples should be used in feeding.

Avoid bottles made of plastics containing bisphenol A (BPA) or phthalates, sometimes labeled with #3, #6, or #7 (1). Use glass bottles with a silicone sleeve (a silicone bottle jacket to prevent breakage) or those made with safer plastics such as polypropylene or polyethylene (labeled BPA-free) or plastics with a recycling code of #1, #2, #4, or #5.

CCHS, LLC Organization Comment: **Consider expanding § 3270.166(4), 3280.166(4) and 3290.166(4) Disposable nursers and bottles shall be labeled with the child's name.**

Based on CFOC3 Standard *4.3.1.3* Preparing, Feeding, and Storing Human Milk *http://nrckids.org/CFOC/Database/4.3.1.3* "
"The bottle or container should be properly labeled with the infant's full name and the date and time the milk was expressed."

Page 23 through page 24 Accomplishments and Benefits

- **Page 24 Paragraph 2** " In addition, the Department has included many quality initiatives for child care providers to help them improve the quality of service delivery to children. The quality initiatives include increased professional development requirements for child care staff.
By proposing an increase to the annual number of hours of professional development that all child care staff persons shall complete, children in all child care providers are receiving care that better assures their health and safety while improving quality."

CCHS, LLC Organization Comment: *I do agree with the overall content that is trying to be presented, but the wording is redundant and hard to follow.*

Consider this wording:
~~In addition, T~~the Department has included many quality initiatives for child care providers to help them improve the ~~quality of~~ services deliver~~ed~~y to children. One of t~~T~~he quality initiatives include an increased to professional development requirements for child care staff.

The ~~By~~ propose~~ding an~~ increase to the annual number of hours of professional development that all child care staff ~~persons~~ shall complete, better assures that children ~~in all child care providers~~ in out-of-home child care ~~are~~ receive~~ing care that~~ better ~~assures their~~ health and safety while improving quality."

Thank you for the opportunity to evaluate this document.

Kind regards,

Child Care Health & Safety, LLC | PA-PQAS | Elizabeth (Betsy) L. M. Miller BSN, RN, BC
PO Box 153 | Newtown Square, PA 19073-0153 | (610) 764 8977
Betsy@cchealthsafety.com | www.cchealthsafety.com

Elizabeth (Betsy) LM Miller, BSN, RN, BC

Child Care Health & Safety, LLC | PA-IQAS | Elizabeth (Betsy) L. M. Miller BSN, RN, BC
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