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Sent:

Tuesday, November 13, 2018 3:53 PM

To:

PW, CC Reg Changes

Cc:

Natalie Renew

**Subject:** 

Comments for Proposed Changes to Child Care Certification Regulations

**Attachments:** 

PA Bulletin, Doc. No. 18-1587\_PHMC Comments 11-10-18.docx

#### Good afternoon,

I am pleased to submit the attached comments on behalf of the Education and Family Services component of Public Health Management Corporation (PHMC).

Please feel free to contact me with questions or for clarification.

Sincerely.

Katie Rubinstein

Katie Rubinstein

Director of Quality Initiatives, ECE

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# **PUBLIC HEALTH**

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PHMC commends the department's leadership in recognizing and ensuring that all children deserve baseline health and safety protections. We are happy to provide comment on these important policy changes and look forward to the implementation of practices that improve outcomes for all children.

### **Unannounced Inspections**

PHMC commends OCDEL for implementing unannounced certification inspections. Transitioning to annual unannounced inspections for all certified child care providers (centers, groups, and families) will raise the bar of the baseline of quality provided. Providers will not have the opportunity to prepare different daily practices during a scheduled window of potential annual inspections and will, instead, have to maintain certification regulations at all times to be confident their business is not in jeopardy of a negative sanction. This type of system decreases the possibility of undesired practices that undermine children's safety and wellbeing and instead reinforces the intent of certification regulations as the minimum operating requirements. At the same time, many centers will benefit from a "technical assistance" approach—offering technical assistance and informing providers of Keystone STARS and quality improvement supports aligned systems. We ask that OCDEL consider moving to a truly unannounced system versus establishing a window where the unannounced visit will occur. This process is the only way to meaningfully reinforce regular operations in compliance with all regulations on any given day.

### **Certification Process for Family Child Care Homes**

PHMC commends OCDEL for scaling up certification staff capacity to maintain a minimum of annual presence in Family Child Care Homes (FCCH), mirroring the center and group certification process. Certification violations in FCCH programs previously often went unnoticed because operators rarely had an opportunity to get feedback on their practice. The implementation of certification practices for all regulated programs is necessary to assure children's health and safety and to ensure that all providers are aware of and understand the regulations. While we support improving access for FCCH to Quality Rating and Improvement Systems and for families to information about FCCH, it is unclear how these outcomes will be achieved without additional protocols for OCDEL staff and a family engagement strategy.

### Health and Safety Pre-Service Professional Development

PHMC supports the provision for basic health and safety pre-service professional development. We agree that basic health and safety training should be the bare minimum requirement for a provider before caring for children. We recommend that basic child development, positive discipline, and positive communication practices should be added to the list of required pre-service professional development. Children thrive in positive, relationship-based and developmentally appropriate environments. Unfortunately, children are often currently in environments with expectations that stress their emerging self-regulation skills and can be detrimental to their emotional and mental health as well as their cognitive development (Shonkoff and Phillips, 2000.).

### Additional Emergency Plan Requirements

PHMC does not dispute the value of following the principles of the National Incident Management System and the Incident Command System for emergency preparedness. However, we ask that OCDEL consider that providers may need some additional support in becoming familiar with these procedures.

## **Annual Professional Development Hours**

PHMC supports increasing the annual professional development requirement from 6 to 12 hours. Increasing the baseline of professional development aligns well with the new Keystone STARS Standards, which primarily focuses on topic areas at the STAR 3 and 4 points-based system levels. We ask that OCDEL consider that while some training can be done relatively affordably (including online), ongoing meaningful professional development that leads to positive outcomes often includes costs for transportation and substitutes. Providers may need assistance in finding affordable options and support in budgeting for the increased annual cost and how to ensure that the professional development meets the needs of their diverse staff. We also suggest that OCDEL review opportunities to synthesize paperwork requirements with the Professional Development Registry to reduce administrative burden on providers.

#### **Volunteers**

PHMC is concerned in that allowing students aged 14-16 to volunteer in a classroom will unintentionally burden teachers who are already stretched to meet individual child needs within their primary care groups. These student volunteers would require teacher attention to instruct or supervise their activities as opposed to the relieving presence of qualified adult volunteers.

# **Clearances for Family Child Care Homes**

PHMC agrees that clearance requirements in Family Child Care Homes should apply to any adult living in the home. However, we ask OCDEL to consider how that may be difficult for providers to manage (college students, family members staying for short time) and they made need some support and technical assistance to make the transition.

#### Family Access to Regulatory Requirements

PHMC agrees that all families should have access to Pennsylvania regulatory requirements. Demonstrating how families can access the requirements online so they can access them while not in the building is a great way to ensure that families are aware of the expectations (rather than posting them to a bulletin board that may go unnoticed.) We suggest that OCDEL support providers in doing so by adding a sign-off to the required Emergency Contact form, that parents receive electronic copies of the regulations, and including the typed path to reference. This will assist providers in streamlining distribution, while adding accountability.

### Cameras to Aid Family Child Care Supervision

PHMC supports the addition of cameras in Family Child Care facilities. FCCH providers often struggle with maintaining appropriate supervision practices due to the logistics of working alone in the facility. This change is a logical response and addresses unpreventable gaps in supervision.

### **Provisions for 24-hour Care**

PHMC supports the proposed changes to requirements for providing 24-hour care. We acknowledge that FCCHs often provide this much needed service for families who require non-traditional care which is largely unavailable in center-based facilities. However, this proposed change is an important formal acknowledgement that 24-hour operations cannot be maintained by one staff person without threatening the health and safety of the children in care. We suggest that FCCHs providing 24-hour care may need technical assistance to plan and budget support to plan and budget for additional staff in order to prevent the loss of this much needed service.

#### References

Shonkoff, J. P., Phillips, D. A., & National Research Council (U.S.). (2000). From neurons to neighborhoods: The science of early child development. Washington, D.C: National Academy Press.