

# Health and Safety Requirements for Licensing Providers

## CCDBG Requirement

### **PRE-SERVICE AND ONGOING TRAINING IN AT LEAST TEN SUBJECTS:**

Requires that the state certify that they have requirements designed to protect the health and safety of children that include minimum health and safety (H&S) training in ten topic areas, to be completed pre-service or during an orientation period, in addition to ongoing minimum training, appropriate to the provider setting. 658E(c)(2)(l)(i)(XI). The ten topics are:

1. prevention and control of infectious diseases (including immunizations);
2. prevention of sudden infant death syndrome and use of safe sleeping practices;
3. administration of medication;
4. prevention of and response to emergencies due to food and allergic reactions;
5. building and physical premises safety (including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic);
6. prevention of shaken baby syndrome and abusive head trauma;
7. emergency preparedness and response planning for emergencies;
8. the handling and storage of biocontaminants;
9. for providers that offer transportation, if applicable, appropriate precautions in transporting children; and
10. first aid and cardiopulmonary resuscitation (CPR).

The federal government expects these trainings will be part of a broader systemic approach and progression of professional development that will result in opportunities for child care providers to accumulate knowledge, competencies, and credits toward eventual completion of a professional certification of higher education. Draft CCDF Preprint 9-14-2015, Section 5.1.6(b).

**NUMBER OF TRAINING HOURS:** The State Plan must include the number of annual training hours required for CCDBG providers, as determined by the State. 658E(C)(2)(G)(iii). No minimum number is stated in the CCDBG requirement.

**INSPECTION:** All licensed child care providers must receive at least one prelicensure inspection, for compliance with health, safety, and fire standards, and at least an annual inspection for compliance with all licensing standards. 658E(c)(2)(K)(i)(II).

**Deadline for Compliance:** November 19, 2016. 658E(c)(2)(K)

### California's Current Law or Practice

#### **10 Required CCDBG Topics and Corresponding CDSS/EMSA Child Care Licensing Requirements**

<p>1. Prevention and control of infectious diseases (including immunization) and establishment of grace period allowing homeless and foster care children to receive services while their families, including foster families, are taking any necessary action to comply with immunization and other health and safety requirements</p>	<p>Current EMSA training on infection disease includes:</p> <ul style="list-style-type: none"> <li>• Sanitation</li> <li>• Childhood immunizations (age and type requirements)</li> <li>• Infectious disease policies: notices for exposure to parents, guidelines for sick/inclusion/exclusion, disease that should be reported to local health agencies</li> <li>• Guidelines for managing mildly ill children</li> </ul>
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	<ul style="list-style-type: none"> <li>Community resources for health and prevention of child disease</li> </ul>
2. Prevention of Sudden Infant Death Syndrome (SIDS) and use of Safe Sleep Practices	<ul style="list-style-type: none"> <li>Current training on child injury prevention includes procedures to reduce the risk of SIDS</li> <li>Safe Sleep Practices will be part of the licensing training in January 2018 as part of AB 1207</li> </ul>
3. Administration of Medication consistent with standards for parental consent	<ul style="list-style-type: none"> <li>Some training is provided for specific medical issues.</li> <li>New procedures from CCLD on processes for handling medication, including doctor approval and parental consent are not included</li> </ul>
4. Prevention of and Response to Emergencies due to Food Allergic Reactions	<ul style="list-style-type: none"> <li>Current training does not require, but has an option to include training related to food allergies</li> <li>CDSS has reporting requirements for medical emergencies.</li> </ul>
5. Building and Physical Premises Safety including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic	<ul style="list-style-type: none"> <li>Currently no training is required specific to the identification and protection from hazards that can cause bodily injury such as electrical hazards, bodies of waters and vehicular traffic.</li> <li>Unknown if required “safety of care environment’ and motor vehicle safety training meets these CCDBG requirements.</li> </ul>
6. Prevention of Shaken Baby Syndrome and Abusive Head Trauma	<ul style="list-style-type: none"> <li>Current EMSA training on child injury prevention includes procedures to reduce the risk of Shaken Baby Syndrome</li> <li>Does not include prevention of abusive head trauma</li> </ul>
7. Emergency Preparedness and response planning for emergencies resulting from a natural disaster, or man-caused event (such as violence at a child care facility)	<ul style="list-style-type: none"> <li>Currently, no training on emergency response or preparedness is required</li> <li>All providers are required to complete a disaster plan form when applying for a license</li> <li>Centers must keep records as evidence that fire and disaster drills are conducted at least once every 6 months</li> </ul>
8. Handling and Storage of Hazardous Materials and appropriate disposal of “biocontaminants” (living organisms e.g. virus, bacteria, fungi, etc.)	<ul style="list-style-type: none"> <li>Currently no training is being provided</li> </ul>
9. Precautions in Transporting children (if applicable to providers offering transportation)	<ul style="list-style-type: none"> <li>Current training on child injury prevention covers transportation of children including: motor vehicle safety, child passenger safety, field trip safety and school bus safety</li> </ul>
10. First Aid and CPR	<ul style="list-style-type: none"> <li>Current training on CPR and First Aid is required to obtain certificates</li> <li>Certificate must be renewed every two years</li> </ul>
May also include additional requirements relating to nutrition, access to physical activity, or other subject area determined by the State to be necessary to promote child development or protect children’s	<ul style="list-style-type: none"> <li>As of January 2016, 1 hour of nutrition training required for licensure per AB 290.</li> </ul>

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health and safety

### NUMBER of TRAINING HOURS:

- CA currently requires 15 hours of H&S training completed pre-service or during an orientation period to qualify for licensure. Effective January 1, 2016, this will increase to 16 hours. This includes 8 hours of CPR/First Aid and 8 hours of Preventive Health & Safety (and includes 1 hour focused on nutrition).
- CDE has contracted with Merced COE to develop 14 hours of training on CCDBG topics (for a total of 30 hours if added to the existing 16 hours of H&S requirements). This would result in 22 hours of training on the CCDBG topics and 8 hours on CPR and First Aid.
- AB 1207, which will take effect in January 2018, will include information and training about shaken baby, safe sleep practices, recognizing abuse and neglect, reporting abuse, age appropriate forms of discipline, etc. The current recognizing abuse and neglect training is currently about 2 hours. With the additional topics, this online training is likely to become longer.

### ONGOING TRAINING

- CPR and First Aid must be renewed every 2 years. No other ongoing preventive health and safety training is currently required.

### INSPECTION:

- Licensed providers are not inspected annually. The 2015-2016 Budget Act funded inspection visits to be conducted once every 3 years.

### Points of Agreement

#### TRAINING CONTENT:

- The health and safety of all children is of utmost importance.
- It's important that all child care providers and parents have access to quality H&S training that is appropriate and relevant to the care of their child(ren).
- Topic areas that have been outlined in the CCDBG are extremely important, especially considering the rate of death and injuries of young children, for example safe sleep practices, abusive head trauma prevention, etc.
- AB 1207, recognizing abuse and neglect, to the extent possible, should be incorporated to meet CCDBG requirements.
- Occupational H&S for providers should be included in the training because provider well-being is important to supporting the profession.
- Where possible, cultural sensitivity should be exercise (example: different cultures have different notions of sleep practices).
- Social-emotional well-being of children should be a part of the training.
- The approximately 30 hours of pre-service training that CDE proposes (and which is not a federal requirement) is a significant change in time requirement for all child care providers.
- Significant additional hours may discourage providers from caring for children who receive subsidies

## Health and Safety Requirements for Licensing Providers

### TRAINING DELIVERY and INFRASTRUCTURE

- Training capacity is a significant challenge.
- There currently isn't enough training that is accessible to child care providers.
- Family child care providers have many challenges with access to trainings including language, transportation, mode of communication (i.e. many do not have computers and use mostly cell phones)
- Given the challenges child care providers face in accessing training, hybrid of in-person/distance learning options are important to consider/offer whenever possible
- Much agency/staff time may be spent on outreach to providers to ensure access and completion of training.
- CPR/First Aid trainings will always need to be in person trainings.
- There is no current mechanism for tracking/verifying completion of the new trainings required by the CCDBG. Some kind of mechanism must be created.
- Training required by the CCDBG should be coordinated, and included (where possible) with the training required of all licensed child care providers, whether or not they serve subsidized children, as well as with quality improvement and workforce development activities.
- Training requirements should feed into college course work or other requirements that would provide upward mobility for providers; simultaneously, it should be done in a way that does not come at a financial cost to providers

### FINANCING:

- Any Proposition 98 organizations that need to be licensed should have their training come from the Prop 98 fund

### INSPECTIONS:

- Annual inspections of FCCH would be good for children.
- Funding for licensing of inspections should come from the General Fund

### Points of Slight Disagreement

- Parents often have little time to secure a child care provider. Having a child care provider fulfill 30 hours of pre-service training is prohibitive.
- Mostly, stakeholders agreed that even non-CCDBG subsidized providers should also take the trainings so as to not create an unbalanced system

### Points of Significant Disagreement

### Things to Consider/Keep in Mind

**There are categories of providers who will need to meet these training requirements before they can care for a child who receives subsidies through the CCDBG:**

- 1) Licensees that received standard licensing training that did not include all the topics included in the CCDBG requirements will need additional training and inspection.
- 2) Providers who received child development training other than the standard licensing training through a community college course, and did not cover all of the required topics, and who now work at a center or have their own family child care business will require additional training and inspection.

## Health and Safety Requirements for Licensing Providers

### TRAINING DELIVERY and INFRASTRUCTURE

- CDE/EESD is planning for a total of 30 hours pre-service training; this includes the 16 hours of CPR/FA/H&S/Nutrition that is required for every licensed FCC Provider
- CDE/EESD has contracted with Merced County Office of Education (MCOE) and the R&R to develop the additional 14 hours of online H&S training (not including CPR, First Aid, and Preventive Health Practices, will address the topic areas outlined in CCDBG; training modules are being developed in partnership with the Network; the R&R is developing a set of approved curriculum they are offering to train the trainers.
- The 14 hours of H&S training will be video training modules that will be available online via CDE/EESD's free website: CECO.
- The Network will conduct webinars to train R&Rs on how to utilize the video training modules
- CDE/EESD encourages language-based cohorts like the R&R to implement the online video training modules; English, Spanish, and Mandarin trainings might be the only ones provided in person.
- If trainings are not provided to limited English proficient providers in a language that they will understand, what will happen to them? Should they be punished when the system or infrastructure does not have the capacity of serving them? Same might be true of other providers with special needs.

### Estimated Cost

- One Time: to develop the training modules & translate/adapt them, build the infrastructure to capture training fulfillment of training requirement for providers
- Ongoing Cost: to conduct the trainings (outreach, training, and support); additional funding may be necessary to translate trainings into more languages. Currently, there are only plans to translate to Spanish and Chinese. There will be a cost associated with the language based cohorts provided by the R&Rs (should CDE/EESD opt to implement this model).
- Cost of ongoing annual inspections to licensed child care providers are estimated at \$13.5 million in AB 74, which covers visits to centers and licensed family care providers