

## Health and Safety Requirements for License-Exempt 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 for providers who receive CCDF. 658E(c)(2)(I)(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).

**EXCEPTIONS:** Exceptions to the requirements exist for those who care for their own relatives. Draft CCDF Preprint 9-14-2015, Section 5.1.6. Exempt relatives are defined as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles by marriage, blood, or court decree. 45 CFR 98.41(a)(1)(ii).

In addition, exemptions to licensing requirements are likely permitted, but if the State exempts any child care providers from licensing requirements, it must state how the exemption is why such an exemption does not endanger the health and safety and development of children. Draft CCDF Preprint 9-14-2015, Section 5.1.

**INFRASTRUCTURE:** The federal government expects that 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 CCDG 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:** Annual monitoring visit of license-exempt providers is required. 658E(c)(2)(K)(i)(II). States have the option of exempting relatives from inspection requirements. Draft CCDF Preprint 9-14-2015, Section 5.2.3.

**BACKGROUND CHECKS:** Criminal background checks are required of those licensed, regulated, or registered under State law or received CCDF funds (other than relatives).

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

### California's Current Law or Practice

License-exempt child care providers:

- have no training requirements
- are not subject to inspection.
- self-certify that they adhere to basic health, safety, and fire standards
- are required to go through Trustline within 30 days unless they are related to the child they care for as a grandparent, aunt, or uncle. Health and Safety Code §1596. 66.

Relatives who are license-exempt include spouses, parents, son, daughter, adult siblings living in a separate residence, aunt, uncles, grandparents, nieces, nephews, first cousins, and step-relatives or such persons of the preceding generation denoted by "grand" or "great". 22CCR §101152(r)(2); DSS Evaluator Manual FCCH, January, §102358(a).

### Points of Agreement

#### GENERAL PRINCIPLES:

- Licensed child care supply remains low in most parts of the State. License-exempt care is an integral part of the state's current child care system and the parental choice of many program participants.
- There is a significant difference between license exempt facilities such as exempt afterschool programs, and license exempt, individual friend and neighbor (FFN) care.
- Significant training hours will likely discourage license-exempt providers from caring for children who receive subsidies.
- Licensed exempt providers should not be required to take training before providing service otherwise children will go without being served. This is especially important because this population provides more flexible care than family child care homes and centers. This might be where the state exercises its option to exempt license-exempt child care providers from the H&S training requirements as a pre-condition of providing service (or getting paid). H&S training could still be required of the license-exempt population (in a reduced form), and could be required within a year of commencing service to a subsidized child.
- State should utilize the exemption to the training requirement for relatives as defined in the CCDBG to preserve child care slots in this provider group and save money.

#### TRAINING CONTENT:

- Parents often have little time to secure a child care provider. Having a license-exempt child care provider fulfill 30 hours of pre-service training is prohibitive.
- License exempt providers should have a reduced requirement of the 16 base hours of CPR/FA/H&S Training
- Training should not only address the needs of children, but the provider's own needs in relationship to their work

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### INFRASTRUCTURE

- There currently isn't enough training that is accessible to child care providers, including license-exempt providers. The problems of access are worsened when considering the characteristics of the license exempt population.
- Outreach to license exempt provider community will pose a significant challenge by virtue of the fact that language access, transportation, and communication for the population is more limited.
- Much agency/staff time may be spent on outreach to providers to ensure access and completion of training.
- License-exempt providers should get their training through the R&R.
- Trainings should be accessible to those with limited English proficiency and be provided at an educationally appropriate level for providers
- R&R should offer the language based training for the limited English speaking population.
- Significant administrative burden (i.e. tracking of who needs to be trained, what they have been trained in, etc.)
- Consider requiring no additional training for the license-exempt provider population, but instead, asking that all providers take some pre-approved list of trainings each year (or every two years) with additional training being incentivized with a higher pay scale over that of license-exempt providers with no training: license-exempt providers can take a selection of classes that is of interest to them based on their preference.

### FINANCING:

- Training requirements have the potential to incur significant new costs, particularly with respect to FFN care: training costs to support language-based cohorts and influx of new providers who did not previously need training, and monitoring costs for providers who previously required no inspections.
- Cost associated with creating a training system for this population that is driven by the incentive to make more money if these trainings are taken; in addition to or in contrast, license-exempt child care providers should be paid for the time they spend in training

### INSPECTION/MONITORING:

- The purpose and responsibilities of monitors who inspect license-exempt family, friend, and neighbor (FFN) care require a separate and clear definition. Many in the field do not believe that it makes sense for a license-exempt inspection to monitor and engage with FFN care in the same way as licensing engages with and monitors licensed care (for example, for a fire marshall to visit or a licensing inspector to make a checklist assessment of health and safety requirements).
- Community care licensing is not the right entity conduct monitoring visits with the licensing exempt population as their policing role will not work best in this environment.
- A mapping of best practices around these monitoring visits needs to be created.

### Points of Slight Disagreement

### Points of Significant Disagreement

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### Things to Consider/Keep in Mind

#### H&S Training

- CDE/EESD is preparing 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) R&R to develop the additional 14 hours of H&S training (not including CPR and First Aid), which will address the topic areas outlined in the CCDBG; training modules are being developed in partnership with the R&R Network.
- The 14 hours of H&S training will be video training modules that will be available online via CDE/EESDs free website: CECO. Online trainings will be in English and Spanish.
- CDE/EESD encourages the R&Rs to host language-based cohorts to implement the video training modules.
- The Network will conduct webinars to train R&Rs on how to utilize the video training modules.

#### License Exempt Providers

- Nieces, nephews, and first cousins will no longer be exempt from licensing requirements.
- The greatest proportion of FFN care occurs in Stage 1 where providers are not required to meet these same standards, and most families are on Stage 1 for an extremely short period of time- less than six months.
- Management Bulletin (MB) 13-01 suggests limiting the use of FFN care in Stages 2 and 3 to relatives who are Trustline registered, but it does not require it.
- Imposing requirements that are not possible/feasible for license exempt child care providers to meet (due to lack of language access, transportation, access to technology) could be unfair and have disparate racial impact.

#### Past/Present/Future - Support for LEP/FFN Providers

- R&Rs and the Network supported LE caregivers in 72 local projects from 2005-2011, through the CA Informal Caregiver Training Project (ICTP) funded by CDE. ICTP also developed and used the state approved Growing, Learning and Caring curriculum designed to support LE caregivers.
- Many R&Rs continue to provide outreach, training, and support to FFN providers, including H&S training.
- A few R&Rs and the Network will be implementing Kaleidoscope Play & Learn, an evidence-informed promising practice for FFN providers in approximately seven counties starting January 2016.

#### Annual Visits – additional requirements of providers

- LEP will also be required to receive an annual visit – neither the entity that will administer the visits nor the content of the visits have been established
- It is not clear whether the law requires monitoring of license exempt child care provided in the home of the parent (e.g. does the parent's home then require inspection?).

#### Estimated Cost

- One Time: to develop the training modules & translate/adapt them, create infrastructure for tracking training

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- On-going Cost: to conduct the trainings (outreach, training, and support), pay for trainers' time, build in a tier wage system based on coursework
- One time for cost for creating module for home visits of license exempt providers
- On-going cost for outreach to license exempt providers
- On-going cost for staffing time needed to make these visits and the substantial time commitment from staff to conduct visits well and with support (especially coaching)
- On-going cost for training of providers in threshold primary languages
- On-going cost to track training/completion of training