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Public Health Committee
Testimony of Jillian Gilchrest, Early Care & Education Policy Analyst
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RE: SB 373, An Act Concerning Health and Safety in Child Care Facilities
March 16, 2012

Senator Gerratana, Representative Ritter, and Members of the Public Health Committee, thank you for the opportunity to submit written testimony in support of SB 373, An Act Concerning Health and Safety in Child Care Facilities. I am Jillian Gilchrest, the Early Care and Education Policy Analyst for the Connecticut Association for Human Services (CAHS).

Founded in 1910, CAHS promotes family economic security strategies that empower low-income working families to achieve financial independence. In my role at CAHS, I host the Providers' Caucus. The Caucus serves as a forum for providers-- center-based and family childcare, publicly and privately funded-- to develop a well-informed voice and become equipped to participate in early care and education policy dialogue. CAHS is also a member of the Connecticut Early Childhood Alliance, a statewide membership and advocacy organization committed to improving the developmental outcomes for all children, birth to 8, in the areas of early learning, health, safety and economic security.

According to the Child Health and Development Institute of Connecticut, the results of 1,422 routine, unannounced, random inspections conducted by the Connecticut Department of Public Health (DPH) indicate despite high levels of compliance with numerous documentation, supervision, educational as well as some health and safety requirements, inspections revealed an alarming number of significant health and safety concerns.

The nature of the health and safety risks documented in the inspection reports ranged from those that are obvious, such as high incidences where health or safety minimums were not met (e.g., 48% of centers had playground hazards, 41% of centers administered medications that did not have written approved orders from a health care prescriber, and 43% of family day care homes did not have current health forms for children from pediatric primary care providers) to less obvious situations where the incidence of non-compliance was low in relative terms but the consequences of non-compliance could be severe (e.g., 12% of child day care centers did not have CPR certified staff and 16% of family day care homes were rated below minimum with regard to poisonous substances accessible to children). On a more positive note, the study found a strong association

between increased compliance with regulations and a program's compliance with continuing education for the staff.¹

SB 373 proposes to increase the inspections of licensed day care centers, group day care homes and family day care homes from a periodic to an annual basis. While we support this proposal as a first step, we would suggest that the Committee amend the bill to include written guidelines. The Child Health and Development Institute also found that inspections varied amongst licensing specialists and that Connecticut must implement a system that childcare providers can depend on. From speaking with childcare providers across the state, I firmly believe that Connecticut's childcare providers want to be in compliance but they struggle to find accurate information on what is expected of them as it pertains to licensing.

I would urge the committee amend the bill to include written guidelines for compliance with health and safety regulations written by DPH that are made available to providers of child care centers, group day care homes and family day care homes in both English and Spanish. Currently, there are no guidelines and no guidance whatsoever issued in Spanish. Seeing as a large number of our family childcare providers in Connecticut are Spanish speaking, it is essential that we offer these guidelines in both English and Spanish.

Thank you.

¹ <http://www.chdi.org/impact-ensuringhealthandsafety-2009>