

State of Connecticut
GENERAL ASSEMBLY



COMMISSION ON CHILDREN

Senator Gerratana, Representative Ritter and members of the Public Health Committee:

My name is Elaine Zimmerman. I am the Executive Director of the Connecticut Commission on Children and I am here today in Support of **SB 373**, *An Act Concerning Health and Safety in Child Care Facilities*.

As you know, our state applied for the federal Race to The Top grant but was not successful. One key criticism of Connecticut's application was our lack of a Quality Rating and Improvement Systems (QRIS) in early care. A quality rating system establishes research-based criteria for what is good, provides incentives for good quality programs, and assures that quality exists so that it is a veritable menu choice for the informed consumer.

Our state has excellent standards in health and safety for our child care settings. In fact we rank 10th in the nation by NACCRA for our regulations. But our implementation and oversight ranks 49th in the nation. We fall to the bottom in rating with inconsistent inspections. We do not even have written guidelines for health and safety regulations to assure reliability, fidelity to goal or consistency in implementation. The first step in any early care quality rating system is the health and safety of the program.

A study done in our state by the Child Health and Development Institute of Connecticut corroborates our low performance. They found serious noncompliance in health regulations in some centers and family homes. This included such activity as no hand washing between diapers changing, one wash cloth to wash both children's hand and faces. No CPR or first aid certified staff for all opening hours, no posted plans for fire, evacuation or medical emergency.

There was observed noncompliance in safety regulations which included plastic bags, balloons, and Styrofoam in infant toddler sections. There was noncompliance in medication administration such as non-labeled medication in the infant room and a controlled drug left out in an infant room.

The highest frequencies of regulation non-compliance were in the areas of outdoor safety, indoor safety, indoor health, documentation of child and staff health records, emergency preparedness and medication administration.

More routine inspection with validity and reliability would turn this around. Our state visits centers every two years and family day care every three years. This is harm waiting to happen. Both the United States Military Child Care practices and the National Health and Safety Standards adhere to a once a year inspection.

The military will not partner with us in child care due to our inspection practices.

Non-compliance is a call to action, as no child should be placed at risk. We may laud our early care and education system. But the floorboard of any quality early care and education system is its health and safety. And we proceed in inspection as if we are checking on tricycles, not young children.

DPH is not at fault here. They have not had the staff they need to increase the oversight. It is up to the Legislature to turn this around. This bill begins to turn the problem around. It includes a provision to require the Department of Public Health to inspect early childhood facilities licensed by the Department of Public Health on an annual basis. An increase to annual inspections would advance CT's ability to monitor and therefore to improve compliance with our high licensing regulations.

We are doing little to consistently ensure that our strong regulations support the health and safety of young children, especially those who are served in locations where DPH is the only state or monitoring entity with influence over the program.

Establishing a firm floor of regulatory oversight will position CT for a transition into a Tiered Quality Rating and Improvement system that advances program quality for all children. Please turn your attention to this important Health & Safety aspect of early childhood programs.

I offer modest amendment language for your review. Visits need to be reliable and valid. Sites were confused by interpretive differences by inspectors. When they asked for clarification, there were no written guidelines. Thus there is no text to refer to, which is not customer- friendly or supportive of inspectors. Other states have written guidelines. Clarity is best revealed when items agreed upon are written down.

RB373

Section 1 (a) Line 3-5 add:

The Commissioner shall, within available appropriations, make annual inspection for licensed day care centers, group day care homes and family day care homes **that are reliable and valid.**

Add Section 1c

Written guidelines shall be developed for health and safety regulations by January 2013. They shall be offered to providers in both English and Spanish.

Thank you for your time.