

Comments and Responses on ARC 2553C
Child Development Homes
Received June 8, 2016

The following person/organization provided written comments, which are included in the summary below:

1. DHS Council on Human Services
2. Stacy Frelund, Government Relations Director, American Heart Association
3. Senator Jones, Administrative Rules Review Committee
4. Technical Change

Comment 1. A respondent requested that language be included that allows changes to the 5 year requirement for health and safety training if information changes. Modifications will allow DHS to require the training more often or to be renewed if significant changes to the content occur.

DHS Response 1. The Department agreed with the respondent and will add language to allow for health and safety training to be taken more frequently if content areas change significantly.

Add paragraph 110.10(1) "g"

g. Minimum health and safety training may be required prior to the 5 year period if content has significant changes that warrant the training be renewed.

Comment 2. A respondent suggested additional modifications to these amendments to add standards regarding nutrition, physical activity, and screen time within child care homes and centers. The respondent recommended requiring nutrition standards based on Child and Adult Care Food Program (CACFP), physical activity standards consistent with YMCA's Healthy Eating and Physical Activity (HEPA) as well as "Screen time standards" for Early Childhood Programs.

Department Response 2. Child Development Homes are currently required to meet CACFP guidelines for nutritionally balanced meals and snacks (Notice of Intended Action: 110.8(7)). Activity programs are also required in child development homes (Notice of Intended Action 110.8(8)) Activities must include a balance of active and quiet play, as well as activities for large and small muscle development. Lastly, while encouraging quality programming, screen time standards are not a requirement to meet the intent of the federal legislation to meet health and safety requirements. For these reasons, the Department will not modify these amendments based on the respondent's comments.

Comment 3. A respondent requested that training in the use of an automated external defibrillator (AED) be included in the first aid and cardiopulmonary resuscitation (CPR) training requirements.

Department Response 3. At this time, it is not known if AED is always provided during CPR courses. Additionally, if the Department required AED training, it would be reasonable to assume that the Department would need to require an AED on the child care premises, which would have a fiscal impact to child care providers. The National Resource Center on Health and Safety of In Child Care and Early Education's document, "Caring for Our Children" was also reviewed. The suggestion in that document is that child care facilities should consider having an AED on the premises for potential use with adults. It further indicates that the use of AED's with children would be rare. For these reasons, the Department will not modify these amendments based on the comments at this time.

Comment 4. A respondent requested that clarifications be made regarding items that are not designed for sleeping in the section regarding safe sleep practices.

Department Response 4. The Department will modify language found in 110.8(5) "c" regarding items not designed for sleeping.

110.8(5) "c"

c. Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child shall be allowed to sleep in any items not designed for sleeping, but not limited to, an infant seat, car seat, swing, bouncy seat, ~~or any item not designed for sleeping.~~

Comment 5. A respondent requested that these amendments should clarify that cribs are not allowed to have moving railings.

Department Response 5. Administrative rules require cribs to meet current federal Consumer Product Safety Commission (CPSC) or ASTM standards. Drop-side cribs are not allowed within current approved standards. However, there are some cribs that have partial "safe reach" options that do meet CPSC standards. There would be a fiscal impact to providers if the cribs with approved "safe reach" options are currently being used and then become prohibited as the result of these amendments. For these reasons, the Department will not modify these amendments based on the respondent's comment.

Department Technical Change. Rule language for first aid and CPR should be modified to include the American Safety and Health Institute as an approved training organization.

110.10(1)"c"(1)

(1) Training shall be provided by a nationally recognized training organization, such as the American Red Cross, American Heart Association, National Safety Council, the American Safety and Health Institute, or MEDIC First Aid ~~or Emergency Medical Planning (Medic First Aid)~~ or by an equivalent trainer using curriculum approved by the department.

110.10(2)“a”(8)

(8) The American Red Cross, American Heart Association, National Safety Council, American Safety and Health Institute or Medic First Aid (for first-aid and CPR training).