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House of Representatives

Children and Youth Committee

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Good morning distinguished Representatives of the House and thank you for inviting me to this hearing. Today will be a prodigious moment in Pennsylvania's history and future of early childhood care. Today we will review the certification rewrite orchestrated by the Department of Human Services Office of Child Development and Early Learning and the impacts on providers, families and ultimately the children of Pennsylvania. 39th, 39th, I ask that you remember this number as it will become relevant by the end, I promise.

My name is Jessica Shertzer and I have the unique experience and perspective of having been part of every one of the committees represented here today. Growing up my mother was a family childcare home provider and later became a group home provider. I then owned and operated a childcare center for 12 years and later accepted a position with DHS as a certification representative. After resigning from DHS in 2017, I opened a childcare center and expanded to three large childcare centers each serving approximately over 100 children each in Dauphin and York counties. All three of my childcare facilities are Keystone Star 3 or 4 facilities. We provide care for private pay families, subsidy clients, PreK Counts and Licensed Kindergarten. I hold an AA in Elementary Education, a dual BA in Elementary Education and Early Childhood Education and a Master's Degree in Early Childhood Education. I am a PA licensed teacher, hold a PA Director's Credential and well as a certified PQAS instructor, which allows me to teach other early childhood educators. I am a member of several national and statewide organizations representing childcare. To say that childcare is my profession is an understatement, childcare is my life's purpose.

It is my belief that my experiences and education, in that order, allow me to provide a fair and equitable solution to the issues that we are facing currently in early childcare. Within each committee, we have a very limited perspective and limited experience of how that looks for each provider and it's not the same for every provider. DHS sees it from one standpoint, family providers from another, group from another and centers from another. All family and group homes are privately owned however in centers some are privately owned, some operate as nonprofits, to which Mr. Elliott will speak, and others owned by large corporations that are owned by out of state and even out of country corporations. Each of these functions very differently, which again plays to the burden in which DHS faces everyday having to license different types of facilities that are managed quite differently however at the end of the day the priority is and should always be the children. In childcare it is often that we have to work with families who may be going through tough situations like a divorce or a separation.

Unfortunately, there are many times working with families providers are put in the tough position of choosing sides. Most providers will tell the parents that they do not take sides however I will stand here and say that I absolutely 100% do take sides in every situation. You simply cannot stay neutral between right and wrong and this why in every scenario the side I choose is always that of the child's side. It does not matter to me if this week it's the mother and next week the fathers or in this case the providers or DHS. It does not matter to me if its democrat or republican. The care of our children is a nonpartisan issue and I will accept nothing other than children first. Children are always the first priority and that is how I guide my profession and my centers every day. There will be some parts of the rewrite that I agree with and there are parts that I disagree with but the end of the day I will always tell you what is best for the children even if it is a detriment to me. Many providers can tell you that I am known for saying that if the world changed tomorrow and a parent was able to stay home with every child, I would happily shut my doors tomorrow because that is my God's honest truth belief of where our child belongs however that is not realization of today's world, so we are to be here to serve as the next best thing.

I have to admit writing this testimony was very difficult for me but not for the reasons you may think. I have been an advocate for children for many years as I'm sure you can tell from my experience. I repeatedly collaborate with providers state and nationwide multiple times throughout the day. My time I spent working at DHS is without any regrets. Speaking with and in front of groups is not a fear of mine. So what is it that made this so difficult, you ask. It was trying to sum up all my concerns I have with the rewrite into one testimony or a short speech. To treat the current situation as a simple issue is an understatement, it has so many layers to it but I hope to show you just how broken childcare in PA is for all parties, including DHS, providers, families and children. I'm not going to go through every regulation in this rewrite that negatively affects children as there are many and we simply don't have the time however they are attached to this testimony for you reference.

Still remember that number? If you forget it's 39.

In order to demonstrate the issues, let me tell you of my time at DHS. I worked with DHS for approximately 3 years. During these 3 years as a certification representative, I can recall only 2, yes 2 times that as a certification rep, we were asked our thoughts and opinions of 2 specific things. The reps who interact with providers and childcare environments daily. The first was with, at the time, Bureau Director, Tanya Vasquez. The request came about a soft chair for infants. Opinions were provided and then that was the last we heard about it. Although the follow through was not there, what it did demonstrate was that Tanya recognized who in DHS had the experience to offer guidance on what was actually being used in the field. She recognized who her experts were. The next was when, at the time Central Region Regional Manager William "Bill" Wehr, asked for what we were seeing in the field with reusable cloth diapers. These have come a long way since I was little, and Bill recognized they surely and changed since he was younger. Again, Bill went to the experts. So you may be thinking what do infant chairs and cloth diapers have to do with a rewrite and I promise these are perfect examples of our problems in childcare.

1. Both of these individuals recognized that they were NOT educated or experienced enough to make the decisions whether these breached regulations, so they asked the experts. They relied on the knowledge and experience of their certification reps. They recognized an area in which they lacked and sought assistance from those that had it. But two times in three years? Never were reps asked about anything else they were seeing in the field. Are providers struggling with fire safety, are many providers being cited for the same thing? One of the best practices of success and progress for high quality in any field, is frequent and honest reflection which drives improvement. This is where DHS has fallen short for a long time. This is demonstrated perfectly in the rewrite. DHS, I assume as the original writers have never been identified although repeated requests, wrote regulations without the knowledge of experience of what childcare truly looks like. After they wrote their regulations, then DHS selected a few providers to review and ask for insight, However, these opinions fell on deaf ears and very little changed. For example, the request for annual budget from providers, instead of addressing it they just moved it from the beginning of regulations to the end, hoping providers wouldn't notice. That's not reflective practice, it's deceptive. They ignored the thousands of certification and provider experts who raised concerns when the "drafts" became accessible for all providers. Initially those on these committees were advised to share with providers but once DHS received questions and backlash, committee members were advised to stop sharing and these were internal documents not for providers to read. Keystone Star reps also saw these drafts and many raised

concerns, another group of experts in childcare that are not in agreement with the rewrite. If this many childcare experts disagree this should raise serious red flags.

2. Next let's address education. Tanya and Bill both started in certification as certification reps and over many years worked their way up to supervisor, manager and even Bureau Director, neither of them having a background in childcare or education, as Bill was a sewer enforcement officer by trade. Now you may think that I going to attack their education level but it's the exact opposite. Yes, is an educational background beneficial absolutely but whats worth more was the YEARS they spent in the field, their experience. So why is it that DHS is permitted and continues to hire individuals with no early childhood education or experience in childcare to be certification representatives and managers? Because even they recognize experience matters. But in this rewrite childcare providers are being required to have education backgrounds without any consideration for their experience in the field. I have operated Star 4 centers since Keystone Stars began, having the first privately owned Star 4 center in Dauphin County. I have done what was required and hired the BA degreed teachers just to find they can't last a week. With all their "book" education, they do not possess the skills needed to manage a group of toddlers or preschool children. Early childhood is not elementary school. Our children need held, consoled, and guidance. Our children require compassion, love, understanding. We need people okay with cuddling an upset child who didn't sleep well or have the experience to a recognize hunger or when a child is struggling. No class in any college can teach this. I have a Masters' degree and 90% of what I know is from what I learned in my years of experience. Providers are being required to prioritize education over experience and this is detrimental to children. We are being required to choose the degreed staff over the mother of 3, whose children now attend school or are adults. I will not apologize but I will choose the mother of 3 or the grandmother of 10 over a 21-year-old AA degreed staff all day. We absolutely cannot disregard the experience of childcare workers, even DHS didn't do this. Talk about a double standard! Then to add insult to injury, DHS's Regional managers, supervisors, and cert reps have few staff with education degrees. Before 2014, they didn't employ ANY education degreed individuals as these degrees were approved. If education degrees are so important why are all DHS reps not required to obtain them also. Instead, the department is filled with individuals with unrelated degrees and unrelated experience. I have personally overheard conversations of reps whose background is in Juvenile detention centers, joke about dealing with difficult children and how when they worked, they were able to just body slam them. Now this is what I hope to be an isolated example and a casual joke between prior coworkers, but this is also who we have critiquing providers and creating regulations. This is appalling to me as a provider as I'm constantly concerned that if a hug by a male teacher or a concerned

teacher questioning a child about a bruise can be turned into an accusation of misconduct by DHS.

3. The number of DHS staff have doubled since 2014. Twice the staff, reducing caseloads of cert reps to less than 75 per rep. from the previous 130. So, half the workload, these reps should have the time to actually spend with providers and achieve the high quality results, if they have the education and experience to do so, we all want to see in childcare but this is not the case. Why?
 - a. Cert reps, just like providers are being required to complete so much additional paperwork that does not create safer higher quality childcare for children. They're being given busy work as are providers. Cert reps are just as disgusted by this as us providers.
 - b. DHS is changing their interpretations and changing regulations so frequently that the cert reps can't keep up. If they can't keep up how are providers expected to while they care for 100's of children every day. This is literally their job to apply regulation.
 - c. Majority of reps are simply not qualified to make these recommendations of how to improve early childhood settings. The training that reps receive initially and ongoing is so minimal. Should it not be at a minimum the same as providers; 12 hours of annual training or a CDA. Would not, basic developmental knowledge of children benefit them? Would supervisors, who oversee reps not benefit from additional training in education and management classes so they can better guide their cert reps. When I came to work for DHS, I was assigned Julie Merritt as my supervisor. Having been self employed and raised by a self-employed mother, I was concerned how I would handle having a supervisor. Julie was the absolute perfect supervisor for me. She recognized that although her experience in childcare was minimal, she recognized mine and relied on and trusted mine. Her experience was in policy and regulation and how these were applied across the state, which is where I lacked. She trusted me and I trusted her. She knew if I said a facility was unsafe, she'd say let's prove it and get DRA involved. She didn't need to micromanage my day and I didn't need to constantly run every citation with her. TRUST, there was trust in each other and with each other's skill base. This made me a better cert rep for providers, which made better providers for children. Even after leaving DHS, many providers kept in touch. Many of these providers have become part of my provider family. And yes, I cited them, the difference is, I instilled trust with them. I saw a problem, I showed them, educated them why it was a problem and worked to resolve the issue, and developed a plan with them to maintain it. Every educator knows if you continue to tell a child they're wrong repeatedly but never take the time to

educate them, the child will eventually shut you out and shut down. This is where providers are. You do not encourage and raise quality through degrading and mistrust, as many of you as business owners would know. Providers DO NOT trust DHS and this rewrite proves DHS DOES NOT trust providers.

4. Another thing I'd like to address with this example is the intent of the questioning. It was not to improve or understand. These questions were asked whether to allow or prohibit the use of these 2 items. This concept is one that bewilders me. There are so many aspects to childhood. Some are very clear or black and white. But most of childhood exists in between, the gray. A repeated habit in the rewrite was to put strict rules of permitted or not permitted on several things such as weather, animals, even playing in grass! Childhood is made up of varying levels of risks. Yes, it is our role to prevent serious risk but taking risks in itself is how children learn and develop. While -15 degrees is a bit to cold for my liking, 90 degrees should not be a max. Having such a hard line does not allow for any commonsense precautions. If it's 92 and children are playing in sprinklers or is it 95 but the teacher has the children sitting under a tree in the shade reading a book. Children NEED to be outside daily. We put coats on in the winter why can we not be trusted to make common sense decisions in summer. Another was a ban of many animals, just because they pose a risk. Every animal can defend itself in some way or another. Children MUST interact with animals to learn how to appropriately handle, care and recognize needs other than their own. Personally, I provide eggs, hatch and care for chickens at all of my centers. I provide all the eggs and equipment to other providers to do this as well. The education and experience of seeing things grow inside the egg and once they come out is irreplaceable for a child. Now can I give them some chicken figurines and read them a book about it sure, but this is not authentic learning. Our children pick the color egg they want to hatch, they watch and journal about them, clean them, feed them, name them! They learn how the chicken will grow to supply our food. This cannot be taught it must be experienced. The same can be said about going outside in the grass, digging in the dirt, planting seeds, and watching them grow. Again, children being involved in the process of the lifecycle allows them to become knowledgeable and do you know what children do with the things they learn? They tell EVERYONE!! Children will tell their neighbors, the siblings, their parents, and even the cashier at the grocery store. What greater way to educate and develop our children. We cannot expect to raise children to care about the world, the plants that grow and its animals that exist if we don't allow them to experience and love it. Children will not protect that which they don't understand or care about.

Still remember that number? I'll remind you again, it's 39.

I have 2 other quick mentions that I feel this must committee needs to be made aware. DHS is responsible for the oversight and issuance of citations for noncompliance. Since the pandemic, DHS has been on an aggressive campaign, citing providers to extent of providers quitting. DHS will say just fix them and move on and honestly, I said this also as a certification representative. However, in the past I was made aware that insurance companies that issue or policies uses these citations to gauge whether to raise rates or premiums. Why does this matter to you? Over the past two years, many companies have stopped issuing policies to childcare providers and with the growing list of citations are dropping providers. The only option is to accept extremely high policy premiums, which is of course the expense is passed onto the parents or close. Again, this only harms children.

The other addresses the Keystone Stars Program. PACCA operates a Facebook page for directors. Director use the page to network and support each other's through their struggle. One of the recent topics is the many providers who will be or are contemplating quitting the program. WHY? Because they can't keep up with DHS let alone spent even more time meeting Keystone Stars standards. Keystone Stars was created to raise the quality of childcare but has become something else. Less than 30% of centers are Star 3 or 4. Personally all 3 of my facilities operate at Star 4 level however only 1 was able to achieve the Star 4 rating solely due to the CDA/degree requirements of staff. I also operate PreK Counts and I can tell you the children in this program are receiving the same quality care as the rest of my classroom. Just because they have 2 degreed teachers changes nothing to these children. What matters is they have two experienced teachers.

I'm calling on this committee to deny this rewrite. The rewrite was not generated by the use of the many experts this field processes. It was not written with respect for providers and ultimately children in mind. It was not written with respect for parents to make the best choices of childcare for their families as they see fit. This rewrite was written with distrust and over regulation. I am challenging this Committee to step back and realize this rewrite is an example of the much bigger issue that we face and that is childcare in PA is seriously flawed. This rewrite is the final straw that will break the back of childcare across the Commonwealth. And we can't fix this by adding more straw. I'm an calling for not only the disapproval of this rewrite but a complete reorganization and restructuring of childcare licensing in PA, a revolution per say. In this field, there are over 100 certification reps, over 30 supervisors, multiple regional managers, multiple DHS administrative staff resulting in roughly 200-250 state employees not including all the PA Keys staff. There are also over 6,500 childcare providers in PA. That is not a committee that's an army! An army of people who have dedicated their lives to the betterment and care for the children PA. This is not the time to pass another regulation that WILL NOT benefit our children. We have the resources to make PA the best state for childcare. Recently PACCA shared our state ranking. Do you remember the number I told you? **39, We are ranked 39th out of 50 states in childcare!! 39th** is to say the least is embarrassing,

especially when we know that Arkansas in the last 10 year finally instituted background checks and still has ratios of 18 preschoolers to 1 teacher (PA is 10 :1), or 6 infants to 1 teacher PA 4:1) This is not the time to virtual signal and just visit some childcare facilities to post on your social media. While we welcome and encourage you to visit our centers but please don't come and read our children a story take a picture and move on. Come sit down with the Directors and operators and listen. Observe our awesome classrooms and take a note of what you see. Quality is occurring in PA but its not because this childcare system, its in spite of it. I urge you to look at every child as if they were your child or grandchild and decide what their care should look like. We only have children for 2,000 days before they go to school. These days need to be filled with providers who love them and all the amazing experiences that childhood has to offer not a checklist of all the things they can't do. In childcare we don't teach children, you can't, you shouldn't, you won't and I will not accept it from you because we as providers know WE CAN, WE SHOULD & WE WILL! And don't forget our number, if you forget it's 39th!

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Specific Regulatory Concerns in Rewrite

3320.1(c) Early childhood education's purpose is NOT to prepare children for school. We are not pre elementary. Our purpose is to promote the whole development of children, including development, problem solving, social and emotional. We will not accept a push down of academics into ECE like elementary schools have adopted.

3320.2(c)(1) This rewrite has shifted group homes to centers. Although the regulation are very similar and this may seem logical, by deeming group homes centers, this will effectively shut down most if not all group homes. Center is a commercial term, and most townships will not allow a commercial business to operate in residential areas. This name switch will close many doors and negatively affect children, families, and providers

3320.3 Definition: Child Care Center - Same concern with 3320.2(c)(1) This rewrite has shifted group homes to centers. Although the regulation are very similar and this may seem logical, by deeming group homes centers, this will effectively shut down most if not all group homes. Center is a commercial term, and most townships will not allow a commercial business to operate in residential areas. This name switch will close many doors and negatively affect children, families, and providers

3320.3 Definition: Child Care Experience – This definition is too vague. There has much interpretation of this reg over the years with certification changing frequently. Does this include lifeguarding, scouts, church nursery, youth groups, coaching sports, etc. This is a requirement for almost every staff member but yet the list of acceptable experiences is vague, unclear and left to interpretation.

3320.3 Definition: Continuity of Care – Although studies have shown that continuity of care is very beneficial to children, this is not obtainable in a center setting. Even before the pandemic, childcare has a high turnover. Creating a plan as if it will actually happen will be misleading to parents and just result in disappointment. In Star $\frac{3}{4}$ centers, just doing continuity of care for 1 year is barely obtainable and surely not 100%. There are huge development differences between children 6 weeks and 30 months. We want educated staff but aren't respecting that a staff providing high qualified to provide infant care may not be the same person able to provide high quality care to toddlers. The huge strides in development between 0 – 3 are immense but this doesn't respect the specialized care that is needed.

3320.3 Definition: Facility - Same concern with 3320.2(c)(1) This rewrite has shifted group homes to centers. Although the regulation are very similar and this may seem logical, by deeming group homes centers, this will effectively shut down most if not all group homes. Center is a commercial term, and most townships will not allow a commercial business to operate in residential areas. This name switch will close many doors and negatively affect children, families, and providers

3320.03 Definition: Sanitize - a definition for sanitize is included but no definition for disinfect. This has created many issues and discrepancies with providers. Both terms are mentioned several times through out regulation.

3320.3 Definition: Supervise – the removal of See, Hear, Direct and Access. Although these terms were specific they were over stipulated to where providers would be cited if they turned their back to a child. In a room with several children, in order to interact and even with the best of intention a back will be turned to a child. Concern is with (ii) Visibly checking children repeatedly and with little time in between. “Little time” is subjective. This can be interpreted very differently between cert reps and providers. It also would vary based on age of child.

3320.3 Definition: Water Play Activities – Is this limiting only 2 inches of water in a water table? That does not seem appropriate for a table that is not ground level and prevents children from putting their whole body in the water.

3320.3 Definition: Weapon – This description is very vague, most likely intentionally however this also creates a concerns. With this definition any object capable of harm would be banned. A pencil, scissors, a tape dispenser, a wooden block etc. could be considered a weapon.

3320.12(a) This is a Star 3/4 requirement. Although this is best practice, regulation is to be about minimum health and safety.

3320.12(b) operator shall maintain on file at the facility a “written” file that documents.... – Many providers use electronic systems such as Brightwheel, Tadpoles, Hi Mamma etc. to communicate with families. To produce and maintain a written file is redundant, time wasted and worthless effort.

3320.13 Family Handbook – Again, most of these topics are best practice, regulation is to be minimum health and safety. There are many ways a provider can notify parents of these policies and they don’t always need to be in a handbook. Seems like we are being asked to explain all the regulations to parents in our words. Parent are provided access to the regulations and if they’re interested, they can access them there, there’s no reason for us to “common language” them for them and if there was then the regulation shouldn’t have been written in a manner that parents can’t understand plainly.

3320.15(c) consent for these activities listed are given on the emergency contact NOT the agreement. These are already part of the DHS Emergency Contact form, will the addition of gardening activities.

3320.16(h) When updates are made the information must be provided to teaching staff however it is not stated whether when there are no changes whether a newly signed form must be given to teacher. This particular regulation currently causes many citations for providers. Currently every time the information is signed and reviewed by a parent a new copy must be generated for the classroom. This again causes unnecessary work and waste to copy and replace a form that no changes were made. Also this regulation does not address the use of electronic systems like Brightwheel, Tadpoles, Hi Momma etc. where that information is updated on all devices instantly and teaching can have access to the most recent information.

3320.18(b) An operator shall ensure training... It needs to specify how to document this requirement and a time frame, at hire, by 30 days in classroom, within the first year?

3320.21(b)(6) "Provide support to teaching staff in creating and maintaining staff records..." A director is responsible for maintain staff records. Staff can not be responsible for this as it results in direct citations for the facility not the staff, if they fail to keep current. Staff are obviously an intricate part of creating records but ultimately this is a directors responsibility.

3320.21(b)(10)(i) What is the purpose of notifying if director is absent for more than 14 days? What purpose does this have. If a director is going to be out, they will make preparations for such absence. DHS provides no service or coverage for their absence. This is between Director and owner, not DHS. We are private businesses and our business choices that do not directly affect children are of no business of DHS.

3320.21(b)(12) Director must be present for all inspections. Inspections are done unannounced so how is a director to be present at all inspections. This could only occur if the director works all hours of operation, typically 60 hours of operation a week. To expect a person to be onsite or on call minimally 60 hours a week has labor law implications that are not being considered.

3320.21(b) – incorrectly labeled as b – Directors must be a level B or higher. This will make many directors unqualified to continue their position. Directors whom have been directors for 20 years will not qualify, they did not have ECE degrees 20 years ago. These directors have been operating their childcare programs up to this point. They should be grandfathered in. Removing them will also cause many programs to close as they have been the backbone of these programs for so long.

3320.21(d) Reducing from 45 to 30 children for the director to no longer be considered a teaching director. This will cause many programs to reduce their enrollment to 30. There are many programs that only operate to the 45 to max to reduce expenses. Also Definition of a non-teaching director required. Does this mean a director can never teach in the classroom? Director often need to cover in classrooms. Directors have been cited for teaching in classroom or advised that they can not count in staff:child ratio since they are director.

3320.21(g)(2) Complete PD plan... within how many days? Do directors have a full year to complete this or 90 days?

3320.22(a)(5) Teachers are to establish a written curriculum... I believe the term should be lesson plans or this should be a director or operator responsibility. Teachers are not responsible for choosing curriculum and curriculums need to progress from age to age, teachers can not just choose as they please.

3320.22(b) Level A? Although education is important, experience matters more. To qualify someone as a teacher is to have a CDA. CDAs are a year long commitment and they expire. They are also specific to an age group. We can't even find hs diploma staff with 2 years of experience to work. Staffing in ECE has always been a struggle, more now than ever. To place additional prerequisites on staff will only hinder the workforce more.

3320.22(c) Requiring a level A for every group? Is this for the entire building or in every room at all times? A CDA ranking a staff as somehow eligible and competent to run a center is egregious. CDA teaching no business courses and therefore should not qualify someone as a temporary operator.

3320.22(e) a Teacher can serve as a director... Throughout the regulation continuity of care is emphasis however pulling a teacher from the classroom to perform administrative tasks in counterintuitive to continuity of care for the children.

3320.22(f)(5)(i) a teaching staff person may be designated when operator is absent... So only a Teacher qualified person can be designated in charge? What about an assistant teacher? Many facilities utilize an assistant Director, normally lacking a degree but having many years of experience. These persons are more qualified to operate a facility if needed than a young 19 year old with a CDA. Operating a facility is not just about education but experience, leadership

qualities and maturity that a CDA does not provide. Facilities need the ability to pick the best, most responsible person in charge. This a business decision not a child development issue.

3320.26(c)(3) lifeguard training must be completed by at least one “teaching staff person” currently the regulations allows this to be a facility person. This will prevent multipurpose facilities like the YMCA, YWCA from using their facility staff as lifeguards in the pool.

3320.26(c)(4) ...The operator shall ensure that all “teaching staff” are trained in emergency preparedness and response plan as specified in 3320.68(b) This does not belong in this section nor does it match .68(b) as these address facility persons, volunteers. I believe “teaching staff” needs changed to facility persons including volunteers.

3320.29(j) How is this review to be documented?

3320.32(a) Although I agree with a time limit, the statement is subjective and leaves too much room for interpretation. Also, many facilities use playpens or pack & plays for napping so the awake vs napping of child would need to be addressed.

3320.32(d)&(e) Continuity of Care – Although studies have shown that continuity of care is very beneficial to children, this is not obtainable in a center setting. Even before the pandemic, child care has a high turnover. Creating a plan as if it will actually happen will be misleading to parents and just result in disappointment. In Star $\frac{3}{4}$ centers, just doing continuity of care for 1 year is barely obtainable and surely not 100%. There are huge development differences between children 6 weeks and 30 months. We want educated staff but aren’t respecting that a staff providing high qualified to provide infant care may not be the same person able to provide high quality care to toddlers. The huge strides in development between 0 – 3 are immense but this doesn’t respect the specialized care that is needed.

3320.33(c) temperatures considered to be a health risk below 15 and above 90. This strict guideline does not take into account the activity, the time children are outdoors or the situation. If a staff wants wants to take a class and sit in the shade under a tree to read a 15 min book when its 95 degrees out that’s acceptable or if the children are engaged in water play like sprinklers. Or the opposite, if its below 15, but the children are bundled up in snow suits and taken outside for 15 min for a walk in the snow or to build a classroom snowman, these should be allowable. Personally, I run an all weather school, meaning children 3 and up go outside everyday as long as there is no lightening. Parents are required to provide a snow suit

and a rain suit as part of our curriculum. Our children enjoy going out in their rainsuits to splash in puddles, go out in the snow to make a snowman or a snow structure or even in the heat into our wooded area to find insects and small creatures seeking coverage from the sun. My other concern is how to prove temperature. If a cert rep gets a complaint of temp, how will they verify? Even a search of temp only provides a temp for the area. This can vary form mile to mile in PA, whether we're in the mountains or a valley, whether we're in the city with lots of asphalt or in the rural areas with grass fields. When temperatures are of concern the answer is not to permit children in them but to choose appropriate times and activities, not remove their opportunities to be outside. If we can't rely on programs and teachers to make a decision in the best interest of the children than the issue is not the temperature but the knowledge and training of the educators.

3320.35(e) This list of pets is very biased. With every animal comes a level of risk. It is up to the provider to assess the animals ability to safety be near children. We cannot say all pit bulls are bad, some are but that's due to upbringing. Same goes for the animals listed. Every animal and PERSON has the ability to carry illness. Again, the answer to the risk is not to remove the animals but the health and safety measures take to ensure transmission does not occur. Stars had pushed through the use of ERS that every classroom needs living things but now were being asked to remove class pets. These are pets that some of these children have picked and raised themselves. Also this doesn't take into account for the pets that the children don't touch. Fish are capable of caring salmonella the same as any reptile, the issue is the water they live. There is no discussion of these types of setup just outright removal. There are so many benefits to caring and raising animals with children. Just because 1 thing can go wrong does not make them all bad. Again, If we can't rely on programs and teachers to make a decision in the best interest of the children than the issue is not the animal but the knowledge and training of the educators. Personally, at my facilities, we allow the children to pick their own classroom egg, hatch and name chickens every year. They journal, hypothesize and care for the chicks for weeks after they hatch and yes, we even discuss why some don't hatch. I have parents rave over how beneficial the whole process is for children. We are not in a rural area so these children would not have this experience if we didn't do it.

3320.35(f)(4) Stars had pushed through the use of ERS that every classroom needs living things but now were being asked to remove class pets. There are many programs that have been very creative of how to have pets in with infant toddlers; aquariums behind plexiglass, aquariums on the wall. Again, this all comes back to knowledge and training of staff. The answer should never be to remove but how to make it safer.

3320.36 The understanding that the discipline section of regulation needed to be expanded on is disappointing and also condescending. If ECE is to become for qualified by education, then why are regulations being written as if for a child. If DHS, is seeing the many examples provided in these sections then I urge them to take action and place negative sanctions on these facilities instead of making the rest of providers spend countless hours creating policies to say we won't. If a teacher is going to do one of these things listed, having a policy against it is not going to prevent them from doing so. Coaching, training, working with a co-teacher, meetings with a supervisor will.

3320.36(b)(13) In general, I agree with staff not restraining a child however a provision is warranted if the restraint is to prevent a child from harming another person or self-harm. I have experienced a child attempting to stab another child with scissors or stabbing themselves with pencils. Yes, there are other services needed however in that moment the staff only two options to restrain the aggressor or allow them to harm another. Unfortunately challenging and aggressive behaviors are increasing and we also need to think of how to protect all children, the aggressor and the victims as we wre responsible to ensure the safety of both.

3320.39 Clarification of what a safe drivers record? Safe to whom? 1 speeding ticket, a parking ticket, 5 reckless driving charges? How do we document and prove this?

3320.41(b) Locking of doors is in conflict of fire evacuation. Of there is a collision and the driver is incapacitated, locking the doors will prevent the children from exiting the vehicle. Locking the doors of a bus while people are onboard is illegal by motor vehicle code. This is why buses have an emergency switch than is manual not electronic so occupants can get out. I believe more research is required on behalf of DHS.

3320.41(e) While current and proposed regulation addresses passenger vans, it does not address that many 11-15 passenger vans have been manufactured now as Multiple person vehicles or MPVs. They are no longer being labeled as vans. Some manufactures are even labeling them as buses, however federal law prevents the transportation of children in anything other than a vehicle manufactured as a "school bus" for any vehicle carrying 11 or more. Some providers are either not aware or are intentionally using vehicles that are not rated for the safety of children. Many cert reps are also not educated in this area and are unknowingly permitting these vehicles to be used putting children at risk. I see other childcares using these vehicles and cringe knowing there unsafe for the children.

3320.42(a)(4) health history? Does this mean we are to now carry the child's health assessment along with the emergency contact?

3320.42(a)(6)(ii) maintain a vehicle temperature that is appropriate... This is subjective whereas it needs to be specific as this can be interpreted by anyone differently

3320.43(k) I understand the intent of this regulation for in case of emergency but the wordage is not clearly written. Needs to be worded differently and explained for emergency purposes to be able to immediately assume full ratios in case of emergency

3320.44 I believe this is meant to only address centers in a home. If not, then that would mean staff children in a center aren't counted which would be incorrect. This whole section is very confusing and not written for understanding.

3320.46 (e) ...space is measured within permanent stationary partitions or walls. Clarifying that these are partitions or walls that are more than half the height of the room or all permanent partitions and walls.

3320.46(k) The operator... First, daily is a bit overkill. Even Star 3 & 4 only require monthly checks. Second, these checks should be conducted by teaching staff. They are in their rooms, on the floor sitting down and standing up. They are intimately familiar with their rooms from many viewpoints and are more likely to find deficiencies.

3320.47(h) Must have shaded areas. Will trees, playhouses umbrellas count?

3320.48(d) Tomatoes and potatoes are two of the plants that are very common in gardens, easily grown and are easily identifiable for children, however are currently being cited by DHS. We participate in the Farm to ECE program and these are promoted to be grown. Conflicting information from two departments dedicated to the health and safety of children. In the previous version of this draft these were specifically addressed however now there not. Personally, we provide an edible garden for the preschool and school age children to use. I've had children who remember in the am they forgot to brush their teeth and with grab some mint to chew before heading to school or children just wanting to taste a green beans. These are activities that we should be encouraging not limiting. Children are not going to eat tomato

and potatoes vines, they'll eat the tomato. This is a teaching opportunity not one that should be removed or prevented.

3320.51(i) Requiring a lead safe EPA certified contractor is excessive. Paint is no longer made with lead and therefore not of utmost concern. Requiring this type of certified contractor will only increase the burden on providers in finding a contractor, especially one willing to work evenings and weekends when facility is closed, and the cost will be substantially higher. Typically these are larger corporations that not only will be more costly but will charge additional fees for the non traditional work hours. All this extra burden for the same quality of work as they all buy their paint at the same supplier of Sherwin Williams, PPG, Home Depot or Lowes.

3320.53(h) grass alone is unacceptable... subsection (g) relating to infant and toddler ground coverage. So infants and toddlers are no longer permitted to play on grass???? If this is incorrect that rewording is needed. If this is correct, this is unacceptable. Children need to be in the grass daily.

3320.54(a)(7)(ii) In Stars, we utilize ERS. When ERs assesses this, a percentage of children must be able to touch the floor. This regulation does not have an allowance amount or is to mean all. Children are all different sizes and are constantly growing. This would require providers to ample extra chairs varying in size or to always buy chairs that are too small to avoid citation but would be developmentally inappropriate to children.

3320.55(b)(5) In Stars, we utilize ERS. When ERs assesses this, a percentage of children must be able to touch the floor. This regulation does not have an allowance amount or is to mean all. Children are all different sizes and are constantly growing. This would require providers to ample extra chairs varying in size or to always buy chairs that are too small to avoid citation but would be developmentally inappropriate to children.

3320.55(c)"as soon as possible" as soon as possible for whom? For the teacher or for the child? If a teacher is attempting to clean up 4 babies by themselves, there is a whole process and the teacher is working as fast as they can. This is too vague and is left up to the interpretation of a parent, or cert rep.

3320.56(a)(3) Although sleeping head to toe is best practice, is not always possible with room arrangements. This can also cause supervision issues. Children are placed where staff can supervise most effectively. This may inadvertently reduce supervision.

3320.58(5) Food must not be placed on eating surface... I encourage anyone to feed an older infant or young toddler. If given a plate they will through it off table. Even suctioned plates only suction so long. With this age group, the best option is to place the food on the tray of a high chair or on the table. Of course these surfaces are sanitized so using these poses no risk to the child.

3320.59(c) Children's food from home, such as a lunch box, is not the responsibility of the provider. The parent has chosen to provide their child's lunch and is responsible for placing ice packs to maintain proper cooling. Schools do not refrigerate students lunch boxes why should there be a different requirement for ECE. If a food can make a Kindergartener sick, it will also make a preschooler sick. If required to refrigerate all children's lunch boxes, every classroom would need refrigerators causing another financial burden, 1 to purchase, 2 the cost to operate this many additional fridges, and possibly to add additional outlets, and would also take space away from the children in the classrooms. Also many parents place food in thermoses to keep the food warm until lunch. Placing it the fridge would be counterproductive forcing the children to eat all cold food every day or the provider to then also heat meals, again now incurring the cost of microwaves. This also causes additional staffing to heat all these lunches or can result in reduction of supervision in the classroom if one teacher has to go through and heat all the children's meals. I do understand infant food such as breastmilk, formula and foods that are brought in and will be accessed multiple times throughout the day, depleting the cooling in a lunch bag but his is different than a one meal use lunch box. Whether a center or parent chooses to provide meals or have children pack is a decision between them. If packing, then it's the decision and responsibility of the parent to ensure the food is not hazardous and nutritious. Again, schools to not refrigerate, heat or even address children's packed lunches, it is completely the responsibility of the parent.

3320.59(h) So children are not permitted to bring in birthday treats? What about when we are trying to strengthen diversity and cultural awareness and we ask families to make a dish from their culture to share? If the concern is food safety in the home is not controllable then maybe a permission slip would be a better option then again banning things. Every family has a different comfort level but we must also acknowledge the benefit of sharing and celebrating milestones and cultures bring to the program.

3320.61(a) 3320.59(j) does not exist. Some programs are eligible for CACFP reimbursement and some are not. To enforce regulations from a program that many center don't qualify for financial reimbursement is wrong. If a family is unsatisfied with what a facility is serving than they should address this with the facility. Not all families agree with CACFP requirements and these requirements are not also reflective of every family's needs or beliefs. CACFP limits the amount of sugar in items but no the amount of artificial sugars. I have had families request for their children not to eat the CACFP approved item because it contains artificial sweeteners. Many providers and families do not agree with the CACFP requirements and should not be forced to do so. They have chosen not to participate for a reason, forcing just another departments rules into DHS regulations in unnecessary and an overreach.

3320.62 CACFP food sizes are not based on children's actual eating but on the food pyramid. Children should be provided foods from all groups listed in 3320.61 however the serving size needs to vary on age and child's interest. If trying a new vegetable and child is given a 1/2 of a cup serving, if the child dislikes it then the rest is wasted however if given 1/4 of cup there was less waste. If the child enjoys the food the provider should give more and encourage the new food. I run 3 programs and 1 is CACFP funded. The amount of food wasted at that site is substantial!! The amount of milk poured down the drain everyday by children is painful. The only way we even remotely comfortable with this is because we receive reimbursement there. At the other two programs, if there's a food, we recognize children aren't enjoying, we replace it or serve smaller portions of it, while increasing the portion of something else. Food serving size should not be dictating the amount of each food but that each child was fed until full. A fed child is a happy child. For some of these children, these meals are the best and the healthiest they get. Drive thrus and takeout only provides so much but if I have a child who loves bananas and hates peas but is hungry, they're being given more bananas as it may be the only fruit they get.

3320.64(b) first and last name? This is excessive. One or the other is sufficient. If there's a child with the same name then use the last initial or the last name instead. This is micromanaging.

3320.64(d)(1) While I fulling support breast feeding mothers, facilities can not be expected to just create a space for mothers to nurse. Our buildings are already set up and we may not have the space. Second, I have a nursing room and one of my programs and after 5 years we repurposed it as only 1 mother ever used it one time. A nursing mother would be welcome to nurse in our infant rooms and do not need a private area to do such. The concept that nursing

has to be hidden or done privately is a very biased opinion and one frankly offends most nursing mothers.

3320.64(d)(2) providing materials and resources is the responsibility of the hospital, doctor or lactation consultant. By the time an infant enrolls, even at 6 weeks, the mother has already decided whether she is breastmilk or formula feeding. Our staff are not qualified to be advising on nursing.

3320.64(d)(vi) This is unsanitary and in direct conflict with regulation 3320.59(b). Food that has been served must be discarded. Doctors and lactation consultants both will tell you infants backwash into bottles. This can be demonstrated by giving an infant a bottle with only water. The bacteria and food backwashed back into the bottle after drink contaminates the milk. I understand the passion in which breast-feeding moms are about dumping breast milk but then a better serving system needs to be used. This is where experienced infant teachers are important. Offering smaller quantities and then more if wanted reduces this waste. No matter how valuable the breastmilk is this does not override the fact that contamination has occurred and placing contaminated milk back in the fridge with "clean" food is against every food protocol the USDA and ServSafe has.

3320.64(f)(2) & (3) The time in which a family chooses to progress into solid foods is a decision decided only by the family. If a family wants to start pureed food at 4 months that is their choice and their parental right to do so.

3320.64(g) "may not offer foods associated with choking" Every food can be a choking hazard. What changes is the size and texture of said food. Unless there is a specific list of foods, which I would still argue is biased, this wording is subjective. Grapes can be considered a choking hazard but if cut up small enough they are not. Some families have embraced baby led weaning as a method to introducing foods. We are not here to judge these choices and as long as the child is able to proceed without choking than food selection is a parent choice not DHS's.

3320.67(a) injury or illness that may have occurred? So if a child begins vomiting at child care, we need to notify DHS? Previously there has been a discussion because it stated hospitalization, now we have urgent cares. These can be helpful to families to avoid the emergency room but are also used just to see a doctor quicker than their primary physician. While I understand if serious injury occurs like a broken arm occurs however this is overboard for things like pink eye, strep throat, a bee sting. Injury yes, illness no.

3320.68(g) emergency preparedness drills every 30 days but this doesn't include the fire drills held every 30 days in 3320.84(1)? So we are expected to do 26 drills per year? Not only is this overboard but that every other week. The stress and fear this will instill in these children is harmful.

3320.75(d) The restriction of the opening previously applied to windows above ground. On ground level many of these windows are used as a means of egress and there are not permitted to be restricted. A resolution between DHS and a fire expert would need to occur. For UCC code, we cannot restrict the windows in our classrooms to only open 4inches.

3320.76(c) wording should be added to state "except for in case of emergency or during non-operating hours."

3320.83(a)(3) The title of this section is Fireplaces, woodburning and coal burning stoves. However, regulations in this section such as 83(a)(3) refers to oil, kerosene, natural gas etc. The title is very misleading and non inclusive of the regulations and requirements within.

3320.84(1) fire drills every 30 days but this doesn't include the emergency drills held every 30 days in 3320.68(g)? So we are expected to do 26 drills per year? Not only is this overboard but that every other week. The stress and fear this will instill in these children is harmful.

3320.85(e) Please explain how an operator is to include the teaching staff in these monthly inspections?

3320.109(a) We are private businesses. Whether we have a budget or not is of no concern or business of DHS or its representatives. This is government overreach.

3320.109(c) This is a Star 3 & 4 requirement. This is requiring CQI plans for every facility. Although these may be best business practice, they are not health