

SUBJECT: Training requirements for certain child-care providers

COMMITTEE: Human Services — favorable, with amendment

VOTE: 7 ayes — Naishtat, Maxey, Chavez, J. Davis, Noriega, Telford, Truitt
2 nays — Christian, Wohlgemuth

SENATE VOTE: On final passage, Local and Uncontested Calendar, April 8 — 30-0

WITNESSES: For — Cay Quoyeser
Against — None
On — John Heeney, Texas Licensed Child Care Association; Mark Marsh, Texas Department of Protective and Regulatory Services

BACKGROUND: The Department of Protective and Regulatory Services (DPRS) licenses or registers child-care providers and has established through rulemaking, under the direction of the Legislature, minimum training standards for employees and directors of child-care providers.

Day-care centers are licensed businesses that provide only child care and whose inexperienced employees must receive at least eight hours of “preservice” or “initial” training in child care before taking care of children. Texas has about 7,700 licensed day-care centers.

Group day-care homes are licensed residential homes that provide child care. Registered family homes are residential homes in which six or fewer children are cared for. Preservice training is not required for employees of either of these types of facilities. Texas has about 1,800 group day-care homes and 10,000 registered family homes.

Employees and directors of day-care centers, group day-care homes, and registered family homes must undergo annual training.

DIGEST: SB 558, as amended, would direct that the minimum training standards for employees of day-care centers or group day-care homes would have to include:

- eight hours of initial training for employees who had had no previous training or employment experience in a day-care facility;
- 15 hours of annual training for each employee, excluding the director;
- 20 hours of annual training for each director; and
- special training for employees and directors of day-care centers and operators of registered family homes who care for children younger than 24 months.

The special training would have to include one hour of training on:

- recognizing and preventing shaken baby syndrome;
- preventing sudden infant death syndrome (SIDS); and
- understanding early childhood brain development.

For new, inexperienced, or untrained employees who cared for children younger than 24 months, the initial training requirement would increase by one hour. For directors and other employees, the special training would be incorporated into their annual training.

The new minimum training standards would not be subject to the comprehensive cost-benefit analysis now required in statute relating to minimum training standards.

The bill would take effect January 1, 2000.

**SUPPORTERS
SAY:**

SB 558 would place current regulatory requirements for child-care providers into statute and would add special requirements for training employees and directors or operators in the dangers of SIDS and shaken baby syndrome.

The required special training for child-care employees and directors would be a critical component in ensuring child safety and well-being. When parents place their children in a state-licensed or registered facility, they assume that the operators will offer safe and competent care. This bill would make sure that child-care training was adequate.

SIDS is the diagnosis given for the sudden death of an infant less than one year old that remains unexplained after a complete investigation, including an autopsy. Because most SIDS cases occur when a baby is sleeping in a crib, it is also known as crib death. SIDS is the leading cause of death in infants less than a year old. Undetected brain abnormalities or metabolic disorders may be the root cause, but measures may be taken to reduce the risk of SIDS.

Shaken baby syndrome is trauma caused by the shaking of an infant or child by the arms, legs, or shoulders, with or without impact of the head, which results in bleeding and brain injury with no outward signs of abuse. Often, frustrated caregivers think that shaking a baby or small child is a harmless way to make the child stop crying. Abusive head injury is the leading cause of death in small children.

All incidents of child-related accidents and abuse are higher in families' homes than in child-care centers, but deaths and injuries from SIDS and shaken baby syndrome occur in child-care centers as well. A recent Johns Hopkins study found that about one-fifth of all babies who die of SIDS do so while in child-care settings because the caregivers unknowingly place the children on their stomachs to sleep, a position known to increase the risk of SIDS. The researchers studied 2,315 SIDS cases in 10 states from January 1995 through June 1997.

Saving the lives and mental functioning of children not only would save children and their families from tragedy but also would save the state money in future expenditures for nursing home or other institutional care, rehabilitation, personal care services, and other support and medical services. Shaken baby syndrome can cause irreversible brain damage, blindness, hearing losses, seizures, learning disabilities, cerebral palsy, and death.

Child-care providers would incur little additional cost due to this bill, as it would require only one additional hour of initial training for inexperienced employees who would be responsible for taking care of infants. Other employees and directors or operators could obtain their special training, if needed, through their course load under their current training requirements.

Currently, initial and annual training is offered through a variety of sources and programs, often at no cost to employees or child-care facilities. Some facilities train their own employees, while others require potential employees

to receive training on their own before their first day of work. The Texas Department of Human Services allows new employees to be on the job for about a month before satisfying the entire eight hours of training.

Some programs already provide training on SIDS and shaken baby syndrome, so some employees already may meet the bill's requirements.

OPPONENTS
SAY:

This bill is unnecessary and would cost child-care providers money, thereby potentially making child care more expensive or unavailable for families. The last thing child-care providers want to occur in their facilities is a child's death or serious accident, so they already make sure their employees and directors are adequately trained and experienced.

Every hour of training required is an hour that the employee is unavailable for work, which costs the employee as well as the facility. Child-care workers, who earn relatively low wages, cannot absorb the expense of training or lost work opportunities.

Incidents of SIDS and shaken baby syndrome more often occur in families' homes, so the state should direct its efforts toward educating parents, not child-care facilities.

OTHER
OPPONENTS
SAY:

In its current form, SB 558 would not go far enough in making sure that child-care employees are trained fully and satisfactorily. The state requires manicurists to have 600 hours of training, many more hours of training than required for people who are taking care of vulnerable children. Texas' requirement for child-care workers to have eight hours of training is almost the lowest in the country.

Also, DPRS is not authorized to approve or license child-care trainers or training programs, so the quality of child-care training ranges widely and gives no assurance to parents that caretakers are informed or competent in managing children.

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NOTES: The committee amendment would change the effective date from September 1, 1999, to January 1, 2000.