Telephone Survey Results Are In!

PA Child Care Providers Care About Health and Safety

In the spring of 1998, ECELS hired an experienced telephone survey team to interview a random, statewide sample of directors of child care centers and family child care providers. The questions covered current child care health and safety concerns and resources. The sample included around 10% of all the regulated child care facilities -- 400 child care center directors and 400 family child care providers. In designing the survey, ECELS sought help from the research departments of the national American Academy of Pediatrics and of the University of Pittsburgh Children's Hospital.

The data analysis will take many months, but ECELS Director, Sue Aronson, reported some preliminary findings about the use of health consultants at two national conferences in July 1998: the National Conference of State Legislatures in Las Vegas and the national conference for Healthy Child Care America.

Even though Pennsylvania does not have a regulation that requires a health consultant for every child care facility, many child care providers have and use one.

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Among PA child care directors, 29% reported consulting a health and safety expert during the 12 months before their interviews; 11% of family child care providers did so also. Of the center directors who used a health consultant, 14% said they paid the consultant a fee for the service. Only 7% of the family child care providers reported paying a fee.

In the United States, 24 states and 1 city have child care regulations that require the use of health professionals. Preliminary reports from a study done by Angela Crowley at Yale University of Connecticut infant-toddler programs suggest that compliance with a regulatory requirement for health consultation is high. In Connecticut, state regulations require weekly consultation from a health professional for programs that serve children less than three years of age. Most of the Connecticut consultants are nurses whose advice is highly valued by the child care center directors. When asked if they would continue using their health consultants if the state eliminated the regulation, the majority of the directors reported they would do so. The health consultants’ contributions to the programs are wide-reaching. They review child health records, give advice about health and safety issues on an ongoing basis in person or on the phone, arrange staff and parent training, and help with policy development for the facility. Most of these consultants are paid by the hour. Fees range from $10 to $75 per hour (mean $27 per hour).

In PA, among center directors who said that they used a health consultant, the most commonly sought advisor was a health professional in a government agency (55%), followed by nurses who do not work for a government agency (39%), doctors (37%), mental health professionals (20%), nutrition professionals (13%), and oral/dental health professionals (13%). The average frequency of consultation varied by the type of health professional consulted -- from three to nine times per year.

Of the PA family child care providers who said they consulted a health professional, the most commonly sought advisor was someone in a government agency (42%), followed by consultation with doctors (33%) and nurses (22%). Family child care providers who used health consultants reported the average frequency of using a health professional in a government agency or a doctor in the past twelve months was around 5 times, and for nurses, 3 times.

The survey included many other items about health and safety in child care settings. We appreciate the time child care providers took from their busy schedules to answer these questions on the phone. After completing the analysis, ECELS staff will use the data to improve resources for quality child care in our state. In the meantime, call ECELS for more information on how to link your child care program with a health consultant. If you know any health professionals who are not listed on the ECELS data base, let us know how to contact them. We can give them ECELS materials to help make their health consultation job easier!

“Many Pennsylvania child care providers have and use health consultants.”
HALLOWEEN Pedestrian Safety

The National Center for Injury Prevention and Control reports that between 1975 and 1996, the number of deaths among young pedestrians (children walking) on Halloween evening was 4 times higher than any other evening of the year.

A number of holiday-specific problems contribute to the high death rate of child pedestrians on Halloween:

- Halloween activities usually begin after dark
- This period of darkness is lengthened by the return to Standard Time which immediately precedes Halloween
- Trick-or-treaters often cross streets haphazardly, rather than at corners or crosswalks
- Masks can limit the child's ability to see and hear
- Dark costumes can limit visibility of young pedestrians to drivers
- Children are distracted on Halloween by costumes, time pressures to get the most candy, and general playfulness with other kids on the street

In addition, kids' pedestrian risk is greater due to their developmental stage:

- Young children may lack the physical ability to rapidly cross the street
- Kids are small and hard for drivers to see
- Children are likely to choose the shortest rather than the safest route across the street (often darting out between parked cars, or at mid-block)
- Kids may disregard peripheral vision, have reduced attentiveness, localize sounds poorly, and lack impulse control
- Young children don't evaluate traffic threats effectively and can't anticipate driver behavior the way adults can

To help eliminate Halloween pedestrian injuries:

- Celebrate Halloween with a party at your child care facility, instead of trick-or-treating
- If parents allow trick-or-treating, encourage them to
  - establish a route for children in a known neighborhood
  - have children use flashlights, stay on sidewalks, and cross in a group at street corners
  - dress children in bright, reflective, and flame-retardant costumes
  - use face paint instead of masks for children
  - avoid big hats, floppy clothing, loose costumes, or oversized shoes
  - accompany children to well-lit houses and instruct them to remain on porches or stoops rather than entering houses
  - clear porches, lawns, and sidewalks of garden hoses, bikes, and decorations that could trip trick-or-treaters
  - check outdoor lighting and replace burned-out bulbs


For more information on general Halloween safety planning, including pumpkin carving and snack-checking, use the order form on page 7.
Raisin’ the Raisin Question

Raisins have come off the choke hazard list thanks to dietitian Ray Lin, an ECELS advisor from the PA Department of Health. Ray discussed with ECELS the widely publicized warnings against giving raisins to children under four years of age. The source of the raisin ban was the Injury and Poison Prevention Committee of the national American Academy of Pediatrics. Ray’s concern led ECELS to challenge the scientific data supporting such warnings.

ECELS Director, Sue Aronson, asked the national Academy of Pediatrics to re-examine the raisin warning. A medical literature search found no instance where a raisin was reported to be the source of a choking death for a child. The Committee re-evaluated their decision and removed raisins from the list of foods that pose a significant choking hazard for children.

Hot dogs still head the list as the food most frequently associated with choking. Smooth, round foods like peanuts, round candies, and whole grapes are also potentially lethal causes of airway obstruction. Avoid these foods for small children. It’s probably a good idea to serve soft raisins instead of very dry hard ones. Raisins can stick to kids’ teeth and promote tooth decay, however, so make sure children who eat raisins in child care brush afterwards!

ECELS Helps Accommodate Children with Special Health Needs

Children with special needs include those with physical, developmental and mental health problems. ECELS has print and audio-visual materials that help caregivers understand specific types of health problems. ECELS staff also connects child care providers with local health professionals. Caregivers can call ECELS for general advice at any stage: when a family seeks to enroll a child with a special need; when the child is already enrolled and plans must be made for service; or when the child is receiving service and the program must provide further accommodation and staff training around the child’s special need.

The first step is to seek help from the child’s health professional. When you give the parent the Child Health Assessment form (DPW-CY51), be sure you’ve written in the contact information for the child care facility. That way, the child’s health professional can know who will receive the information and can, with parent consent, call to discuss the details. Attach a note to the form asking any questions you have about the child. You can attach ECELS’ Special Care Plan to structure the response of the health professional to you.

If your efforts to get information are unsuccessful, call ECELS. Our staff will try to help you get information from the child’s health professional. If you need a local health professional who has volunteered to be a child care program health consultant, ECELS can link that person with your child care facility. ECELS has access to several networks of community care coordinators for children with special needs.

Families and caregivers with children who have special health care needs want to be sure their children are safe. With good planning and support, these children can benefit from child care. The program benefits from the work involved in accommodating children with special needs too. The advice of these professionals can apply to other situations in child care as well.

ECELS has begun an initiative to respond to the many calls from child care providers about getting help for children with emotional and behavior problems. Last year, ECELS convened a statewide meeting of mental health professionals, pediatricians who specialize in development and behavior, child care providers, and state agency representatives. The focus of the meeting was to develop a plan to bring mental health professional resources to child care providers who care for children with emotional and behavioral problems. Some of the mental health professionals attended the ECELS Advisory Committee meeting where plans were made to develop behavioral and mental health fact sheets. As information becomes available, we will spread the word in HEALTH LINK.
HEALTH LINK FALL, 1998

ANTIBIOTICS AND HOUSEHOLD CLEANERS:
TOO MUCH OF A GOOD THING?

From birth, we struggle with infectious disease. Immunizations, hygiene and sanitation are our best tools, but antibiotics help too. Life expectancy in 1900 was 45 years. Now it is 78 years, due mainly to improved sanitation (especially safe water and food). Although antibiotics are only about 50 years old, resistant bacteria are becoming a problem.

While there is no question that antibiotics and general cleanliness are very important to prevent infectious disease, too much of a good thing can be bad. To understand how antibiotics or the use of "industrial strength" disinfectants may be bad, we have to understand how these chemicals work.

THE DISCOVERY OF ANTIBIOTICS

Antibiotics were discovered in the late 1940s. Like penicillin, other antibiotics are made from molds and fungi from the soil or water. Erythromycin, gentamycin, and tetracycline are all antibiotics that were discovered in molds in soil. So, most antibiotics that we use today are purified substances from molds that kill bacteria as in nature. Molds and bacteria compete for the same environment. Scientists are just taking advantage of the rule of "survival of the fittest." Antibiotics help kill bacteria, and bacteria resist these substances to live.

TOO MUCH OF A GOOD THING

As we know, bacteria are becoming increasingly able to resist antibiotics. Over the last 5 years, we have seen increasing resistance by one of the common causes of ear, lung and brain infections, Streptococcus pneumoniae. Now up to 40 to 50% of S. pneumoniae can resist usual doses of penicillin and in some cases even the stronger cephalosporins. Why is this happening? One of the most important reasons is simple .... we are using antibiotics and industrial strength disinfectant cleaners to eliminate all but the more resistant bacteria. Again, survival of the fittest is the rule. We don't need to kill every germ. Our aim should be to sanitize (reduce the load to a level that is unlikely to cause a disease), not to disinfect (kill all living organisms). Using a freshly diluted household bleach solution to sanitize clean surfaces is enough. Mix a fresh solution daily of ¼ cup of household bleach to one gallon of water or one tablespoon of bleach to a quart of water.

(Continued on page 7)
The Hepatitis Alphabet

Hepatitis is an inflammation of the liver, most commonly caused by viruses. Hepatitis generally causes fever, jaundice, an enlarged liver, and other symptoms. Scientists know of at least 5 kinds of viral hepatitis and have designated a letter of the alphabet for each one.

**Hepatitis A** is transmitted primarily by person-to-person contact via the fecal-oral route. The stool (feces) of an infected person spreads the disease to food, countertops, other people's hands, etc. When the contaminated objects make their way to another person's mouth, that person also becomes infected. People can catch hepatitis A by eating contaminated foods such as shellfish also. Although there is a vaccine, universal immunization against hepatitis A is not recommended at this time.

**Hepatitis B** may be found in blood and other body fluids. It is usually spread by contact with infected blood or blood products. Important routes of transmission in the United States are sexual contact and perinatal infection (from mother to infant at birth). Some people who get hepatitis B carry the virus in their blood for a lifetime. These chronic carriers are more likely to develop life-threatening liver disease. Hepatitis B is vaccine-preventable; children must get hepatitis B vaccine to attend a DPW-regulated child care facility. The Department of Education now requires children to have hepatitis B vaccine for entry into kindergarten too.

**Hepatitis C** used to be called hepatitis non-A, non-B. Hepatitis has become the most significant cause of chronic infectious liver disease in the United States. Hepatitis C may be spread from mothers to their unborn or newborn infants through contact with contaminated blood, and through household or sexual contact with an infected person. The American Academy of Pediatrics recommends screening of infants born to infected mothers, as well as children with risk factors for the disease. There is no vaccine.

**Hepatitis D** is also called delta hepatitis or delta agent. This type of hepatitis can only harm people already infected with hepatitis B. Characteristics of hepatitis D are very similar to that of hepatitis B. There is no vaccine.

**Hepatitis E** is spread by the fecal-oral route (just like hepatitis A). People usually get hepatitis E from consuming contaminated food or water. Hepatitis E has been reported in Asia, Africa, and Mexico. There is no vaccine.

For more information on hepatitis A, B, and C, check out the American Academy of Pediatrics’ website <www.aap.org> Click “Search the Web Site” and type in the word “hepatitis” for news releases and policy statements. For a pamphlet on hepatitis, check off the order form on page 7.

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New Self-Learning Opportunity

ECELS has revised the Lead Poisoning Prevention self-learning module. Providers interested in earning one hour of training credit can complete the order form on page 7. Because the new module is only slightly different from the old one, however, caregivers who completed the original lead module are not eligible to complete the new one for training credit.
Recently, we have seen an increased number of products on the market which incorporate antibacterial agents within the product. Some toothbrushes have antibiotics impregnated in the plastic of the handle. Using these more powerful tools increases the “pressure” to replace good bacteria that aren’t resistant with bacteria that are resistant.

Antibiotics are not only used in humans. In the 1950s farmers began to mix antibiotics into the feed of cattle, pigs and poultry to make the animals gain weight more quickly. These antibiotic agents were called “growth promotants” and many are used today. In addition, antibiotics are used in fish farming. Antibiotics are used to spray fruit trees in Mexico. These antibiotics in our environment select resistant bacteria.

WHAT CAN WE DO?

Doctors and patients can use antibiotics appropriately. The American Academy of Pediatrics, The World Health Organization, and The Centers for Disease Control and Prevention are re-educating physicians about careful use of antibiotics. Antibiotics can save lives and reduce suffering. However, they should be used only when appropriate ... never for viral infections, never for colds, or the expected few days of green-yellow mucus at the end of a cold.

Good cleaning with dilute household detergents, good hand washing with normal soap, and sanitizing contaminated surfaces, is all that is needed to control most infections.

- - Louis M. Bell, MD
Associate Professor of Pediatrics, University of Pennsylvania
Attending Physician, Section of Infectious Diseases,
Children’s Hospital of Philadelphia

(ECELS ORDER FORM
(Pennsylvania Child Care Providers & Pennsylvania Health Consultants Only)

Please use this form to order any brochure listed below. Check the box beside the item you would like and return the form to PA AAP, ECELS, Rosemont Business Campus, 919 Conestoga Road, Bldg. 2, Suite 307, Rosemont, PA 19010-1353.

Brochures/Handouts:  
(One copy per organization)

☐ Children with Diabetes fact sheet
☐ Children with Seizures fact sheet
☐ Smoking cessation information
☐ “Firesafe Holidays” pamphlet
☐ Halloween safety tips
☐ Hepatitis pamphlet

Self-Learning Module:

☐ Lead Poisoning Prevention, revised edition (caregivers who completed the first edition of the module are not eligible to earn credit for completing the 2d edition)

Name: ________________________________________________________________

Organization: _______________________________________________________________________

Address: __________________________________________________________________________

_____________________________________________________________________________

City: _____________________________   State: __________ Zip: ____________

Telephone # and Area Code: _________________________________________________
**Meet ECELS Staff!**

You talk to us all the time ... whether it’s to ask a question about chickenpox, sign up for a self-learning module, or borrow a health and safety video. For those of you who haven’t met us in person, let’s put some names with faces! For the next several editions, HEALTH LINK will feature a column introducing our staff. First up is Administrative Assistant Pattie Davis.

Pattie has been with ECELS since 1989, managing our data base of over 1200 health consultants and 12,000 child care facilities. Pattie fields technical assistance questions, checks self-learning modules, sets up meetings, updates ECELS materials, helps prepare monthly reports, and works side by side with ECELS T/A staff brainstorming ways to deliver better service to child care providers. Pattie’s warm smile, sense of humor, and years of dedicated experience make her very special to ECELS!

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**PATTIE DAVIS**

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