PA SAFE CHILD CARE PROJECT

Preventing Childhood Injuries and Promoting Health in Out-of-Home Child Care

ECELS recruits and supports health professionals to help child care providers keep children safe and healthy. With a federal grant, ECELS organized the PA Safe Child Care Project to see if linkages of Emergency Medical Services (EMS) professionals with child care improved emergency preparedness, reduced safety hazards, and prevented illness and injury. Also, the project promoted the adoption of the national injury prevention curriculum for preschool children called Risk Watch.

The evaluation of the project involved using a checklist that collected information about the participating centers, their health policies and procedures, risky practices, and safety hazards. The checklist gathered information at two points: the beginning of the project and the end of the project. So far, the project has been able to look at findings from the assessments of the centers done before any services were given.

(continued on page 2)
PA Safe Child Care Project

(Continued from page 1)

Here are a few of the beginning findings ...

Participation: It was easy to find child care centers who wanted to participate in the project. For the health professionals, real life stresses and demands from their paid jobs prevented many of the health professionals from volunteering and following through. Once recruited, the volunteer health professionals received training on how to work with child care centers. Before receiving this training, they promised to teach first aid to the staff of one child care center and to try to help their assigned facility figure out how to reduce any risky practices and hazards noted on the checklist.

Recruitment of child care facilities stopped when 134 centers readily stepped up to receive the services and participate in the assessments, all of which were time consuming for them too. Of these, 89 were selected randomly to be linked with health professionals as part of the study. Unfortunately, only 66 of these could be matched with a health professional who agreed to volunteer to provide services as part of the study. Of these 66, only 33 centers had contact with their assigned health professional. Those who received the services appreciated the help of their consultant/trainers.

Fall Hazards: Falls from active play equipment onto unsafe surfaces is the most common source of the most severe injury in child care. Both surfacing and height of equipment are key factors in these injuries. These hazards were common in the child care centers observed as part of this study:

- Indoor Active Play Areas: Many areas where children were climbing had unsafe surfacing (80%), inadequate fall zones (72%), inadequately spaced equipment (46%), and lacked needed guard-rails (50%).

- Outdoor Active Play Areas: On playgrounds, both surfacing and height of the equipment were unsafe. For surfacing, 43% of the centers lacked cushioning surfaces under climbing equipment; for height, 29% of outdoor equipment intended for use by 1-3 year olds was too high; 40% of the equipment for 3-5 year old children was too high.

First aid training: About 80% of the participating centers already had most of their staff trained in how to provide first aid before the study began—perhaps because the regulations of the Department of Public Welfare require one person on site who has such training at all times.

Medication Administration: Nearly all centers (95%) reported that they administer medications to children. This finding makes providing staff training in medication administration an outstanding need. Without training, many medication errors can occur.

Children with Special Health Needs: The centers reported percentages of children in their enrolled population with allergies, asthma, developmental delay, behavior difficulties, seizures and other types of special needs in the same proportion as are known to exist in the general population. Yet, only 38% had special care plans for these children.

Infant Sleep Position: Despite the fact that back-sleeping is known to reduce Sudden Infant Death Syndrome by over 40%, fully 1/3 were observed not being put down to sleep on their backs.

Security Plans and other policies and procedures: In these times of security alerts and with real experiences in PA with tragic invasion of child care facilities by wrong-doers, only 40% of the studied child care centers had a security plan. Use of injury logs was inconsistent and many centers lacked policies and procedures for handling contact with blood and body fluids.

Next Steps ...

ECELS is working with faculty from The Children’s Hospital of Philadelphia to fully analyze the data and to compare findings in the centers that had a health professional work with them with those that did not to see if the ones that had help actually improved. And already ECELS is working with the findings to try to make things better.

(continued on p. 4)
Q: I am a family child care provider and care for an 11th month old who wears glasses for crossed eyes. The baby keeps pulling the glasses off! How can I keep his glasses on him? How should I care for the glasses when I put him down for a nap?

Robert D. Reinecke, MD, Director of the Foerderer Eye Movement Center for Children at Wills Eye Hospital and Professor of Ophthalmology at Thomas Jefferson University in Philadelphia answers:

A: The reason a young child objects to wearing glasses is usually either discomfort or the glasses make the vision worse.

Skin irritation can often be helped around glasses by using a little Maalox on the skin. It seems to help in some strange way to protect the skin and give the patient a bit of comfort.

The issue of vision is a little more complex. Often the ophthalmologist has given a full farsighted (strong) correction to force the child to use less accommodation and thereby relieves the crossing of the eyes or esotropia. The child needs this full plus lens and often the ophthalmologist can give the child a drop of atropine for a few days to make the child much more accepting; in other cases – the ophthalmologist may recommend using a stronger lens on the good eye. Drops and lenses can blur the vision in the child’s good eye, forcing the child to use the weaker eye. Unlike glasses, the child cannot remove the effect of the drops. If the child continues to object, the child with glasses should return to the ophthalmologist for a check up.

Correction of one form of visual difficulty, called high astigmatism, is not well received by many children who have this problem. These children need special encouragement to wear their glasses.

To care for glasses when the child takes a nap or goes to sleep at night, it is best not to fold up the glasses. Instead, put them on a shelf with the temples extended so that they rest on the temples and not on the lenses. If parents and caregivers start storing the lenses by letting them lie on the lenses, they become badly scratched in a fairly brief period of time. Scratched lenses give less clear vision. To remove body oil and other soil from the lenses, use a little soap and water once a day. Rinse the lenses well under running water, then use a clean, low-lint cloth to dry them.
PA Safe Child Care Project
(continued from page 2)

New Tools For Health and Safety:

A new set of lesson plans for a Medication Administration Workshop was tried out at the PACCA Conference in October. This workshop is available on request from ECELS.


ECELS is working with selected child care providers to use the internet application of software that checks to see if children have received recommended routine well child services as documented on the Child Health Assessment forms provided by DPW. Called WellCareTracker™, this software helps DPW check child care health records for compliance with PA child care regulation 3270.131. (See June calendar below.)

Poison Prevention Week
March 16-22, 2003

Poisoning is a common problem for young children. Every year, the nation’s poison control centers receive around 1 million calls about children who have swallowed something harmful. Annually 30 children die from accidental poisoning.

A poison is any substance that can harm someone, including useful substances that are given the wrong way, to the wrong person or in the wrong amount. With the expanded use of medications, adults need to be vigilant to protect children from potentially dangerous chemicals in prescription, over-the-counter, herbal, illegal and animal drugs.

Medications brought into the facility for children in care and for adults who work in the facility generate many opportunities for children to get poisoned. Chemicals used for cleaning and maintenance are risks too. Try to avoid toxic chemicals when you can; make and enforce policies that restrict exposure of children to potentially harmful substances that are in the child care facility.

In January 2002, the network of 65 certified regional poison control centers launched a new nationwide poison control hotline. By using it, anyone can call from anywhere in the United States and have the call linked with the closest source of competent poison control service. The number is more than a phone connection; it is a website address for poison control information too. The website has excellent links to other resources for poison prevention as well. Call: 800-222-1222 or search www.18002221222.info. (continued on page 8)

HEALTH AND SAFETY CALENDAR
(continued from page 1)

May

? Food Allergy Awareness Week: May 11-17, 2003. The Food Allergy & Anaphylaxis Network says that an estimated 7% of children - or up to 2 million - have food allergies and are at risk for life-threatening anaphylaxis. Learn more at www.foodallergy.org or call 800/929-4040. For training credit, complete the Food Allergy self-learning module (see ECELS Order Form on page 7).

June

? WellCareTracker™: Make sure to regularly check that data on the Child Health Assessment forms show children are up-to-date with the AAP schedule of routine health services. Preview WellCareTracker™, an Internet-based application of the software that ECELS uses to help the state check for compliance with PA child care regulation 3270.131 - the regulation that requires documentation of up-to-date check up care for enrolled children. Visit www.wellcaretracker.org.
Access of Adults Without Child Abuse and Criminal Background Clearances To Child Care Facilities

The licensing regulations for child care centers are explicit about what is required of those who can be counted as staff persons for children in the child care setting. All others, including volunteers, parents, consultants and others who may work with children under the supervision of staff persons cannot be counted in the staff:child ratio. Anyone who cannot be counted in the staff:child ratio cannot be with children without supervision by staff at any time. For those who require clearances, check PA DPW child care regulations and the Child Protective Services Law (CPSL) – Title 23 of the Pennsylvania Consolidated Statutes Chapter 63 for what is required for clearance of staff persons, including the content of the records that the facility must have on file.

Some adults who are not staff come into child care facilities without having child abuse clearances and criminal background checks on file with the facility. These may be parents, consultants, mentor/trainers, inspectors, vendors, volunteers and visitors who come to the facility for a variety of reasons. Only a few of these adults may be required to have clearances and background checks by their employers, or for other reasons. For practical reasons, the only people who can be counted on to have these clearances are people whom the facility designates as staff persons to work in the child care facility. Child care providers must protect children both by continuing vigilance for potentially harmful adults and by always maintaining the staff:child ratio with staff persons for whom the appropriate clearances have been obtained. An operator may decide to require a volunteer to have a criminal background check and child abuse clearance check prior to volunteering in the program.

Here are some “red flags” or risk factors for potential child abuse:

- Child who has special problems or difficult behavior
- An adult who has:
  - Low self-esteem
  - Depression
  - Poor impulse control

(continued on page 6)

ECELS “Book” Review ...

is now the ECELS “Learning Materials” Review

Non-violence is a learned behavior that caregivers can teach best in early childhood. In conjunction with his colleagues at Vanderbilt Children’s Hospital, Dr. Seth Schofer developed a new and inexpensive CD ROM called Play Nicely. Dr. Scholer is a pediatrician with specialized training in development and behavior and one of a growing group of pediatricians with a special interest in working to improve quality in child care. This CD ROM has video clips and an interactive segment that allows the viewer to choose appropriate ways to handle aggressive behaviors in preschool age children from a list of options, and explains when each option chosen would work best. The video clips show children and adults interacting in situations that nearly everyone who works with children has experienced.

For example, the CD ROM includes segments such as a caregiver redirecting aggressive behavior, rule-setting, and applying time-out. The program stresses that caregivers are role models and explains why there are better responses to aggression than spanking, speaking angrily, or ignoring. The Focus groups who tested the CD ROM all rated it highly. Parents and caregivers who may not have had a lot of experience with successful management of aggressive behaviors will find the CD ROM especially useful. The CD ROM is described in more detail with a link to ordering information on the web site www.playnicely.org.

The Play Nicely CD ROM sells for $15 with discounts for large orders. For more information, contact Jennifer Almon: jennifer@teaching-treasures.com or call 615-646-9870.
Child Abuse ... (continued from page 5)

? A history of substance abuse
? A history of being abused as a child
? Unrealistic expectations of child’s behavior such as overly zealous promotion of toilet learning
? A negative view of children in care
? Punitive child-rearing style
? A history of being a teenage parent

Social/situational stresses such as:
? Isolation
? Family/domestic violence
? Unemployment/financial problems
? Single parenthood
? Non-biologically related male in the home


Celebrate with Healthy Eating and Physical Activity

Be a good role model and celebration planner. Help children learn about how to celebrate, feel good about themselves and avoid obesity:

? Give parties, music, and active game events your attention, instead of focusing on food at the celebration.

? Have the children make presents to give to the person whose special day is being celebrated.

? Serve fancy-looking, but healthy foods for parties. For example:

- Frozen low-fat yogurt layered with cut up fresh, frozen or dried fruit.
- Use cookie cutters to make and stack interesting shapes of vegetables, fruits, cheese and bread.
- Use water or low-fat milk as a beverage instead of juice.
- Avoid salty foods. Serve rice cakes or non-sugary cereal mixes instead.

Child Care Best Practices

In the Fall 2002 issue of HEALTH LINK, we asked you to share your child care program ideas and success stories. We promised a free copy of the six-part video series, Caring For Our Children, AND a copy of the 2d edition of the corresponding book to those programs whose submissions we publish.

The Spring 2003 award goes to Sonshine Child Care Center in Drexel Hill, Delaware county. Director Margie Sebastiani shared with ECELS that program's “Eating Healthy Campaign.” Participating staff get fresh fruit, vegetables and salads at lunch. The fitness philosophy has so caught on that now even exercise betr after using tapes!
HEALTH LINK continues to spread the news about health and safety websites we’ve found and ideas on how to get kids involved.

This is the season for “Spring Cleaning” … and also a good time to do a room-by-room assessment of the chemicals used in child care. The Environmental Protection Agency (EPA) has a wonderful interactive website that makes identification, safe use and storage of chemicals easy to perform. Visit the EPA’s website at http://www.epa.gov/opptintr/kids/hometour/ and click on each room of the house to learn about chemicals typically found there.

For fascinating facts, click on “Puzzler.” Learn why poisonous anti-freeze can be so attractive to animals … and to children (it is neon green in color, smells and tastes like sugar water) and which room of the house contains the most bacteria … the kitchen! Because of all the bacteria that can grow on things like wet sponges, food drippings, drink spills, dish towels and cutting boards, no wonder there are so many chemicals found in the kitchen too!

The school-aged children in your care may enjoy helping the EPA create test questions for their website visitors. Kids can click “Test Your Knowledge” for information on how they can create questions, submit them to the EPA, and get credit for doing so!

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Poison Prevention (continued from page 4)

Most poisonings only require phone management, but when emergency transport and treatment is required, the centers can arrange for this care with the information provided by the caller. Since the majority of calls to poison control centers are about poisoning of children less than 6 years of age, all the centers have programs to educate young children and their caregivers about poison prevention.

Each regional center is linked with the Toxic Exposure Surveillance System (TESS). TESS is a national database of over 31 million poisonings (2 million in 2001 alone). Most childhood poisonings are from ingestion of common household products, medications (including vitamins and herbal products) cosmetics, cleaners and other chemicals used for maintenance and repairs. When scanning the environment for potential poisons, think about four forms: solids, liquids, sprays and substances that are invisible (like lead dust.)

Keep all products in their original, labeled containers.

Use products only as specified by the manufacturer.

Do not refer to medication as candy.

Keep Syrup of Ipecac on hand and use it only if instructed to do so by Poison Control.

Check the environment for known toxic substances like lead.

Keep the Poison Control number posted by all telephones. (Ask for free stickers and magnets from the national hotline 800-222-1222.)

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