When Parents Won’t Immunize Their Children

Despite the success of vaccines in preventing serious illness and even death, some families are choosing not to immunize their children. Abby Cohen, an attorney, wrote about this topic for the Child Care Law Center and the California Childcare Health Program. She explained the legal issues child care providers face when parents refuse vaccines for their children. If child care providers admit un-immunized or under-immunized children, these children may become infected so they and others around them may become ill or die. This situation exposes child care providers to lawsuits and damages.

Children who lack vaccine protection can jeopardize others who did not choose to avoid vaccines. Some of these are children who are un-immunized or under-immunized because they are too young to have received a full course of vaccines. Also at risk are adults whose immunity from vaccines given earlier in life has declined below protective levels. Still others may be vulnerable to vaccine-preventable disease because they have medical conditions or are taking medications that make them unable to receive vaccines.

One legal question is whether the child care provider who decides not to enroll children who have not received age-appropriate vaccines might be found liable for discrimination. Another legal issue is liability for illness caused by allowing an under or un-immunized to enroll.

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An outbreak of disease can have serious consequences! A child care center in Kentucky was sued and the parent received an award of nearly one million dollars, when a child who was enrolled without having received Hib vaccine became infected and died. While in that particular case the child’s mother did not knowingly choose to leave the child un-immunized, the case has lessons for situations in which any child is left un-immunized.

What is a provider to do?

- Inform all parents about the importance and benefits of immunization. Give parents handouts you have printed from the web addresses listed at the end of this article, or give them the web addresses of these reliable sources of immunization information to look up the information themselves.
- Inform all parents in writing that there (are) (may be) un-immunized and under-immunized children in the program. Since all medical information is confidential, you cannot reveal the identity of these children. Those choosing not to immunize their children should understand the consequences, including getting the illness the vaccine is designed to prevent, transmitting it to others and possibly being excluded if an outbreak occurs (see below). Parents of children who are immunized or under-immunized must be informed that the presence of children who are not immunized may increase their children’s risk of getting a disease.
- When documentation exists that the child is un-immunized on the basis of personal belief rather than medical condition (religious belief or a philosophical conviction that is equal to a religious belief) – you can refuse to enroll the child.
- If a provider decides to take children who are un-immunized because of the personal beliefs of the parents, the provider can still limit the numbers of such children. The fewer the number of children voluntarily un-immunized due to the parent’s personal beliefs, the better.

Halloween Safety

- Wear makeup, not masks.
- Avoid gear that blocks vision.
- Avoid pointed props.
- Wear bright reflective cloth.
- Have parties instead of trick-or-treat house visits.
- Have adults supervise closely while children walk around wearing costumes.

What is BMI?

A new tool has come on the scene to measure whether someone is overweight. Instead of using height and weight measurements alone, experts recommend that health professionals use the Body Mass Index (BMI). People whose BMI is at or above the 95th percentile need to lose weight to be healthy. The epidemic of overweight in our population is alarming – with more than 20% of young children already significantly overweight.

BMI is a calculated number that corrects for genetic and developmental differences in height during a child’s period of growth. BMI correlates well with the amount of body fat. Overweight children need help as soon as possible. Adults provide food, and children decide what to eat. Help overweight children by reducing portion sizes, offering water instead of caloric beverages, and increasing exercise. Avoid high fat fast food restaurant meals. Eat mindfully — plan the foods and portions to offer at appropriate times for meals and snacks.
ECELS Q & A

Q: Is it safe to use kidney beans in play tables and art work for young children?

A: No. Raw kidney beans are toxic. According to the U.S. Food and Drug Administration, eating as few as 4-5 uncooked kidney beans can cause severe nausea, vomiting and diarrhea in 1-3 hours after ingestion. Uncooked kidney beans have an unusually high concentration of a chemical called phytohaemagglutinin that is destroyed when the beans are properly cooked by boiling. Apparently, cooking in a slow cooker may actually make the beans more dangerous because low temperature cooking increases the toxicity. Other beans contain this chemical, but in much smaller amounts. So be sure to cook kidney beans by boiling (after you soak them.) Do not use them as toys or art objects for young children. In addition to their toxicity, raw beans are a small object hazard for young children. If the child puts a bean into a body opening, the bean may get stuck, swell and become very difficult to remove.

For more information about the food hazards of kidney beans that have not been properly cooked, visit the FDA website at: http://vm.cfsan.fda.gov/~mow/chap43.html.

A: PA DPW regulations say that a caregiver must be present with children at all times. Direct your questions about this requirement to the DPW Licensing Representative.

Q: Do we need to have someone stay in the sleeping area with infants while they sleep? Our sleeping area is separated by a floor to ceiling partition from the play area where teachers supervise and diaper infants who are awake.

A: PA DPW regulations say that a caregiver must be present with children at all times. Direct your questions about this requirement to the DPW Licensing Representative.

Stop SIDS Deaths in Child Care

Research shows that nationally, 20% of Sudden Infant Death Syndrome occurs in child care settings. Back-only positioning when putting infants down to sleep, removal of soft bedding and avoiding over-heating can make a big difference. Back-to-sleep positioning has been associated with a 40% reduction in SIDS. In a 2001-02 study of Pennsylvania center-based care, observers saw 1/3 of the infants were not put to sleep on their backs.

Fears about problems for back-sleeping babies are not based on fact. A 2003 report of a study in Massachusetts and Ohio showed that babies have no increase in illness (trouble sleeping, choking, spitting up, cough, wheezing, stuffy nose, fever or diarrhea) from sleeping on their backs. Flattening of the back of the head is less if babies play on their tummies. For more information see: http://www.healthychildcare.org.
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- If possible, group voluntarily unimmunized children together and away from the youngest infants and toddlers who have not yet been immunized or fully immunized because of their age.
- Remind the parents of voluntarily unimmunized children that their children will be excluded from care temporarily when there is an outbreak.
- When there has been an outbreak of an infectious disease in the recent past, be certain to inform newly enrolling parents about it, whether the newly enrolling child is up-to-date with vaccines or not.

For the most comprehensive information about immunization, visit www.cdc.gov/nip and www.aap.org.

The information in this article doesn’t substitute for legal advice. If you are facing a specific situation where you need to decide what to do, consult with a lawyer who can advise you about how to apply the most current law to your specific situation.

For additional legal information, contact: Child Care Law Center, www.childcarelaw.org, 415.394.7144

Article adapted by Susan S. Aronson MD, FAAP from a document prepared by Abby J. Cohen, JD, in April 2003, under contract with the Child Care Law Center.

Reliable Internet Sources of Immunization Information

- http://www.immunize.org/catg.d/p2021.htm, for answers to common immunization questions from the publishers of Needle Tips and the Hepatitis B Coalition News
- http://www.cdc.gov/nip/publications/6mishome.htm, for easy to understand information on common vaccine misconceptions.
- http://www.cdc.gov/nip/publications/fs/gen/Why.htm, for the answer to “Why should I immunize my child?”
- http://www.cdc.gov/nip/publications/fs/gen/importance.htm, for the importance of childhood immunizations.
- http://www.cdc.gov/nip/publications/fs/gen/WhatIfStop.htm for parent focused information on what would happen if immunization practices were stopped.
- http://www.vaccine.chop.edu, for balanced information about the risks and benefits of vaccines and helpful print materials that The Children’s Hospital of Philadelphia will provide at no cost.
- http://www.immunize.org/cdc/child-schedule.pdf, for the most current schedule of nationally recommended vaccines, updated each January.
- http://www.wellcaretracker.org, for information on infectious diseases, tracking software, parent and doctor letters as well as links to other web sites.

HEALTH AND SAFETY CALENDAR

(continued from page 1)

December

National Handwashing Awareness Week, December 7-13: Henry The Hand Foundation has materials on a website that you can use easily to make your own Henry The Hand puppet and posters with Henry the Hand graphics showing children how to wash their hands. If you prefer to buy materials, the site offers these materials for purchase as well. The hand awareness lessons focus on: when and how to wash, not coughing or sneezing into your hands, and keeping your hands away from your eyes, nose and mouth. Find Henry the Hand at http://www.henrythehand.com/ or (513) 769-3660.
DPW Redirects Funding for ECELSTRAK

In July 2003, the Department of Public Welfare redirected funds that paid for computer checks of compliance with DPW regulation 3270.131 using a sample of each licensed center’s health records. The system was called ECELSTRAK. The redirected funds will pay for other health and safety activities. Providers are still required to be sure children’s screenings and immunizations are up-to-date. See the insert in this newsletter from PA Department of Health about the new requirement for child care providers to submit documentation of up-to-date immunization for every enrolled child.

For a small fee to cover costs, providers who can connect to the Internet may use their computers to check the children’s records themselves — without installing any special software. Internet-based software called WellCareTracker™ uses dates entered from the DPW CY51 form to check and print out reports on which children need updating at any point in time. WellCareTracker™ will print out the new report required by PA DOH as well. Since children who were up-to-date at enrollment may be due for services during the year, providers need to check the records for all the children periodically to be in compliance with state regulations. For more information go to http://www.wellcaretracker.org to see demonstration pages, model letters for parents and health professionals, and links to schedules and information about routine preventive care. The CDC has software for health professionals with built-in decision rules too. For those who do not have a computer and must do manual checking of each record, ECELS can provide a free Immunization Dose Counter. (See order form on page 7.)

ECELS-Healthy Child Care PA encourages child care providers to call our staff at (610) 520-3662 for technical assistance to comply with state child health record requirements. This telephone T/A includes:

• Explaining the technical details of recommended schedules
• Helping child care providers and community health professionals work together to make sure that required services are documented for enrolled children
• Informing child care providers about tools that help comply with child health record regulations.
Talking About Violence and War with Young Children

Many good web-sites offer tips on how to talk with young children about violence in the real world. Young children are most concerned about themselves and their families. They cannot understand why adults behave in ways we teach them are unacceptable. Kids hear talk about war and violence among adults. When adults are upset, the children become upset. Try to avoid having conversations about war and terrorism around young children. When children seem to have heard about a violent act or family members are upset, explain — simply. For infants, be reassuring. For toddlers, point out that people are helping when someone is hurt and that grownups will keep them safe. Preschoolers may hear news and need to be reassured that this is not happening to them, that the adults who care for them will keep them safe.

Repetition of violence on TV exposes young children even in households where access to TV is limited. You can bring up these experiences with preschoolers at circle time by saying: “Some things are scary. What are some things that scare you?” If a child mentions war, you can say that war is what happens when people fight instead of talking out how to get along. Acknowledge that war is scary, but say that grownups will make things better.

For children who are old enough to draw, encourage them to draw and tell you about their pictures. Watch and listen to how children play. Play is how children work out what they are thinking about. If you pay attention to how they play, their play will reveal everything in their thoughts.

When children seem worried, be sure to tell their parents. Let parents know how you are handling these worries so you can work together to comfort the child. Some parents may not realize their children are frightened or that they are hearing and seeing things that scare them.


Indoor Active Play Equipment Needs Safe Surfacing Too

Recently reported research shows that many child care providers set up indoor active play equipment over unsafe surfaces and do not provide adequate fall zones on all sides. Putting a piece of climbable equipment against a wall that doesn’t have a proper safety surface can make that side of the equipment unsafe. It is easy to set up portable equipment unsafely. You need a fall-rated cushioning surface that covers the surface under and 6 feet on all sides of the equipment.

Safe surfacing is fall rated by the manufacturer for the highest point a child can fall from equipment. Ordinary carpeting is not a safe surfacing. Of products commonly used in indoor fall zones, 60% do not meet nationally accepted testing standards. Directors need to be sure indoor and outdoor equipment for active play has safe surfacing. Falls cause the most frequent and most severe injuries in child care. Since most of these injuries are preventable, the program may have legal liability for letting them happen.

Good alternatives for large muscle exercise when climbable equipment cannot be made safe are large medicine balls, jump ropes, hoops, riding toys and floor activities.
HEALTH LINK continues to spread the news about useful health and safety websites.

For school age children: parents and caregivers can use a web site “stuffed” with kid-friendly games, competitive challenges, jokes and recipes that teach about how to avoid or manage being overweight. This web site is sponsored by a partnership of six credible organizations of health and recreation professionals who are working together to help prevent childhood obesity. It’s a fun site for anyone to visit: www.kidnetic.com

Understand the work pediatric subspecialists do: The American Academy of Pediatrics has a series of fact sheets that describe many different pediatric subspecialists from whom children may receive care for special health care problems. Unlock the mysteries of what these health professionals do by visiting: http://www.aap.org/family/pedspecfactsheets.htm

For child care providers to plan for emergencies: ECELS-Healthy Child Care PA has put an Emergency Preparedness Response Planning Guide on the web for child care providers to use. In step-by-step fashion, providers can go through the guide and work out reasonable plans for a crisis. Visit http://paaap.org, then click on ECELS-Healthy Child Care PA.

REQUESTING PRINT MATERIAL AND ADVICE ON HEALTH AND SAFETY

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

To receive either handout listed below, check the box and return the form with a self-addressed, stamped business envelope for each handout to PA AAP, ECELS-HCCPA, Rosemont Business Campus, 919 Conestoga Road, Bldg. 2, Suite 307, Rosemont, PA 19010-1353.

Handouts

One copy per organization

☐ Material on transportation safety — when walking and riding

☐ Immunization Dose Counter (a slide-rule device to check timing of immunizations for a child.)

Health Link contains more website addresses where good materials are posted so you can obtain updated materials when you need them, using your computer and printer. Many useful materials are located on the PA AAP website, ECELS-Healthy Child Care PA page. To find ECELS-Healthy Child Care PA on the PA AAP website, sign on to the Internet, type into the internet address box on your computer screen “http://www.paaap.org” or “http://paaap.org”. When the PA AAP web page opens, use your mouse to put the cursor on “ECELS-Healthy Child Care PA” in the left border or frame of the page, and then click on it. If you don’t have a computer with a printer, we may be able to fax some materials to you. Fax your request to (610) 520-9177. You can also send your questions and your requests for materials to ECELS-Healthy Child Care PA by email to ecels@paaap.org.
Need a Sink Where You Can’t Hook One Up?

Washing children’s and adult’s hands under running water is essential for healthful child care. DPW regulations require washing before meals/snacks, after toileting and diapering. Caring for Our Children, national health and safety performance standards states that hand washing should be done:

- On arrival and on moving from one group to another
- After playing outside or with pets
- After diapering or toileting, and handling any other body fluid
- Before and after touching food, communal water play, or giving medications.

Now, several manufacturers offer portable sinks for situations where a permanently installed sink isn’t possible. The features include a tank for fresh water and one for waste water with a pump device (electric or manual) and either hands-free or traditional faucets to turn the water on and off. The hands-free faucets are best and may not be the most expensive. Some of the portable toilet suppliers also offer portable sinks. Generally, the cost of portable sinks is between $1000 and $2000 for this equipment.

To locate manufacturers, search for “portable sink” as a term on the Internet, or call ECELS-HCCPA 1-800-24 ECELS for more details.