

Health and Safety Quality Improvement Needs ECELS/Healthy Child Care PA - January 2007



Overview

- **Pennsylvania (PA) data shows hazards and risky practices in regulated early education and child care programs statewide**
- **Health and safety are key components for ensuring school readiness that are improved via professional development and technical assistance**
- **National and state policymakers urge all stakeholders to focus on quality improvement for services to infants and toddlers**
- **ECELS-Healthy Child Care PA is a nationally-acclaimed program of the PA American Academy of Pediatrics which links and leverages scarce private and public health professional resources to improve early learning programs in PA**

Details

Pennsylvania (PA) data shows hazards and risky practices in regulated early education and child care programs statewide.

- ▶ The December 2006 Evaluation of Pennsylvania's Keystone STARS Quality Rating System in Child Care Settings found that health and safety scores on the Environmental Rating Scale (ECERS-R) and Personal Care Routines were "good =4" for STAR 4 Centers only and at "minimal =3" for all other STAR levels. Programs not in STARS showed a slightly higher score than STAR 1 and STAR 2 programs. The Family Daycare Environmental Rating Scale (FDCRS) shows family child care homes performing at the "minimal =3" level.¹
- ▶ The 2002 Quality Study of the Governor's Task Force on Early Childhood Care and Education found health and safety Environmental Rating Scale Scores were between "inadequate =1" and "minimal =3" for child care centers, family child care homes and nursery schools, and only reached "good =5" for Head Start on the health practices score. Head Start, which has a built-in health component, achieved higher scores than the other types of center-based programs for meals/snacks, nap/rest, toilet/diapering and safety that were between "minimal" and "good." The health and safety scores for family child care homes were lowest of all types of facilities.²
- ▶ In FY 2002-03, the last year that universal inspection of health records in DPW licensed centers was done, the proportion of child records with up-to-date immunizations was only 72.5%, far from the CDC target of 95%. Only 25% of records that documented children were up-to-date for all preventive services (immunizations and screenings).
- ▶ An observation study conducted by ECELS in 2001-2002 found significant risks. Among 134 centers that volunteered for a risk reduction study (and were more likely to be engaged in risk reduction than those who did not volunteer), significant risk of serious injury due to falls to surfaces from climbing equipment was observed in 80% of indoor play areas and 43% of outdoor play area of 134 licensed child day care centers in SW, SC, and SE PA. Where infants were in care, 33% of centers were placing babies down to sleep in some position other than on their backs. Back-to-sleep positioning reduces the risk of SIDS by 40%.

Health and safety are key components for ensuring school readiness that are improved via professional development and technical assistance.

"Ultimately, the success of policies and programs to improve school readiness must be measured by improved child outcomes in each of the five domains of early childhood development:

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- ▶ Physical Well-Being and Motor Development
- ▶ Social and Emotional Development
- ▶ Approaches to Learning
- ▶ Language Development
- ▶ Cognition and General Knowledge³

The PA Early Learning Standards have over 12 references to health and the PA Early Learning Standards for Infants and Toddlers have over 14 references to health that early education and child care settings must address. Program staff need professional development, technical assistance, and ongoing relationships with health professionals to meet these standards.

A 2006 report by the National Healthy Child Care Consultant Network Support Center emphasizes the outcomes and impact of health professionals working with early learning programs. Quality improvement interventions that include a Child Care Health Consultant (CCHC) element were found to improve overall child care quality and school readiness.⁴ Consistent findings across multiple studies show these positive outcomes:

- improved written health policies that are consistent with *Caring for Our Children*
- prevention of communicable disease and reduced days absent for illness
- improved observed health and safety practices such as hand washing, diapering, active play, nutrition and food handling
- reduced risk of Sudden Infant Death Syndrome (SIDS) through targeted training about infant sleep positioning and the sleep environment
- increased documentation of children with up-to-date immunizations and a regular source of medical care for preventive and treatment health services
- increased social skills and behavior management through the use of mental health consultants⁵

Twenty-nine states now mandate child care health consultant visits for early education and child care.

National and state policymakers urge all stakeholders to focus on quality improvement for services to infants and toddlers.

The period from birth to age 3 presents many opportunities that will shape a child's brain. During this critical developmental period, most young children spend some time in non-parental care, an average of 25 hours per week.⁶ Since the quality of care for infants and toddlers is often much lower than care for older children, these vulnerable children are at risk for illness, injury and lack of nurturing care while in group care settings. While regulations are promoted as the basic foundation for health and safety for all children in regulated settings, a 1994 audit by the federal Office of Inspector General (OIG) found numerous instances of non-compliance by child care programs with their states' health and safety regulations. In 2007, the OIG will conduct another audit in selected child care programs that have received federal funding from the state's Child Care Development Fund Block Grant.

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ECELS-Healthy Child Care PA:

- Disseminates state-of-the art health and safety information to state, regional and local participants in the early education and child care service system via telephone, Internet, e-mail and hard copy mailings. The online bi-monthly newsletter, *Health Link Online* and other postings

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on the ECELS website provide on-line access to up-to-date pediatric health information and tools for best practices at www.ecels-healthychildcarepa.org

- Recruits and supports health professionals to serve as Child Care Health Consultants, providing on-site technical assistance and professional development (staff training) for child care programs
- Mentors early education and local health professionals who are performing distance learning activities on improving health and safety in group care settings
- Offers expert input on how to plan and implement health and safety improvement activities of other organizations and agencies working with early education and child care

ECELS began with funding from foundation and federal grants in 1989, and in 1995 was one of the models for the federal initiative known as Healthy Child Care America. ECELS is one of a group of state child health programs managed by the PA American Academy of Pediatrics. A handful of mostly part-time health professionals lead the work of ECELS. They leverage a limited public health commitment and largely volunteer efforts of health professionals who generously give their time to improve quality of early childhood programs throughout the state. Currently, ECELS is funded by state and private grants. Pennsylvania has not followed the path taken by many other states which use substantial ongoing Child Care and Development Fund and Maternal and Child Health funds to sustain a corps of Child Care Health Consultants for early education programs. In contrast with state-subsidized school health services for older children, the youngest and most vulnerable Pennsylvania children are subjected to the well-intended, but often lay-informed practices of education personnel. The health and safety improvement needs of early education and child care programs vastly exceeds the capacity of the committed volunteers and overstretched public health staff. Pennsylvania needs more professional development and technical assistance for practitioners of early education services, state agency representatives, and the health care community to ensure healthful environments and behaviors as well as competent care for the state's young children.

Pennsylvania should follow the lead of many other states and increase its investment in promoting the health and safety of younger children in group care settings to reap the best returns.

¹ University of Pittsburgh Office of Child Development and Pennsylvania State University Prevention Research Center. Evaluation of Pennsylvania's Keystone STARS Quality Rating System in Child Care Settings, December 2006.

² Fiene R, Greenberg M, Bergsten M et al. *The Pennsylvania Early Childhood Quality Settings Study*. Report Prepared for the Governor's Task Force on Early Childhood Care and Education. November 2002.

³ Accessed from www.gettingready.org on 4/5/05

Getting Ready Overview

The School Readiness Indicators Initiative is a multi-state initiative that uses child well-being indicators to build a change agenda in states and local communities in order to improve school readiness and ensure early school success. The task of participating states is to develop a set of child outcome and systems indicators for children from birth through the fourth-grade reading test, an important red flag for children most at-risk for poor long-term outcomes, such as dropping out of school, teen pregnancy, and juvenile crime. The Initiative involves 17 states: Arizona, Arkansas, California, Colorado, Connecticut, Kansas, Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Jersey, Ohio, Rhode Island, Vermont, Virginia, and Wisconsin. Lead Agency: Rhode Island Kids Count with funding from the David and Lucile Packard Foundation, the Ewing Marion Kauffman Foundation, and the Ford Foundation

⁴ Ramler M, Nakatsukasa-Ono, W, Loe, C et al. *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources*. The Healthy Child Care Consultant Network Support Center. August 2006.

⁵ Ramler M, Nakatsukasa-Ono, W, Loe, C et al. *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources*. The Healthy Child Care Consultant Network Support Center. August 2006.

⁶ Schumacher R, Hamm K, Goldstein A, Lombardi J. *Starting Off Right: Promoting Child Development from Birth in State Early Care and Education Initiatives*. Center for Law and Social Policy. July 2006

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