

Kathy Cooper

From: Libby Ungvary [lungvary@paaap.org]
Sent: Thursday, June 29, 2006 2:04 PM
To: Lau, Jennifer; IRRC
Subject: ECELS Comments on Proposed Regulations #14-506 (#2539)



6-29-06 Final
Comments to PA D..

Dear Ms. Lau and Mr. Jewett,

Thank you for the opportunity to comment on the proposed regulations. Attached are ECELS comments. We will also send a hard copy to you both via to arrive by Friday, June 30, 2006.

Libby Ungvary
ECELS Director

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June 29, 2006

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Dear Ms. Lau:

RE: Regulation ID No. 14-506 (#2539)

Thank you for the opportunity to comment on the proposed revisions to PA DPW Regulations Chapters 3270, 3280, and 3290.

ECELS supports the changes to the proposed regulations in the following areas: transportation safety restraints and vehicles, definition of special needs to include chronic health conditions, first aid kits, reference to CPSC guidelines for toys and play surfacing, TB screening requirements for staff, and diapering requirements. The Department's revisions in these areas will help promote health of children and staff and reduce harm to children.

ECELS has the following comments/concerns/suggestions for the proposed regulations below:

§ 3270.131 Health Assessment Information.

Recommendation was made in Regulation 3270.131 to require a "health report," rather than an age-appropriate child health assessment according to the recommended schedule for routine health supervision as referenced in the most current edition of the American Academy of Pediatrics (AAP) *Guidelines for Health Supervision*.

ECELS strongly opposes this proposed change in regulation/certification that would remove documentation of preventive health services according to the guidelines of the American Academy of Pediatrics for children enrolled in regulated programs.

The proposed change removes the requirement for documentation of health screenings to detect conditions that will interfere with learning and healthy development. These screenings include vision, hearing, growth, anemia, lead and oral health. Children with

undetected conditions due to failure to obtain these screening tests will not be healthy and ready to learn. This young, vulnerable population of early childhood program participants needs early detection services, but often misses the screenings due to missed appointments, lack of cooperation by the child with the procedures at a check-up visit, or because the health provider overlooks them when other matters seem more pressing. Children should not wait until they reach school age for the screenings to be done.

ECELS has evidence of the value of this regulation from health record data collected during DPW compliance visits to centers that were analyzed by ECELS between 1997 and 2003. The existence of the regulation has been associated with higher rates of preventive health services for enrolled children than are found in the general population in other states. For example, the national level of preschool vision screening is only 21%, but the records of PA centers in 2003 revealed documentation that shows that the levels of hearing, vision and dental screening for enrolled children were close to 70%.¹ More recent data from WellCareTracker™ continues to demonstrate that the regulatory requirement raises the level of screening above the national average. Many of these children would have missed some of their preventive care services had they not been required by their child care providers to document them. For the remaining children who lacked documentation, the requirement provides an incentive that they still need.

Removing the requirement for a child health assessment is not consistent with national Head Start Performance Standards that guide performance of PA Head Start programs, "Performance Standard 1304.20 (a)(1)(ii) specifies that grantees must "Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental, and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate,...."²

The discrepancy in requirements between child (day) care and PA Head Start programs would not give children and families the same level of protection in making sure children are healthy and ready to learn.

The National Association for the Education of Young Children (NAEYC) Accreditation Criteria requires that a program maintain current health records for each child. NAEYC Standard 5.A.01 states,

"Within six weeks after a child begins the program, and as age appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the web sites of the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service (CDC-USPHS) and the Academy of Family Practice. Child health records include results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results."³

¹ Aronson S. Annual Analysis of Compliance with PA Child (Day) Care Regulation 3270.131. Letter to the Governor's Cabinet on Children and Families, PA DPW, PA DOH and the PA AAP Board of Directors, November 15, 2003.

² U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Bureau. Head Start Performance Standards

³ National Association for the Education of Young Children. NAEYC Early Childhood Program Standards and Accreditation Criteria. Washington, DC, 2005.

With a high quality regulation in PA that meets national Head Start Performance Standards and NAEYC Accreditation Criteria, why would the state remove this requirement that protects children from harm and impairs the child's ability to learn and develop normally?

Pennsylvania is working hard to ensure that children benefit from quality early education experiences. We cannot take such a regressive step. A comprehensive health assessment is essential. A "health report" with immunization data and a general statement of health is treated as a clerical service in many health professional offices. The note will be provided, but there will be no assurance that the child received needed services. Please see the attached article, *Connecticut's New Comprehensive and Universal Early Childhood Health Assessment Form*. This article, by Angela Crowley and Grace-Ann Whitney, has an excellent sample of a comprehensive early childhood health form that shows their renewed commitment to gathering this information in all early childhood programs. Use of this form improved access to child health services and coordination of care among health care professionals, early childhood providers, and families in Connecticut.

Rationale stated by the Department regarding access to physicians for well-child appointments and incurring additional costs to comply with the AAP schedule are unfounded. What data is available to demonstrate that in certain areas of Pennsylvania families must wait months for appointments? Major insurance carriers in Pennsylvania cover nationally recognized periodicity schedules. In addition, families using Head Start and STAR 4/NAEYC Accredited Programs will need to provide documentation of preventive health services following national periodicity schedules as stated on page 2. Why would the Department want this safety net only for children in these two types of early childhood programs? By removing this requirement, the Department is denying children in DPW- certified early childhood programs protection from significant harm.

Removing the requirement for documentation of preventive health screenings contradicts the PA Department of Health efforts to promote lead and vision screening. Child care providers also use the CY51- Child Health Assessment Form to document immunizations that they are required to report to PA Department of Health. Also, physicians document Body Mass Index (BMI) on the CY51- Child Health Assessment as an indicator of obesity awareness and prevention to share with the child care provider. Without this documentation from the Child Health Assessment, there is a key void of information that contradicts the PA Governor's Office obesity prevention efforts through BMI tracking.

Research collected by the National Resource Center for Health and Safety in Child Care (NRC) indicates that 16 states have a requirement for a child health assessment/appraisal/examination signed by a health professional. Of these 16, 3 states require following the AAP Guidelines for Health Supervision. ECELS recommends PA continue to require this important documentation that follows the AAP guidelines for Health Supervision, as is required by 3 other states.

We commend the Department on expanding the *Age-appropriate child health assessment* definition to include the important points the working group noted are important, e.g., a list of the child's allergies, a list of the child's current medications and the reason for the medications, an assessment of an acute or chronic health problem or special need and recommendations for treatment or services.

§3270.11 Application for and Issuance of a Certificate of Compliance

The description of a pre-certification orientation does not specify a minimum number of hours and also lacks a necessary requirement that the child care provider will “demonstrate understanding” of the information received at the orientation. There is no indication of how what is learned at the orientation will be used in operations of the facility. How are health and safety issues addressed?

§3270.17 (c) (1) and (2) Service to a Child with Special Needs

The proposed regulation wording is too vague to make sure that the appropriate referrals are made. ECELS cautions that child care staff should not be expected to diagnose a problem and then make specialized referrals. Instead, the child care provider should refer the child for assessment to the child’s primary health care provider or to Early Intervention, with the concern documented by the child care provider for the parent to take along to the appointment. From those sources, appropriate community referrals can be made.

§ 3270.27 Emergency plan.

The minimal requirements for emergency planning introduced into PA regulations will be meaningful only if programs determine their specific risks for emergencies and then plan for them. Planning for sheltering in place and off-site are both important. Sheltering in place may be essential (as when a threat of violence or chemical air pollution is outside) but are often overlooked. ECELS recommends changing wording to:

“The facility shall have an emergency plan that is based on an **assessment** of risks for the specific location and provides plans for managing such risks:

(1) Shelter of children during an emergency that addresses situations that require shelter in place and those that require shelter off-site.”

§ 3270.102 Condition of Play Equipment

The proposed language in this regulation does not address the entire risk of injury and harm to children. The concern is falls to the surface, not just situations where the facility has climbing equipment that requires embedded mounting or is found outside. ECELS recommends changing the wording to, “**Any** equipment (outdoors or indoors) that could be used by children for climbing to an elevation above the surface shall have under and around the structure a loose-fill or unitary playground protective surface covering that meets the recommendations of the United States Consumer Product Safety Commission.” The equipment must be anchored firmly and be in good repair.

§ 3270.120 Infant Sleep Position

We commend the Department on the addition of the Infant Sleep Position regulation. ECELS recommends adding to the proposed language, “Infants will be placed in a sleep position and use sleep guidelines for infants as outlined in the current American Academy of Pediatrics’ (AAP) Policy Statement for the prevention of Sudden Infant Death Syndrome. Soft and loose bedding, pillows, blankets, and pillow-like bumpers will not be permitted. Any blankets are used so that the child’s head cannot be

covered.” Referencing the current AAP Policy Statement, rather than state the policy as it is stated today, provides continuity of current recommendations in the event that the AAP Policy Statement may change sooner than PA Amendments to the Regulations.

§ 3270.133 Child Medication and Special Diets

While we commend the change to note the necessity of giving medications as required by the Americans with Disabilities Act (ADA) to children with special needs, the risks of such practice must be addressed also. The risks of administering medication in a child care group setting are significant and harm to children, including fatality, has occurred in situations where medication has been improperly given to a child. Also, when a provider elects to administer medication to a child on a short-term basis to be helpful to a child and family, then the practices must be safe. Therefore ECELS recommends changing the proposed language to:

“Facility persons may administer medication or special diets which are requested or required by a parent, a physician, a physician’s assistant or a CRNP to a child who does not have special needs. When child medication or special diets are administered, the following requirements apply:

“Staff persons who administer medication shall have received training in medication administration from a health professional, and shall follow safe medication administration policies to ensure that the right child receives the right medication, in the right dose, at the right time, by the right method.”

Sincerely,

Libby Ungvary, MEd
ECELS Director

Cc: John H. Jewett, Regulatory Analyst
Independent Regulatory Review Commission