Timothy Shope, MD, FAAP
Professor of Pediatrics, UPMC Children's Hospital of Pittsburgh
3420 Fifth Ave, Pittsburgh, PA 15213
timothy.shope@chp.edu
412-692-5471
November 2, 2018

**Re PROPOSED RULEMAKING, DEPARTMENT OF HUMAN SERVICES**

**[ 55 PA. CODE CHS. 20, 3041, 3270, 3280 AND 3290] Child Care Facilities**
**[48 Pa.B. 6564] [Saturday, October 13, 2018]**

**Proposal:**
The PA Chapter of the American Academy of Pediatrics (AAP), via the Early Childhood Committee of the PA AAP, recommends the following revisions to the child care facility regulations under 55 Pa. Code Chapters 3270, 3280 and 3290 (relating to child day care centers; group child day care homes; and family child day care homes):

1. Revise requirements related to exclusion of children with symptoms of mild illness to meet current evidence-based criteria.

2. Require regulated early education and child care programs to designate a staff member as a child care health advocate and to work with a health professional to provide child care health consultation.

**Current situation:**
Exclusion criteria – The PA regulations in place currently lead to unnecessary exclusions and health care visits that do not improve the health of the child and place an undue financial burden on families and the health care system. The AAP has developed evidence-based national guidelines for exclusion and return to care of children with mild illnesses in child care programs. These guidelines have been in place since 2004 and are revised and updated regularly with input from experts in pediatric infectious diseases.

Child care health advocate and health consultation – Pennsylvania lags other states regarding the evidence-based practice of designating a member of the child care staff at each program to be responsible for health issues as a *health advocate* and having a designated relationship with a health care professional who is a child care *health consultant*. Thirty-four states now require regular visits by a child health consultant. In a 2011 national survey, of these, 17 reported their state has a statutory (legislated) requirement for child care health consultation. Child care health consultation has been shown to improve policies and practices linked to positive health and safety outcomes for children.

**Background:**
Pediatricians have long advocated for quality early education and child care. A pediatrician, Dr. Richmond was the co-founder of Head Start. Pediatrician and pediatric nurse early education roles include child care health consultation, authoring and editing

national American Academy of Pediatrics publications that include a wide range of professional development materials for early educators, health professionals and parents. Materials such as online and print articles, self-learning modules, workshop guidelines, and college curricula about health and safety are best used when they accompany collaborative relationships between early education and health professionals. The members of the Early Childhood Committee of the PA Chapter of the American Academy of Pediatrics advise the work of the PA AAP's 29-year-old program known as ECELS – the Early Childhood Education Linkage System. The chair of the PA AAP Early Childhood committee is Susan Aronson, MD, FAAP. Dr. Aronson is the co-author/editor with Timothy Shope, MD, FAAP (Professor of Pediatrics, University of Pittsburgh School of Medicine) of the widely-used national AAP reference *Managing Infectious Diseases in Child Care and Schools*, updated in 2017 as the 4th edition.

The PA AAP commends DHS for the proposed revision of the child care facility regulations under 55 Pa. Code Chapters 3270, 3280 and 3290 (relating to child day care centers; group child day care homes; and family child day care homes). Many of the updates are required for the state to receive and administer the large Child Care Development Block Grant (CCDBG) federal subsidy. The PA Bulletin announcement of the proposed regulation update says the changes are intended "to aid in protecting the health, safety and rights of families and to reduce risks to children in child care centers, group child care homes and family child care homes."

The PA AAP finds the stated intent of the state to go beyond the CCDBG requirements is especially laudable. The proposed regulation update states that "In addition to making changes to the regulations as required by the CCDBG, the Department is proposing other changes to better protect the health and safety of children in child care settings." In keeping with that intent, the PA AAP recommends consideration of two additional Pennsylvania regulation revisions explained in some detail in the following section.

**Recommendations:**

1. **REVISE OUT-OF-DATE EARLY EDUCATION AND CHILD CARE EXCLUSION REGULATIONS**

The current regulations require exclusion of children with symptoms when exclusion is often unnecessary and ineffective in the prevention of spread of infection. Current regulations require early educators to use criteria that are not evidence-based, require parents to provide alternate care when such care is not necessary, and require that parents get notes from health care providers to return to child care when such notes do not serve their intended purpose.

Two related exclusion regulations need to be updated to guide early educators about when exclusion of children for illness is necessary. These regulations are:

**Title 55 PA Code (Human Services) Chapter 3270.137, 3280.137, and 3290.137** and **Title 28 PA Code (Health and Safety) Communicable and Noncommunicable Diseases, Chapter 27.**

For several years, Timothy Shope, MD, FAAP (Professor of Pediatrics, UPMC Children's Hospital of Pittsburgh) and staff at the PA Chapter of the American Academy of Pediatrics have asked PA Department of Health staff and PA Department of Human Services to collaborate and update the coordinated regulations of these two departments related to exclusion of children from regulated child care facilities.

Rationale: These state regulations include out-of-date and confusing requirements for exclusion of children from regulated child care for symptoms of mild illness. They call for child care staff to make decisions about excluding an ill child based on whether a child's illness is communicable, transmissible, or contagious. A literal interpretation of the existing regulations is that every child who has a mild infectious illness like a common cold, should be excluded and evaluated by a health care provider. This is not consistent with current scientific evidence about the spread of infectious diseases.

Once excluded for a possibly infectious illness, the current regulations require that the family obtain a statement from a physician or CRNP that the child is no longer considered a threat to the health of others to return to child care. This requirement is burdensome and costly for parents. Parents are required to provide alternative care for their excluded child and obtain a health professional's note to confirm the child is well when the child no longer acts ill. The appropriate reason for seeking a health professional's advice about an illness is when the health professional's advice is needed to address a question about the child's illness.

## SPECIFIC WORDING CHANGES RECOMMENDED

### Title 55 PA Code (Human Services)

Chapter 3270.137, 3280.137, and 3290.137

Recommendation: Delete the following wording from the 3270.137, 3280.137 and 3290.137 regulations:

"An operator who observes an enrolled child with symptoms of a communicable disease or infection that can be transmitted directly or indirectly, and which may threaten the health of children in care shall exclude the child from attendance until the operator receives notification from a physician or a CRNP that the child is no longer considered a threat to the health of others. The notification shall be retained in the child's file. Diseases and conditions which require exclusion are specified in 28 Pa.Code Chapter 27 (relating to communicable and noncommunicable diseases). The Department of Health will provide, upon request, a list of communicable diseases.

Replace the wording in 3270.137, 3280.137 and 3290.137 regulations with the following wording adapted from *Caring for Our Children*, Standard 3.6.1.1 (http://nrckids.org/CFOC)

"When a child seems ill, the child's teacher/caregiver and the child care program director or group supervisor shall determine whether temporary exclusion is necessary because the illness:

1. Prevents the child from participating comfortably in activities;
2. Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
3. Poses a risk of spread of harmful diseases to others. This risk includes the following conditions and diseases that require exclusion: (insert or reference the list in *Caring for Our Children* Standard 3.6.1.1 (http://nrckids.org/CFOC) :
4. Is causing the following symptoms that may indicate a significant medical problem: (insert or reference the list in *Caring for Our Children,* Appendix A) (http://nrckids.org/CFOC)

Rationale: Pennsylvania should adopt the exclusion recommendations cited above from *Caring for Our Children* that are continually updated online and represent the expert opinion of general pediatricians and pediatric infectious disease experts of the American Academy of Pediatrics (AAP), much like the Pennsylvania regulation citation of the immunization recommendations from the Advisory Committee on Immunization Practices (ACIP). Following these recommendations will avoid the need to go through the often multi-year process of updating the PA Code on this topic. Precedent exists for adoption of AAP recommendations. PA DHS regulations call for documentation of Health Assessments of enrolled children to include age-appropriate screenings recommended by the AAP in 3270.131(d)(8), 3280.131(d)(8), 3290.131(d)(8).

Reference to the AAP recommended exclusion conditions will enable ongoing updating and notification of any changes to the list of the nationally recommended specific excludable conditions from the standards. Otherwise, the entire list of excludable conditions will need to be copied into the regulation and a regulation revision will be needed each time an evidence-based change is recommended by the American Academy of Pediatrics, The American Public Health Association and the federally-funded National Resource Center for Health and Safety in Child Care and Early Education, authors/publishers of *Caring for Our Children.* The recommended citation for the national standards where the guidance for exclusion is detailed is:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs.* http://cfoc.nrckids.org . *Caring for Our Children,* Standard 3.6.1.1, Standard 3.6.1.2 and Appendix A: Signs and Symptoms Chart (http://nrckids.org/CFOC)

**Title 28 PA Code (Health and Safety) Communicable and Noncommunicable Diseases, Chapter 27.**

Recommendation: Replace 27.76 with the exclusion criteria for illness and specific conditions listed in *Caring for Our Children: National Health and Safety Performance Standards*, the national standards on the federally-funded internet website of the National Resource Center for Health and Safety in Child Care and Early Education. Refer to the standards for specific conditions that require exclusion in the following online widely-used reference:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs.* http://cfoc.nrckids.org . *Caring for Our Children*, Standard 3.6.1.1, Standard 3.6.1.2 and Appendix A: Signs and Symptoms Chart (http://nrckids.org/CFOC)

## 2. REVISE CHILD CARE REGULATIONS TO REQUIRE DESIGNATION OF A STAFF MEMBER TO BE A CHILD CARE HEALTH ADVOCATE AND TO ESTABLISH AN AGREEMENT WITH A HEALTH PROFESSIONAL FOR CHILD CARE HEALTH CONSULTATION

Pennsylvania's child care programs serve infants, toddlers, preschool and school-age children. Over 60% of children are enrolled in early education programs before they are 6 years of age. These youngest and most vulnerable children need more frequent routine health services and illness care; some have special health needs. Two components to effectively increase the quality of health and safety in early education and child care are: The first component is designation of a child care staff person as the program's child care health advocate (CCHA). The CCHA's responsibility is to ensure, through awareness, policy and implementation that the program follows effective health and safety practices. The second component is to require that the child care health advocate work collaboratively with a child care health consultant who is a health professional who visits and observes performance of health and safety practices at the program, and then advises the CCHA and program staff about ways to improve health and safety policies and practices. This model is evidence-based and is in use in many states. It provides a program analogous to the school health program that the Pennsylvania requires for school-age children.

Beginning with the study of quality improvement in Pennsylvania child care published in the national journal *Pediatrics* in 1960, many studies in other states have demonstrated the efficacy of having staff assigned to work collaboratively to improve health and safety performance with a health professional who provides child care health consultation. Most recently, the 2017 publication of the findings of PA AAP's Infant-Toddler Quality Improvement Project documented the value of such collaboration with a child care health consultation in the early education setting. (http://dx.doi.org/10.1016/j.pedhc.2017.05.005 ) In this study, funded by the federal Maternal and Child Health Bureau, participating centers contributed $240 as a co-pay - slightly less than half of the $500 paid to the CCHC for one year of CCHC service. The staff member who functioned as a CCHA received professional development services to function as a child care health advocate along with other roles that person played in the

program. The CCHA commitment makes efficient use of the input of the child care health consultant, integrating mutually selected recommended health and safety practices into day-to-day operations.

Thirty-four states now require regular visits by a child health consultant. In a 2011 national survey, of these, 17 reported their state has a statutory (legislated) requirement for child care health consultation. These states were: California, Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Indiana, Maine, Massachusetts, Minnesota, New Jersey, New York, North Carolina, Rhode Island, Tennessee and Washington. Pennsylvania should adopt a child care regulation revision that requires designation of a CCHA and require regulated programs to have an agreement with a child care health consultant.

Currently, in Pennsylvania, except for grant-funded projects, only a few health professionals have been engaged within the state's quality improvement system to work as child care health consultants. These child care health consultants are linked with regional state-funded quality improvement centers. They are asked for help when a compliance or technical assistance staff recognizes a problem. This approach severely limits the benefits of ongoing health consultant collaborative relationships in child care programs. Professional development online resources have been made available for self-learning to help early educators assess and effectively implement recommended health and safety policies and practices in their programs. This self-taught approach is not enough. Quality assessments using the Environment Rating Scales consistently show that the health and safety items score the lowest of all items, often below the "good" level.

Pennsylvania should adopt regulations that require certified child care programs to make agreements with child care health consultants for on-site observations and planning subsequent involvement as needed. The current Keystone STARS program standards recognize the value of child care health consultation by providing an option for STAR 3 and STAR 4 programs to earn bonus points toward certification by having a service agreement with a child care health consultant. Systems-building to require use of child care health advocates and child care health consultants is needed in all PA regulated programs is needed to effectively accomplish the benefits demonstrated in studies done in Pennsylvania and other states.

(See attached Concept Paper prepared by Child Care Aware of America with input from a panel of national experts: *The Case for Child Care Health Consultation*, released September 2017)

Thank you for the opportunity to submit comments. The PA AAP has operated a program known as the Early Childhood Education Linkage System for nearly 30 years. When properly funded, ECELS has been able to recruit and mentor health professionals to serve as child care health consultants and provide technical assistance to all who work to keep children safe and healthy in quality educational environments. The PA AAP continues to strive to help the state build a system that implements successful approaches to reduce the risk of harm and promote health of children in early education programs.

# The Case for Child Care Health Consultation

"A facility should identify and engage/partner with a child care health consultant who is a licensed health professional with education and experience in child and community health and child care and preferably specialized training in child care health consultation." *Caring for Our Children,* 3rd Edition, *Standard 1.6.0.1*

Background

Nationally, over 60% of children are enrolled in non-parental early education and child care programs before they enter K-12 school. Child care professionals care for children up to 10 hours a day every week. Participation in early education and child care occurs during a period of children's lives when physical, developmental and emotional investments have life-long ramifications. Young children are particularly vulnerable to infectious diseases and injuries because of their age-appropriate behaviors and capabilities, their immature immune systems and lack of understanding of risk. Infectious diseases spread easily in group settings. These infections must be detected and handled appropriately for the well-being of all the children, the staff, the families and the community. Maintaining safe environments requires both removal of hazards and provision of close supervision of everyone in a group.

Some of the children in early education and child care programs have chronic health issues, such as asthma, life-threatening allergies, social-emotional and developmental challenging behaviors, seizures, nutrition problems, and vision, hearing or mobility disorders. Child care professionals may be asked to provide behavior management, administer mediations and use medical devices. They handle food preparation, feeding and toileting routines for children in groups. They must recognize and care for acutely ill children until appropriate arrangements for care can be made.

Older children usually attend schools with access to (although not always present) school nurses. A comparable involvement of health professionals in early education does not exist in most states. Input from and ongoing access to health professionals who provide child care health consultation has been shown to improve health and safety practices in early education and child care programs. ***System-building is necessary to incorporate the prevention of harm and promotion of well-being of young children in early education and child care.***[1]

Child Care Health Consultants (CCHCs) support health and safety practices and environments that prevent harm and promote health and development of children and overall wellbeing for families, caregivers/teachers and other staff. They foster quality child care by observing for recommended practices, spotting hazards in the facility or child care home and collaborating with child care administrators, teachers and family child care providers. Some of their work facilitates implementation of health standards and regulations, managing children's health issues, and helping staff and families navigate the health care system to achieve care coordination. Through onsite, telephone, and web-based consultation health education and technical assistance, CCHCs work with individual early care and education facilities to improve their support for the healthy growth and development of young children. Numerous studies have demonstrated the effectiveness of child care health consultation. The role and competencies of the CCHC are described in numerous standards found in Caring for Our Children, 3rd edition, 2011 and continually updated online.[2]

The landscape for CCHCs varies from state to state. Here are some examples of systems across the country:

- Healthy Child Care Colorado, funded by the Colorado Health Foundation, provides online training, in-person support, and lays out a career ladder for child care health

[1] Background contributed by PA AAP-ECELS Pediatric Advisor, and PA AAP Early Childhood Committee member Susan Robbins, MD, FAAP

[2] See *CFOC3* standards 1.6.0.1, 1.6.0.2, 1.6.0.5, 2.1.1.3, 2.4.2.1, 3.5.0.1, 3.6.2.7, 9.2.3.17, 9.4.1.17, 10.3.4.3.)

consultants with four levels of competencies. With a competent cadre of professionals, Colorado requires that licensed child care programs meet monthly with a health consultant.

- Alabama uses Child Care and Development Fund (CCDF) quality set-aside funds to support child care health consultants. The program is administered by the Alabama Department of Public Health, but the state lacks a formal training system for their CCHCs.
- In Indiana, which has no CCHC training program in place, two child care consultants serve the entire state, providing support to 1,456 licensed child care centers and 2,737 family child care programs.
- In North Carolina, CCHCs are funded through local Smart Start partnerships. They receive training through the University of North Carolina and work in a variety of settings
- Pennsylvania has a skeletal network of CCHCs and accepts licensed health professionals when state funding pays for their work. CCHCs usually focus on a specific problem within a facility or family child care home and do not necessarily maintain an ongoing relationship with the program they are engaged to serve.
- Connecticut child care regulations require a health professional (RN, APRN, PA, and physician) to visit child care centers and group child care homes to promote health and safety. Frequency of visits (weekly to semi-annually) varies according to the ages of enrolled children and are monitored by licensing specialists. Programs that enroll children under three years of age full time must document weekly visits.

Who are Child Care Health Consultants?

Child Care Health Consultants come from a range of health professions: doctors, nurses, physician assistants, and medical social workers are just some of the roles associated with the profession. The majority are nurses. States who have a well-organized corps of CCHCs determine what type of health professions may serve as Child Care Health Consultants. Prior to 2013, Child Care CCHCs could receive training and technical assistance to do their work through the Healthy Child Care America (HCCA), funded by the Maternal and Child Health Bureau. MCHB funding also supported a national training center (the National Training Institute for Child Care Health Consultants), based at the University of North Carolina at Chapel Hill. Completion of the NTI course helped ensure that those child care health consultants had a common body of knowledge and could use ongoing support from NTI throughout their careers. NTI training of CCHCs focused on developing the skills and knowledge contained in 14 content-specific modules that provide a set of comprehensive set of skills and information to guide the profession.

How does child care health consultation improve children's health?

Child Care Health Consultants are more likely to be effective when paired with a program staff member who the program expects to knowledgably advocate for day-to-day implementation of recommended health and safety measures. This role may be performed along with other duties. This staff member is called a Child Care Health Advocate (CCHA.) Training for the CCHA role is available in different formats including a set of continuing education workshops and a 3-credit hour college course. (See *CFOC3* standards 1.3.2.7 and related standards listed with that standard) Child Care Health Advocates enable staff and families in all types of early care and education group programs to more effectively prevent harm and promote the health and safety of young children during the early years, a key component of early brain development and school readiness. The graphic below shows different ways that child care

health consultants work within the child care system to support practices that lead to positive health outcomes, such as reductions in injury, illness and death.

1. Assessment/Monitoring – collect objective data to provide baseline data about environment and practices to identify priority targets for the next steps, and comparison data for post intervention evaluation of impact.

2. Education – provide workshops or online training on health and safety topics using *CFOC3*

3. Collaborative consultation – with input from staff and families, set goals and priorities based on the assessment and then develop a plan of action to improve health and safety practices and conditions.

4. Written policies- Engage those affected, those with authority to implement change and those with relevant expertise in establishing e written consensus policies addressing key aspects of health and safety.

5. Health practices – provide education to achieve necessary quality improvements.

6. Children's health – the highest level of change is children's health outcomes, both immediate and life-long. After the preceding steps are addressed there will be measurable changes in child health, such as improved immunization rates, decreased serious injuries, lower incidence of common infectious diseases, achievement of desired behaviors, adequate nutrition, regular physical activity, etc.

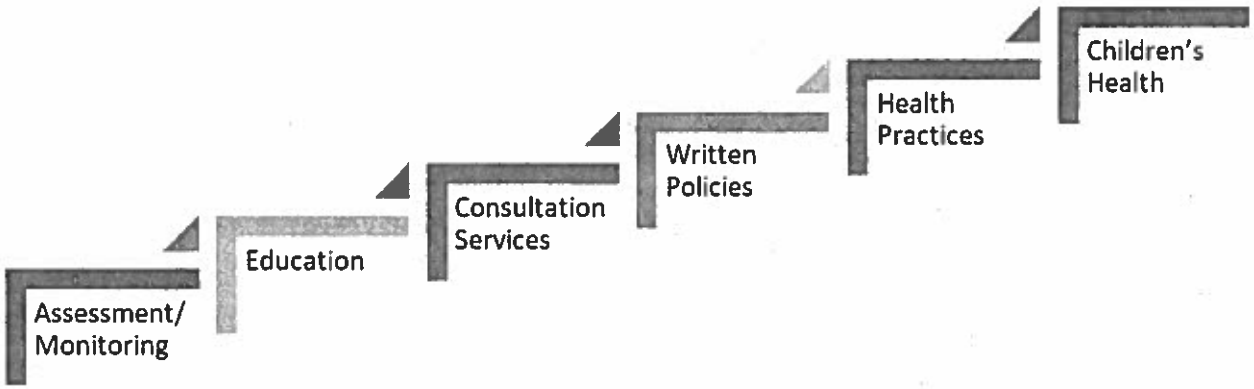


*Figure 1: Modified from the model presented at: Healthy Child Care Consultant Network Support Center. (2006). The influence of child care health consultants in promoting children's health and well-being: A report on selected resources.*

Current Challenges:

Funding for the National Training Institute for Child Care Health Consultants ended in 2013. States are now on their own with training and supporting the CCHCs in their states. Some states have existing standards, competencies and trainings for CCHCs and others do not. Some states have CCHCs who received training through Healthy Child Care America (HCCA), as well as those who provide independent consultation to programs without the benefit of the HCCA training. This decentralization and a lack of national guidelines and training for new and established

CCHCs has left a widening gap in resources to improve the quality of early care and education. While the National Center for Early Childhood Health and Wellness is reinventing some of the NTI training content and concepts, there is a gap—there is no comprehensive set of trainings that can provide a rich and consistent knowledge and skills base for CCHCs.

The Critical Next Step:

Children are safer in early care and education settings when their programs have a sustained relationship with a child care health consultant. Since there is no existing national system to "grow" and sustain the supply of competent child care health consultants, **each state must act to increase the supply and motivate the demand for child care health consultation.** Child Care Aware® of America has convened a committee of experts in the field, from the University of North Carolina at Chapel Hill, Healthy Child Care Pennsylvania, the National Resource Center for Health and Safety in Child Care and Early Education, and others. This committee agrees that funding is necessary to establish a technical assistance that provides standardized CCHC training programs across the country. This technical assistance should review, revise and provide national implementation resources that guide state CCHC systems, so that there is standardization of what it means to be a trained Health Consultant.

Contributors:

Abbey Alkon, RN, PNP, PhD, Professor, School of Nursing, University of California San Francisco

Susan Aronson, MD, FAAP, Retired Professor of Pediatrics, University of Pennsylvania

Angela Crowley, PhD, PhD, APRN, PNP-BC, FAAN, Professor Emerita of Nursing, Yale School of Nursing

Jonathan Kotch, MD, MPH, FAAP, Emeritus Professor, Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Betsy Miller, B.S.N., R.N., BC, Child Care Health Consultant

Krista Scott, Senior Director, Child Care Health Policy, Child Care Aware of America

(This Concept Paper was released by Child Care Aware of America for distribution in September 2017)