

# 3216

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**From:** Massare, Brittany <bmassare@pennstatehealth.psu.edu>  
**Sent:** Saturday, November 10, 2018 9:39 PM  
**To:** PW, CC Reg Changes  
**Subject:** Public comment period for proposed changes to the current childcare regulations  
**Attachments:** massare pub comment final.docx

Attached is a public comment for the proposed changes to the current childcare regulations. Please contact me if you have further questions.

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To whom it may concern,

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

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

Quality and safe early childhood education is important to pediatricians. As general pediatricians, my colleagues and I see multiple children everyday who participate in childcare. I commend DHS for attempting to revise 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). From my understanding, revisions are meant to improve health and safety of families and reduce risks to children involved in early childhood care.

I, as a pediatrician in Pennsylvania and a member of the Pennsylvania American Academy of Pediatrics (PA AAP) Early Childhood Committee, recommend two further regulation revisions:

**1. 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**

60% of children in Pennsylvania are enrolled in early childhood education centers before the age of 6. These children deserve the highest safety and health standards we can provide. Two ways to ensure quality health and safety in early childhood education centers include:

- a. Requiring every early childhood program to designate one staff member as their childcare health advocate (CCHA). This staff member should be responsible for awareness and implementation of effective health and safety practices.
- b. Requiring all CCHA's to work collaboratively with a childcare health consultant (CCHC). A CCHC is a health professional who develops a relationship with early childhood education centers, regularly visiting these centers allowing observation and then suggestions for improvement of health safety standard implementation.
  - i. The PA AAP's Infant-Toddler Quality Improvement Project from 2017 demonstrated the value of collaboration with a CCHC in the early education setting.

Pennsylvania should adopt regulations that require certified child care programs to make agreements with child care health consultants for on-site observations and for planning subsequent involvement as needed.

## **2. 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. Below are specific wording changes recommended by the PA AAP Early Childhood Committee:

### **Title 55 PA Code (Human Services) Chapter 3270.137, 3280.137, and 3290.137**

#### **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 non-communicable 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:

- a. The illness prevents the child from participating comfortably in activities;
- b. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- c. A severely ill appearance - this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash;
- d. Fever (temperature above 101°F [38.3°C] by any method) with a behavior change in infants older than 2 months of age. For infants younger than 2 months of age, a fever (above 100.4°F [38°C] by any method) with or without a behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea) requires exclusion and immediate medical attention;
- e. Diarrhea is defined by stools that are more frequent or less formed than usual for that child and not associated with changes in diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing “accidents”. In addition, diapered children with diarrhea should be excluded if the stool frequency exceeds two stools above normal for that child during the time in the program day, because this may cause too much work for the caregivers/teachers, or those whose stool contains blood or mucus. Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children are not having “accidents” and when stool frequency is no more than 2 stools above normal for that child during the time in the program day

Special circumstances that require specific exclusion criteria include the following (2):

A health care provider must clear the child or staff member for readmission for all cases of diarrhea with blood or mucus. Readmission can occur following the requirements of the local health department authorities, which may include testing for a diarrhea outbreak in which the stool culture result is positive for *Shigella*, *Salmonella* serotype Typhi and Paratyphi, or Shiga toxin-producing *E coli*. Children and staff members with *Shigella* should be excluded until diarrhea resolves and test results from at least 1 stool culture are negative (rules vary by state). Children and staff members with Shiga toxin-producing *E coli* (STEC) should be excluded until test results from 2 stool cultures are negative at least 48 hours after antibiotic treatment is complete (if prescribed). Children and staff members with *Salmonella* serotype Typhi and Paratyphi are excluded until test results from 3 stool cultures are negative. Stool should be collected at least 48 hours after antibiotics have stopped. State laws may govern exclusion for these conditions and should be followed by the health care provider who is clearing the child or staff member for readmission.

- a. Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated;
- b. Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness;
- c. Mouth sores with drooling that the child cannot control unless the child's primary care provider or local health department authority states that the child is noninfectious;
- d. Rash with fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease;
- e. Active tuberculosis, until the child's primary care provider or local health department states child is on appropriate treatment and can return;
- f. Impetigo, only if child has not been treated after notifying family at the end of the prior program day. Exclusion is not necessary before the end of the day as long as the lesions can be covered;
- g. Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until the child has two doses of antibiotic (one may be taken the day of exclusion and the second just before returning the next day);
- h. Head lice, only if the child has not been treated after notifying the family at the end of the prior program day. (note: exclusion is not necessary before the end of the program day);
- i. Scabies, only if the child has not been treated after notifying the family at the end of the prior program day. (note: exclusion is not necessary before the end of the program day);
- j. Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash and no new lesions have appeared for at least 24 hours);
- k. Rubella, until seven days after the rash appears;
- l. Pertussis, until five days of appropriate antibiotic treatment;
- m. Mumps, until five days after onset of parotid gland swelling;
- n. Measles, until four days after onset of rash;
- o. Hepatitis A virus infection, until one week after onset of illness or jaundice if the child's symptoms are mild or as directed by the health department. (Note: Protection of the others in the group should be checked to be sure everyone who was exposed has received the vaccine or receives the vaccine immediately.);
- p. Any child determined by the local health department to be contributing to the transmission of illness during an outbreak."

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).

The reference to American Academy of Pediatrics (AAP) recommendations is already in the PA DHS regulations for documentation of Health Assessments of enrolled children to include age-appropriate screenings recommended by the American Academy of Pediatrics 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>)

Thank for your opportunity to provide comments related to the proposed changes in childcare regulations. I hope that you consider the two further regulation revisions as above. For further support of the recommendations above, please reference comment letter sent from the PA AAP Early Childhood Committee. Please feel free to contact me with any questions.

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