

3216

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From: Janice <maker209@comcast.net>
Sent: Thursday, November 15, 2018 11:08 AM
To: PW, CC Reg Changes
Subject: regulation recommendations

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RECEIVED
IRRC

Gentlemen,

I would like to address the following changes:

3270.166. Meals for infants.

Meals for infants shall be provided in accordance with the following requirements:

(7) [Bottled formula may not be heated in a microwave oven] Neither bottled formula nor human milk may be heated in a microwave.

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• 3290.166. Meals for infants.

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I would like to add that infant food should not be heated in the microwave because you can still have hot spots in the food and burn the infants mouth.

'Stabdard 4.3.1.9 In Caring for Our Children state. third editions National Health and Safety Performance Standards Guidelines for Early Care and Education Programs.

4.3.1.9: Warming Bottles and Infant Foods

Bottles and infant foods do not have to be warmed; they can be served cold from the refrigerator. If a caregiver/teacher chooses to warm them, bottles or containers of infant foods should be warmed under running, warm tap water or by placing them in a container of water that is no warmer than 120°F

(49°C). Bottles should not be left in a pot of water to warm for more than 5 minutes. Bottles and infant foods should never be warmed in a microwave oven because uneven hot spots in milk and/or food may burn the infant (1,2).

Infant foods should be stirred carefully to distribute the heat evenly. A caregiver/teacher should not hold an infant while removing a bottle or infant food from the container of warm water or while preparing a bottle or stirring infant food that has been warmed in some other way. Bottles used for infant feeding should be made of the following substances (3):

- a. Bisphenol A (BPA)-free plastic; plastic labeled #1, #2, #4, or #5, or
- b. Glass (a silicone sleeve/jacket covering a glass bottle to prevent breakage is permissible).

When a slow-cooking device, such as a crock-pot, is used for warming human milk, infant formula, or infant food, the device (and cord) should be out of children’s reach. The device should contain water at a temperature that does not exceed 120°F (49°C), and be emptied, cleaned, sanitized, and refilled with fresh water daily. When a bottle warmer is used for warming human milk, infant formula, or infant food, it should be out of children’s reach and used according to manufacturer’s instructions.

RATIONALE

Bottles of human milk or infant formula that are warmed at room temperature or in warm water for an inappropriate period provide an ideal medium for bacteria to grow. Infants have received burns from hot water dripping from an infant bottle that was removed from a crock-pot or by pulling the crock-pot down on themselves by means of a dangling cord. Caution should be exercised to avoid raising the water temperature above a safe level for warming infant formula or infant food.

My second concern is with the

There will be a one-time only implementation period of 180 days from the date of the publication of the final-form rulemaking for current child care staff who have not already met the professional development requirements. Any professional development sessions that have been completed within 2 years prior to the date of the publication of the final-form rulemaking will satisfy this requirement. After the implementation period, any child care staff hired by certified child care providers who have not completed the required professional development, will have 90 days after the date of hire to complete the professional development.

If appears unclear about the 2 years prior to implementing of the regulations.

We began providing the Health and Safety Course in mid 2016 so some staff may have completed the course more than 2 years ago. Can you think about changing the date. It is a great deal of time to alot to repeating the sessions .

I would also like the regulations to encourage the connection between a health professional to address health issues such as food allergies, asthma, seizures, medication administration, children with special

needs and answer everyday question regarding exclusion and safety of other students. The role of Child Care Health Consultant and Child Care Health Advocate are examples.

1.6 Consultants

1.6.0

1.6.0.1: Child Care Health Consultants

A facility should identify and engage/partner with a child care health consultant (CCHC) 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.

CCHCs have knowledge of resources and regulations and are comfortable linking health resources with child care facilities.

The child care health consultant should be knowledgeable in the following areas:

- a. Consultation skills both as a child care health consultant as well as a member of an interdisciplinary team of consultants;
- b. National health and safety standards for out-of-home child care;
- c. Indicators of quality early care and education;
- d. Day-to-day operations of child care facilities;
- e. State child care licensing and public health requirements;
- f. State health laws, Federal and State education laws (e.g., ADA, IDEA), and state professional practice acts for licensed professionals (e.g., State Nurse Practice Acts);
- g. Infancy and early childhood development, social and emotional health, and developmentally appropriate practice;
- h. Recognition and reporting requirements for infectious diseases;
- i. American Academy of Pediatrics (AAP) and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening recommendations and immunizations schedules for children;
- j. Importance of medical home and local and state resources to facilitate access to a medical home as well as child health insurance programs including Medicaid and State Children's Health Insurance Program (SCHIP);
- k. Injury prevention for children;
- l. Oral health for children;
- m. Nutrition and age-appropriate physical activity recommendations for children including feeding of infants and children, the importance of breastfeeding and the prevention of obesity;
- n. Inclusion of children with special health care needs, and developmental disabilities in child care;
- o. Safe medication administration practices;
- p. Health education of children;
- q. Recognition and reporting requirements for child abuse and neglect/child maltreatment;
- r. Safe sleep practices and policies (including reducing the risk of SIDS);
- s. Development and implementation of health and safety policies and practices including poison awareness and poison prevention;
- t. Staff health, including adult health screening, occupational health risks, and immunizations;
- u. Disaster planning resources and collaborations within child care community;
- v. Community health and mental health resources for child, parent/guardian and staff health;

- w. Importance of serving as a healthy role model for children and staff.

The child care health consultant should be able to perform or arrange for performance of the following activities:

- a. Assessing caregivers'/teachers' knowledge of health, development, and safety and offering training as indicated;
- b. Assessing parents'/guardians' health, development, and safety knowledge, and offering training as indicated;
- c. Assessing children's knowledge about health and safety and offering training as indicated;
- d. Conducting a comprehensive indoor and outdoor health and safety assessment and on-going observations of the child care facility;
- e. Consulting collaboratively on-site and/or by telephone or electronic media;
- f. Providing community resources and referral for health, mental health and social needs, including accessing medical homes, children's health insurance programs (e.g., CHIP), and services for special health care needs;
- g. Developing or updating policies and procedures for child care facilities (see comment section below);
- h. Reviewing health records of children;
- i. Reviewing health records of caregivers/teachers;
- j. Assisting caregivers/teachers and parents/guardians in the management of children with behavioral, social and emotional problems and those with special health care needs;
- k. Consulting a child's primary care provider about the child's individualized health care plan and coordinating services in collaboration with parents/guardians, the primary care provider, and other health care professionals (the CCHC shows commitment to communicating with and helping coordinate the child's care with the child's medical home, and may assist with the coordination of skilled nursing care services at the child care facility);
- l. Consulting with a child's primary care provider about medications as needed, in collaboration with parents/guardians;
- m. Teaching staff safe medication administration practices;
- n. Monitoring safe medication administration practices;
- o. Observing children's behavior, development and health status and making recommendations if needed to staff and parents/guardians for further assessment by a child's primary care provider;
- p. Interpreting standards, regulations and accreditation requirements related to health and safety, as well as providing technical advice, separate and apart from an enforcement role of a regulation inspector or determining the status of the facility for recognition;
- q. Understanding and observing confidentiality requirements;
- r. Assisting in the development of disaster/emergency medical plans (especially for those children with special health care needs) in collaboration with community resources;
- s. Developing an obesity prevention program in consultation with a nutritionist/registered dietitian (RD) and physical education specialist;
- t. Working with other consultants such as nutritionists/RDs, kinesiologists (physical activity specialists), oral health consultants, social service workers, early childhood mental health consultants, and education consultants.

The role of the CCHC is to promote the health and development of children, families, and staff and to ensure a healthy and safe child care environment (11).

The CCHC is not acting as a primary care provider at the facility but offers critical services to the program and families by sharing health and developmental expertise, assessments of child, staff, and family health needs and community resources. The CCHC assists families in care coordination with the medical home and other health

and developmental specialists. In addition, the CCHC should collaborate with an interdisciplinary team of early childhood consultants, such as, early childhood education, mental health, and nutrition consultants.

In order to provide effective consultation and support to programs, the CCHC should avoid conflict of interest related to other roles such as serving as a caregiver/teacher or regulator or a parent/guardian at the site to which child care health consultation is being provided.

The CCHC should have regular contact with the facility's administrative authority, the staff, and the parents/guardians in the facility. The administrative authority should review, and collaborate with the CCHC in implementing recommended changes in policies and practices. In the case of consulting about children with special health care needs, the CCHC should have contact with the child's medical home with permission from the child's parent/guardian.

Programs with a significant number of non-English-speaking families should seek a CCHC who is culturally sensitive and knowledgeable about community health resources for the parents'/guardians' native culture and languages.

RATIONALE

CCHCs provide consultation, training, information and referral, and technical assistance to caregivers/teachers (10). Growing evidence suggests that CCHCs support healthy and safe early care and education settings and protect and promote the healthy growth and development of children and their families (1-10). Setting health and safety policies in cooperation with the staff, parents/guardians, health professionals, and public health authorities will help ensure successful implementation of a quality program (3). The specific health and safety consultation needs for an individual facility depend on the characteristics of that facility (1-2). All facilities should have an overall child care health consultation plan (1,2,10).

The special circumstances of group care may not be part of the health care professional's usual education. Therefore, caregivers/teachers should seek child care health consultants who have the necessary specialized training or experience (10). Such training is available from instructors who are graduates of the National Training Institute for Child Care Health Consultants (NTI) and in some states from state-level mentoring of seasoned child care health consultants known to chapter child care contacts networked through the Healthy Child Care America (HCCA) initiatives of the AAP.

Some professionals may not have the full range of knowledge and expertise to serve as a child care health consultant but can provide valuable, specialized expertise. For example, a sanitarian may provide consultation on hygiene and infectious disease control and a Certified Playground Safety Inspector would be able to provide consultation about gross motor play hazards.

COMMENTS

The U.S. Department of Health and Human Services Maternal and Child Health Bureau (MCHB) has supported the development of state systems of child care health consultants through HCCA and State Early Childhood Comprehensive Systems grants. Child care health consultants provide services to centers as well as family child care homes through on-site visits as well as phone or email consultation. Approximately twenty states are funding child care health consultant initiatives through a variety of funding sources, including Child Care Development Block Grants, TANF, and Title V. In some states a wide variety of health consultants, e.g., nutrition, kinesiology (physical activity), mental health, oral health, environmental health, may be available to programs and those consultants may operate through a team approach. Connecticut is an example of one state that has developed interdisciplinary training for early care and education consultants (health, education, mental

health, social service, nutrition, and special education) in order to develop a multidisciplinary approach to consultation (8).

Some states offer CCHC training with continuing education units, college credit, and/or a certificate of completion. Credentialing is an umbrella term referring to the various means employed to designate that individuals or organizations have met or exceeded established standards. These may include accreditation of programs or organizations and certification, registration, or licensure of individuals. Accreditation refers to a legitimate state or national organization verifying that an educational program or organization meets standards. Certification is the process by which a non-governmental agency or association grants recognition to an individual who has met predetermined qualifications specified by the agency or association. Certification is applied for by individuals on a voluntary basis and represents a professional status when achieved. Typical qualifications include 1) graduation from an accredited or approved program and 2) acceptable performance on a qualifying examination. While there is no national accreditation of CCHC training programs or individual CCHCs at this time, this is a future goal.

CCHC services may be provided through the public health system, resource and referral agency, private source, local community action program, health professional organizations, other non-profit organizations, and/or universities. Some professional organizations include child care health consultants in their special interest groups, such as the AAP's Section on Early Education and Child Care and the National Association of Pediatric Nurse Practitioners (NAPNAP).

CCHCs who are not employees of health, education, family service or child care agencies may be self-employed. Compensating them for their services via fee-for-service, an hourly rate, or a retainer fosters access and accountability.

Listed below is a sample of the policies and procedures child care health consultants should review and approve:

- a. Admission and readmission after illness, including inclusion/exclusion criteria;
- b. Health evaluation and observation procedures on intake, including physical assessment of the child and other criteria used to determine the appropriateness of a child's attendance;
- c. Plans for care and management of children with communicable diseases;
- d. Plans for prevention, surveillance and management of illnesses, injuries, and behavioral and emotional problems that arise in the care of children;
- e. Plans for caregiver/teacher training and for communication with parents/guardians and primary care providers;
- f. Policies regarding nutrition, nutrition education, age-appropriate infant and child feeding, oral health, and physical activity requirements;
- g. Plans for the inclusion of children with special health or mental health care needs as well as oversight of their care and needs;
- h. Emergency/disaster plans;
- i. Safety assessment of facility playground and indoor play equipment;
- j. Policies regarding staff health and safety;
- k. Policy for safe sleep practices and reducing the risk of SIDS;
- l. Policies for preventing shaken baby syndrome/abusive head trauma;
- m. Policies for administration of medication;
- n. Policies for safely transporting children;
- o. Policies on environmental health – handwashing, sanitizing, pest management, lead, etc.

Sincerely

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