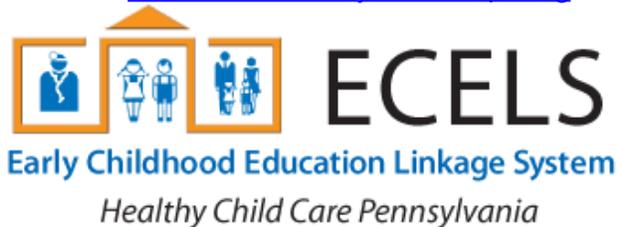


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Dear Grant Supporters and Early Childhood System Members,

I am writing to provide you with some initial information about the two objectives delineated for the Pennsylvania Early Childhood Comprehensive Systems (ECCS) Grant, Grant Number: H25MC26235, granted to the Pennsylvania Chapter of the American Academy of Pediatrics, entitled, "Infant/Toddler Quality Improvement Project (I/TQIP).

**Objective 1:** Assessment of present child care center practices related to Infant/Toddler (I/T) care as defined in 13 Caring for Our Children, 3rd edition (CFOC3) standards in STAR 2 and 3 programs, using the PA AAP ECELS I/T QIP Evaluation Tool.

**Objective 2:** Assess whether compliance with these practices addressed by selected CFOC3 standards (i.e. the Evaluation tool items) improved with the services of a Child Care Health Consultant (CCHC).

Half of centers received immediate consultation with a CCHC (immediate intervention group) /half acted as a comparison group (comparison group).

The comparison group received consultation from a CCHC after the second assessment with the evaluation tool one year later.

## **OBJECTIVE 1: ASSESSMENT OF CURRENT PRACTICE**

Items within the evaluation tool with an average score of less than 2, (a finding of <50% of the centers assessed meeting the item) were reviewed. Data analysis revealed no statistically significant difference of total Evaluation Tool scores between the intervention and comparison groups on initial assessment. This initial data similarity was desirable, as the project was attempting to establish equivalency of the two groups to start. Statistically significant differences were observed after the intervention of a Child Care Health Consultant, which is reported later in this report.

Based upon these items, recommendations for each of the 9 topic areas were developed:

- Child Abuse (CA): The grant team applauds Pennsylvania's law that now (as of 1/1/15) requires education for all involved in child care and has a specific requirement for the adult witnessing concerning behavior to report the concern themselves, personally to authorities. Compliance with these new laws will improve results of appropriate education about child maltreatment including: physical and sexual abuse, psychological or emotional abuse and neglect, the danger of shaking infants and toddlers and the harmful effects of being exposed to domestic violence. In addition, it frees staff members who observe concerning behavior from being required to allow a supervisor to decide whether or not to make a report.
- Personal Relationships (PR): Continued education concerning the value of nurturing relationships being promoted with the assignment of individual caregivers to individual infants is warranted.
- Limited Physical Activity (LA)/ Active Opportunities for Physical Activity (AO): Going outdoors increases the amount of moderate to vigorous physical activity experienced by I/Ts. I/T are not being taken outside according to best practices. The various regulation and Environmental Rating Scale assessment criteria and PA ITERS-R Position statement are confusing and do not agree with CFO3 standards.
- Safe Sleep Practices and SIDS Risk Reduction (SS): Many staff and families are not receiving education, nor do the child care programs have site policies about safe sleep recommendations
- Training of Caregivers/Teachers to Administer Medication (MA): No formal training requirement exists in Pennsylvania child care regulations for medication administration training prior to administering medications in a group setting. There is a profound need to improve medication administration and documentation practices.
- Diaper Changing Procedure (DC): Diaper and soiled underwear changing should be a constant continuous quality improvement process. Specific steps in overall diaper changing techniques should be highlighted in educational efforts to reduce the spread of infectious diseases.

Steps in need of improvement include:

1. The use of disposable paper and removing supplies from their containers prior to the start of diaper changing
  2. Keep the soiled diaper under child's bottom while cleaning, and rip open tabs, rather than sliding the diaper down the child's legs
  3. Cleaning hands of caregiver and child after cleaning the child's bottom
  4. Recording of the procedure followed and the contents of diaper
- Hand Hygiene (HH): Although caregivers and toddlers appeared to wash their hands at many of the times designated in CFO3 to wash their hands, INFANTS, who rely upon adult caregivers to wash their hands, did not have their hands washed at appropriate times.

- Care Plan for Children with Special Needs (SN): Only 1 of 66 I/Ts identified by the Project Coordinator as having a special need, had all the necessary information on a Care Plan completed and signed by a health care professional. The grant team is implementing needed continuous quality improvement steps to improve Care Plan usage for the individual program, CCHC professional development and the PA Office of Child Development and Early Learning (OCDEL), PA AAP and Department of Health systems.
- Immunizations (IM): The immunization record check using the computerized tool WellCareTracker™ was used to assess up-to-date reporting status of records for I/Ts in child care programs. Results reveal that on average only 23% of infants had up-to-date (UTD) immunization records on file at the centers and only 42% of toddlers had UTD immunization records on file at the centers. No penalty exists for a lack of documentation of up-to-date vaccine status in centers in PA, so centers do not view documentation of UTD status in their child care as a priority. Measles and pertussis are reported sporadically throughout PA. The role that early care and education programs in PA can play to enhance immunization rates on a timely basis is being ignored, and made acceptable practice by a lack of enforcement of immunization documentation in child care programs.

The action conclusions for the topic areas and the noted items with average scores of < 2 were used to make recommendation to the OCDEL administrators for focused improvements in professional development (PD), technical assistance (TA) and Child Care Health Consultation (CCHC) services. Since the action conclusions were varied and involved different divisions within OCDEL, three overarching priority recommendations were made during the meeting with the OCDEL administration on 2/5/15.

## **1. Increase Child Care Health Consultation Accessibility**

Child Care Health Consultation (CCHC) is the vehicle through which PA AAP ECELS and OCDEL can spread health and safety professional development and technical assistance resources for early care and education environments throughout Pennsylvania. The remaining requests fall under the umbrella of building a robust CCHC system.

Observed Barriers to increasing CCHC accessibility include:

- a. The present state of OCDEL supported CCHC in PA is fractured, financial investments are marginal and will require significant system building.
- b. Review by the ECCS Project Director reveals the following:
  - Virtually no Regional Key in the PA Key support system has instituted CCHC as outlined in CFOC 3rd edition
  - Each Regional Key (five total) has a person in charge of CCHC, but they have very different preparation to carry out this role. Some are technical assistance and professional development administrators (not health professionals), others are administrators with health care experience and one is an RN hired by the key to provide limited hours as a CCHC for an area with hundreds of child care centers. This constitutes the skeletal “CCHC Regional Key’s team”.

- Each Regional Key has different functions for Child Care Health Consultation. Some Regional Keys contract with health professionals to provide professional development about health and safety. Others offer limited technical assistance in a problem -targeted approach. Some use the funding for evaluation of health and safety practices and the develop a time limited action plan.
- The ECELS Director and ECELS Lead Technical Assistance Coordinator meet in person or by webinar quarterly with “CCHC Regional Key’s teams” to answer questions and offer advice. OCDEL provides financial support to ECELS for “deliverables, including professional development for any and all individuals considering themselves CCHCs or any other PD or TA provider for early care and education programs with an interest in health and safety.

CCHC is an evidence - based practice to support health and safety procedure and policy in early care and education programs. More health professionals need to be recruited and taught how to carry out the role of CCHCs to meet the needs of all group care programs in Pennsylvania. CCHCs provide consultation (including assessment of performance and facility compliance with health and safety standards, technical assistance and professional development to reduce risk and promote health of young children and staff. PA AAP ECELS is motivated to system build so all Pennsylvania directors, teachers/caregivers can receive CCHC services at the frequency recommended in CFOC3’s standard

## **2. Child Care Health Advocate (CCHA) for STARS 3 and 4 Programs:**

A CCHA is a staff member who has received professional development about how to make sure current health and safety issues are addressed in their program. This role is usually merged with the role of Director or Lead Teacher. CCHA’s maximize the services of a CCHC. CCHA’s can monitor basic health and safety performance within a program, and seek the support of a CCHC for more complex issues. OCDEL supports the education required for the role of CCHA and the Regional Keys have provided sporadic funding of sections of the 3 credit hour course that uses the PA AAP CCHA curriculum at Northampton Community College. Making this role an expectation for high rated programs (STAR 3 and STAR 4) requires additional system building at the PA Key and PA Regional Key level.

## **3. Priority Risk Reduction Topics for Professional Development and Policy:**

(via Pennsylvania’s Keystone STARS quality rating improvement system, and revision of regulations with a focus on content relevant to CCDBG re-authorization)

- a. Medication administration: Require professional development for all staff members who administer medication in child care environments. Content should focus on safely storing, managing and administering medication. Medication Administration is the most common topic area chosen for action plan improvement in the immediate intervention group centers.
  - This recommendation will require regulatory revision and broad ranging professional development work. It is also vital that a component of PD involve observing those who administer medication in group settings to assure proper use of principles when children are actively receiving medication in child care.

- b. Safe sleep policy and practices in all child care environments
- c. Care plan completion for children with special health care needs (CSHCN) with making possible caregiver health education and training to make "reasonable accommodations" for children with any special need.

## **OBJECTIVE 2: CCHC INTERVENTION RESULTS**

CCHC intervention consisted of collaborative development of an Action Plan by the center director and the CCHC for 3 of 9 topic areas assessed by the evaluation tool. Action Plans consisted of 3 sections with a plan for: a. knowledge acquisition (professional development), b. technical assistance needs and c. policy development within centers

Scores after 1 year of CCHC for the intervention group revealed a 13% increase in the total evaluation tool score. Analysis reveals statistically significant changes from pre-intervention to the post-intervention analysis overall for improvement in scores for some items in areas of Active Opportunities for Physical Activity, Safe Sleep Practices and SIDS Risk Reduction, Diaper Changing Procedure (includes changing soiled underwear/training pants), Child Abuse

Statistically significant changes between the centers in the comparison and in the immediate CCHC intervention were observed for improvement in scores for some items in areas of Active Opportunities for Physical Activity, Safe Sleep Practices and SIDS Risk Reduction, Diaper Changing Procedure (includes changing soiled underwear/training pants), Training of Caregivers/Teachers to Administer Medication and Hand Hygiene (for toddlers and adults who care for toddlers

Review of Care Plans for CSHCN reveals that after receiving the services of a CCHC the immediate intervention group had 31 children identified with special needs. Of these, 11 had Care Plans, but only 2 had all the necessary items identified by the project coordinator as being necessary.

The centers in the comparison group had 51 children identified as having a special need with only 3 having a Care Plan. None had all the necessary items identified by the project coordinator as being necessary.

Further reports on the results of the grant objectives will be forth coming as they are developed.

Inquiries concerning this information can be sent to Dr. Beth DelConte, Project Director at [peddrbeth@gmail.com](mailto:peddrbeth@gmail.com)