

Helping Youngsters in Child Care Stay Healthy and Safe

Health grantmakers know that children of all ages need protection from illness and injury in order to thrive and grow. For millions of our youngest children, providing that protection means making sure that their child care settings are safe and healthy.

Nearly three-quarters of American children under age five spend time each week in some type of child care setting. That translates into 8.7 million children zero to four years old who are in child care centers, family day care homes, and other child care settings while their parents work or attend school (Sonenstein et al. 2002).

Although many child care settings are safe and healthy for children, there is room for improvement. Each year, around 31,000 young children end up in hospital emergency rooms as a result of injuries sustained in a child care setting (Consumer Product Safety Commission 1999). Many thousands more get sick due to lapses in infection control or unsafe food handling (Fiene 2002).

In recent years, the availability of public and private funds for quality improvements have allowed child care settings to make changes that protect children from illness and injury. As states cope with unprecedented budget shortfalls, however, public funding to support quality improvements may be threatened. Health grantmakers can play a valuable role in helping child care settings continue efforts that keep children healthy and safe.

Many child care providers seeking to improve child health and safety rely on the standards in *Caring for Our Children. National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*. Updated in 2002 to reflect new research on children's health and safety, these standards represent the collective wisdom of hundreds of health professionals and early childhood experts. *Caring for Our Children* can be accessed on-line at <http://nrc.uchsc.edu/>.

HEALTH AND SAFETY ISSUES IN CHILD CARE SETTINGS

Child care settings can affect the health and safety of children in several ways.

- **Physical environment** – A study of child care facilities conducted by the Consumer Product Safety Commission found that two-thirds had at least one safety hazard. The hazards

included unsafe playground surfaces, cribs or bedding, and window blinds, as well as the presence of recalled toys or other products (Consumer Product Safety Commission 1999).

- **Health and safety policies** – Centers with health and safety policies that conform to nationally recognized standards can minimize risks to children (Fiene 2002). Centers providing high quality care should have – and enforce – policies on such things as immunizations, medication administration, exclusion of ill children, handwashing, food handling, emergency plans, and child-staff ratios.
- **Staff training** – Child care providers are called upon to perform many functions that affect children's health and safety, such as administering medications, helping children manage chronic conditions such as asthma or diabetes, maintaining a safe and hygienic environment that prevents the spread of infectious agents, and monitoring behavior and the environment to prevent injuries. Staff training on health and safety issues and practices can reduce the transmission of infectious disease and the number of accidental injuries (Fiene 2002).

OPPORTUNITIES FOR GRANTMAKERS

The number of young children who spend time in child care settings continues to grow. The following list illustrates some of the approaches grantmakers can use to help ensure that these settings are healthy and safe.

- **Grantmakers can help child care settings meet quality standards.** Several organizations have developed child care standards that are recognized nationally as promoting high quality care. In addition to the standards in *Caring for Our Children*, nationally-recognized standards include those developed by the National Association for the Education of Young Children (NAEYC), the National Association for Family Child Care, and the American Academy of Pediatrics. Several foundations have taken this approach to improving child care quality in their communities. The United Methodist Health Ministry Fund, the Sisters of Charity Foundation of Canton, and Paso del Norte Health Foundation have all provided support to help local child care centers pursue NAEYC accreditation. The accreditation process helps providers evaluate programs, compare them with professional standards, make improvements, and commit to ongoing evaluation and enhancement.

► **Grantmakers can support education and training for child care providers.** Research has shown that child care quality, including child health and safety, improves as the educational level of providers increases. Grantmakers can provide support for early childhood education and training programs, as well as programs that assist staff in obtaining nationally-recognized credentials such as the Certified Childcare Professional (CCP), Child Development Associate (CDA), and National Administrator Credential (NAC).

In one example, Portsmouth General Hospital Foundation provided support for the replication of the TEACH (Teacher Education and Compensation Helps) program in Virginia. First developed in North Carolina, the TEACH program provides child care workers with the opportunity to take college courses and receive wage increases. In exchange, workers make a commitment to remain in the child care field for a certain amount of time. The program improves child care quality by increasing staff knowledge and reducing staff turnover.

Grantmakers can also support staff training on specific health and safety topics. This type of training can reduce illness and injury, ensure safe food handling, improve the management of chronic childhood conditions, help staff identify children experiencing developmental delays, and increase reporting of suspected child abuse and neglect. An example of a grantmaker that used this approach is The Boston Foundation, which funded a program to train family day care providers and parents in asthma prevention, management, and treatment.

► **Grantmakers can support health coverage outreach and enrollment.** Because child care programs serve children from families across the income spectrum, they can be effective gateways for access to health coverage for uninsured children. The Virginia Health Care Foundation recognized this potential when it provided support for a child care center-based outreach and enrollment campaign. The campaign reached five counties and eight cities in Virginia, enrolling uninsured children in that state's public health coverage programs.

► **Grantmakers can facilitate access to health, mental health, and developmental services.** For children who don't have a medical home, services provided on-site at a child care facility can help them obtain needed health or mental health care. In one example, North Dade Medical Foundation provided support for speech and hearing screening, evaluation, and therapy programs at child care centers in Florida. In another example, Peninsula Community Foundation and The California Endowment supported a program in San Francisco that places mental health consultants at child care centers serving low-income families for one day each week. The mental health consultants work with child care staff to implement prevention and early intervention strategies, and also work with staff and families of at-risk children to provide guidance and help craft appropriate interventions.

► **Grantmakers can promote playground safety.** Playgrounds present special risks for children in child care. Each year, 200,000 children are seen in hospital emergency rooms for injuries sustained on playgrounds. While not all of these injuries can be attributed to child care settings, most injuries that do occur in child care happen on playgrounds, including the majority of serious injuries such as broken bones and concussions. Foundations large and small can help child care centers and communities make their playgrounds safer for children.

The David and Lucile Packard Foundation, The Sisters of St. Joseph Charitable Fund, and Central Benefits Health Care Foundation are three examples of grantmakers who funded playground improvement projects that will help reduce childhood injuries. The David and Lucile Packard Foundation provided funding to Kaboom!, a national organization that works with communities across the country to build safe playgrounds and renovate existing ones. The Sisters of St. Joseph Charitable Fund helped several West Virginia schools improve their playgrounds and other recreational facilities, while the Central Benefits Health Care Foundation provided matching funds that allowed a nonprofit organization to receive a federal grant that will be used to rehabilitate 25 playgrounds in Columbus, Ohio.

► **Grantmakers can support health education for children and their families.** Child care providers are often the perfect messengers for health promotion efforts aimed at young children and their families. United Methodist Health Ministry Fund helped promote healthy habits in children and their families by providing support for the development of two new lessons for a nutrition curriculum aimed at child care workers. The first addressed strategies for balancing nutrition and physical activity to help reduce the incidence of overweight and obesity among young children, while the second provided information about promoting good oral hygiene.

This Issue Focus is supported by a cooperative agreement with the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration.

SOURCES

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