



## Prioritizing Health and Safety in Early Childhood Programs: A Wise Investment in School Readiness

The early years of a child's life offer unparalleled opportunities to support healthy development, social and emotional well-being, and learning.<sup>1</sup> Likewise, quality early childhood programs can promote child health and development with significant impact on school readiness.<sup>2</sup> In the Commonwealth of Massachusetts, where more than 92% of young children regularly attend some type of early childhood program,<sup>3</sup> we must ensure that these settings are healthy and safe.



Sadly, a recent report, *Cornerstones: Strengthening the Foundation of Health and Safety in Early Education and Care*, cites significant areas of concern related to health and safety.<sup>4</sup> Although no imminent danger is revealed, we urge early childhood and public health policymakers to view this report as a warning call and to utilize the data collected to prevent a crisis from ensuing.

Leadership and action in a preventive posture would benefit young children, their parents, and our Commonwealth as a whole. Immediate benefits to children would include a reduction in the spread of infection and injury prevention. For parents, this would mean lower medical costs, a reduction in their absenteeism from work and turnover as employees, and a potential increase in their labor productivity.<sup>5</sup> Given that working parents with children under age six contribute significantly to the economy – in Massachusetts, earning more than \$13 billion annually – early childhood programs with strong health and safety components would be a wise public investment.<sup>6</sup>

### A Framework for Early Childhood Health and Safety

For many years, early childhood leaders have been concerned about the quality and consistency of health practices and safety issues in early childhood programs. At the national level, a wide array of initiatives to address these concerns and set national standards has been developed.<sup>7</sup>

In Massachusetts, the Department of Early Education and Care (EEC) prescribes child health and safety standards. The following health and safety sections are included in the current licensing regulations:

- facilities and equipment standards
- playgrounds
- general cleanliness
- administration of medications
- regular training requirements for providers in CPR and first aid
- health care policy requirements
- health care consultant requirements for center-based programs<sup>8</sup>

### What is a Child Care Health Consultant?

A child care health consultant (CCHC) is a health professional who has interest in and experience with children and has knowledge of resources and regulations.

Although Massachusetts mandates CCHCs for group child care centers, there is no similar requirement for family child care programs. The regulations do not mandate that CCHCs

visit and observe program sites; the regulations simply require that CCHCs approve a program's health care policy and review changes, be available for consultations, and approve first aid training for staff.<sup>9</sup> Many of the CCHCs in Massachusetts are not compensated; consultants who are compensated provide more assistance to early childhood programs.<sup>10</sup>

## The Status of Health and Safety in Massachusetts

A recent publication, *Cornerstones: Strengthening the Foundation of Health and Safety in Early Education and Care*, reports on several areas of concern related to health and safety based on actual observations of child care centers and family child care homes throughout the Commonwealth. These include:

- adult and child handwashing
- supervision of children
- program space arranged for safe use
- space and furnishings maintained and in good repair
- adequate or safe indoor or outdoor space for physical activity
- interactions between staff and children<sup>11</sup>

This study highlights the lack of focus and coordination in the support, administration, and monitoring of health and safety in early childhood programs. We can do better!

## Massachusetts Should Prioritize Health and Safety Issues

Health and safety in early childhood programs in Massachusetts can and should be a model of excellence. Therefore, we recommend:

1. Improved statewide leadership and planning of early childhood program health and safety standards through a statewide coordinated council
2. Mandated child care health consultant annual visits and mandated health and safety-related training and technical assistance for early childhood providers
3. Facilitated linkages among early childhood providers, public health professionals, and pediatricians

THIS REPORT BY: Sonia Carter, Jeannie Parkus, Pamela Tames

The Schott Fellowship in Early Care and Education  
Valora Washington, Ph.D. • Executive Director

Cambridge College  
1000 Massachusetts Avenue  
Cambridge, Massachusetts 02138  
schottfellowship@yahoo.com  
www.schottfellowship.org  
617-873-0678

## What Can We Learn from Other States?

In California, the Child Care Healthy Linkages Project and, in Connecticut, Healthy Child Care Connecticut provide excellent case studies of the benefits of partnering health care professionals, child care providers, and families to improve the health and wellbeing of children in child care settings. These states' accomplishments include statewide systems of health and safety training and technical assistance for early childhood providers, education professionals, and child care health consultants.<sup>12</sup>

## Conclusion

Given the rich health and safety resources in Massachusetts, strong leadership, guidance, technical assistance, training and interdisciplinary partnerships around health and safety issues can make health and safety practices the priority they should be.

- 1 Washington, V., Reed, M., & Cowden, M. (2007). *Cornerstones: Strengthening the Foundation of Health and Safety in Early Education and Care*. Cambridge, MA: Schott Fellowship in Early Education and Care at Cambridge College.
- 2 *Child care health linkages project: Evaluation summary*. (2001, September – 2004, June). University of California San Francisco School of Nursing, Department of Family Health Care Nursing: California Childcare Health Program. Retrieved from [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)
- 3 Opinion Dynamics Corporation. (2006, May). *2006 Early education Massachusetts household survey* (Executive Summary). Boston, MA: Strategies for Children, Inc., Early Education for All. Retrieved from [www.earlyeducationforall.org](http://www.earlyeducationforall.org)
- 4 See endnote 1. Washington, Reed, & Cowden.
- 5 National Scientific Council on the Developing Child. (2006). *Perspectives: The cradle of prosperity*. Retrieved July 9, 2007 from <http://www.developingchild.net>; National Economic Development and Law Center. (2004). *The economic impact of the childcare and early education industry in Massachusetts*. Retrieved from <http://www.nedlc.org/MAEIRExec.pdf>
- 6 See endnote 5. National Economic Development and Law Center.
- 7 American Academy of Pediatrics, National Committee on Early Childhood, Adoptions and Dependent Care. (2005, January). Policy statement: Quality early education and child care from birth to kindergarten. *Pediatrics*, 115(1), 187-191.
- 8 102 CMR 7.00, 8:00; 606 CMR 14.00. Massachusetts child care licensing and CORI regulations can be retrieved from the Department of Early Education and Care website at [http://www.eec.state.ma.us/kr\\_regulations\\_main.aspx](http://www.eec.state.ma.us/kr_regulations_main.aspx)
- 9 *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care* (second edition). (2002). Elk Grove Village, IL: American Academy of Pediatrics; Alkon, A., Sokal-Gutierrez, K., & Wolff, M. (2002, January-February). Child care health consultation improves health knowledge and compliance. *Pediatric Nursing*, 28(1), 61-65.
- 10 See endnote 1. Washington, Reed, & Cowden.
- 11 See endnote 1. Washington, Reed, & Cowden.
- 12 Healthy Child Care Connecticut. (2001, Winter). *Healthy Child Care America Newsletter*, 2. Elk Grove Village, IL: American Academy of Pediatrics. Retrieved from <http://www.healthychildcare.org/pdf/winter2001hcca.pdf>