

Minutes for January 17, 2014

Recorder: Michaela Horn

Present: Nicole DeFrank, Lalaine Diaz, Gail Gensler, Danette Glassy, Jonathan Green, Darcy Hermosa, Michaela Horn, Claudia Hume, Peggy King, Julia Kintz, Suzanne Kohaya, Alexandra Lambrou, Katy Levenhagen, Vicki Lunghofer, Lindy MacMillan, Lisa Nerat, Jeni Nybo, Cathe Paul, Linda Satkowiak, Sharon Schoenfeld-Cohen, Nancy Tarara, Sherry Trout, Sue VanWinkle, Karen Walker, Karen Weidert, Caitlin Young, Joan Zerzahn

TOPIC	DISCUSSION	ACTION / DECISION
Welcome and Introductions	<p>Introductions Minutes are posted on the website. We are no longer providing hard copies. If there are any concerns or changes for the minutes, please let us know.</p>	
Member/Agency Updates	<p>Cathe Paul (Private CCHC) – medication administration web based training (240 attendees so far) – there is such an incredible need. Looking for nurses who are STARS trainers outside of King County to help with this project</p> <p>Gail Gensler (Public Health Seattle-King County, Local Hazardous Waste) – put on conference for 200 people on Reproductive Health, including 40-50 nurses who were the target audience. If anyone is interested in helping to work on a nurse group, let Gail know. Continuing to work on Eco-Healthy Child Care group. 2013 statistics – 214 child cares participated and also worked on doing parent-groups at the center.</p> <p>Katy Levenhagen (PSESD) – Now working for PSESD. Formerly was a private child care nutrition consultant - sees a need for high quality H&S STARS trainers. Experience is that child care providers will pay for high quality trainings.</p> <p>Danette Glassy (pediatrician, AAP Early Education and Child Care and HeadStart) – Using Stepping Stones 3rd Edition and doing a pilot study in several states which will be the first evidence based checklist for health and safety.</p> <p>Suzanne Kohaya – (Early Learning Food Service Manager for PSESD) – new role in PSESD; HeadStart and ECEAP are together now which was a huge reorganization.</p> <p>Nancy Tarara (ECEAP) – Finished hearing and vision screenings with many referrals, has review in March, did STARS training on food safety, using ITERS in certain child cares – still seeing non-compliance in HW, sanitizing, and diaper changing procedures.</p>	

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<p>Dept. of Early Learning Update</p> <p><i>Update from Jonathan Green</i></p>	<p>There are companion early learning bills in the SB 6127 and HB 2377 related to improving quality in the early care and education system. The two bills have language to create a unified early learning system in the state under the Early Achievers framework. There should also be a Governor's request obesity prevention bill, but it may not have been introduced yet.</p>	<p>Access DEL updates at http://delconnect.blogspot.com/</p>
<p>Presentation on Children with Special Health Care Needs and ADA</p> <p><i>Update by Lindy MacMillan</i></p>	<p>Many instances of children who are poorly cared for or refused care because of their special health needs. This applies to diabetics, seizures, special feeding needs, etc but it becomes really obvious for diabetic kids. Lindy will talk to us about the ADA and what reasonable expectations are.</p> <p>Northwest Justice Project (www.nwjustice.org) – This is a non-profit, Medical Legal partnership – NJP, SeaMar, Harborview, and Seattle Children's. Doctors were seeing legal problems in their patients that are having a detrimental effect on their health. Example is mold in a home exacerbating a child's asthma and legal efforts are needed to get the child out of that environment.</p> <p>ADA – Americans with Disabilities Act enacted in 1990 which prohibits discrimination based on disability. Daycares fall under Title II (prohibits discrimination by all public entities) when they are services provided by government (like HeadStart), school districts, extended day school programs and Title III (prohibits discrimination in places of public accommodation (like privately run day cares regardless of size, number of employees, and license-exempt day cares). Exemptions are child care centers that are run by religious entities (churches, mosques, synagogues, etc), but private child cares that are operating at a church, but are not run by the church, must comply with ADA. If you are caring for kids who receive state funding, but you are a private child care, you fall under Title III.</p> <p>State WAC prohibits discrimination for any child cares receiving ECEAP funds. Child care center WAC 170-295-6010 also prohibits discrimination and requires you must follow ADA.</p> <p>ADA protects 3 groups of people – people with physical or mental impairments that substantially limits one or more major life activities, those with a history of having such an impairment, or someone who is regarded as having such an impairment (such as someone regarded as having a mental impairment without a diagnosis). This would include those with diabetes, seizures, etc.</p> <p>Generally providers cannot exclude children because of their disabilities and they must provide children and parents with disabilities with an equal opportunity to participate. Child care provider must: make a case-by-case assessment of what a child with a disability requires to be integrated into the provider's program and, based on what is required, the provider must assess whether accommodations can be made to include the child.</p> <p>3 types of reasonable accommodations – 1) changes in policy, practices, or procedures; 2) provision of auxiliary aids and services to ensure effective communication (large print book, Braille,</p>	<p>Presenter Contact Information:</p> <p>Lindy MacMillan Northwest Justice Project lindym@nwjustice.org 206-464-1519 x 854</p>

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	<p>etc), and 3) removal of physical barriers in existing program facilities (such as to accommodate a child in a wheelchair, may require physical modifications). The 3rd is the big difference between Title II and III. Title II requires physical changes to the day care or things that cost a lot of money, but Title III looks at the burden of doing so on the child care. Burden may be different for a small home child care versus a large chain. For a private day care, you can choose the least expensive accommodation (instead of lowering a water fountain to accommodate a child in a wheelchair; you can give them a water bottle). Accommodations must be made unless such change would fundamentally alter the nature of the program or services offered; if it would pose an undue burden; or removal of barriers is not readily achievable. Must look at each child individually and their particular needs.</p> <p>Examples of reasonable accommodations – higher insurance premiums are not a valid reason and any extra cost should be treated as overhead and divided equally among all paying customers; ADA does not require children with disabilities to be moved up on a wait list; if a child who needs one-on-one care, you do not need to provide the one-on-one care, but you cannot exclude the child on that basis; if a particular child poses a direct threat to others, you do not need to admit them; if a day care has a no-pet policy, they must still allow the use of a service animal; children with disabilities must be placed in their age appropriate classroom and not with younger children; child cares must give medication to a child with a disability (but this is more complicated for diabetes);</p> <p>Children with diabetes cannot be excluded on the basis of their diabetes – Department of Justice entered into a settlement with La Petite Academy and KinderCare requiring them to test blood sugar levels and treat hypoglycemia, but did not address administering insulin. Parents must provide all testing equipment, special food, and training to staff.</p> <p>State child care center WAC 170-295-3050 requires centers to give medications necessary to meet ADA. WAC 170-295-3100 addresses when children can take their own medication and requires staff members to observe and document medication self-administration.</p> <p>Diapering and toileting assistance – If child cares provide personal services to children of any age, they must modify their policies and provide diapering services for older children. For centers that only accept children who are toilet trained, they may not need to accept these children (such as if they would need to purchase diapering tables or leave other children unattended), but if they didn't have to change the diapers (like if the parent or other outside adult comes and changes the diaper).</p> <p>Paying for ADA accommodation - If the service is required by the ADA, the daycare cannot charge the parent of the child more, but if the daycare is going beyond what is required by ADA (such as providing physical therapy during the day), they can charge for those services. Tax credits are available for smaller daycares and some low income families may qualify for a special needs</p>	

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	<p>subsidy. Most accommodations are fairly low cost and raise the level of service for all families.</p> <p>Who enforces the ADA - Steps families can take:</p> <ol style="list-style-type: none"> 1) write a letter to the daycare that you believe is in violation of the ADA, stating what actions you believe the daycare needs to take in order to comply 2) file a complaint with the Department of Justice (www.ada.gov/filing_complaint.htm); resolves most complaints and is at no cost to the family 3) file a complaint in federal court – this is the most timely and costly option – this is not common <p>Individuals with Disabilities Education Act (IDEA) – ensures that all children with disabilities have access to free and appropriate public education.</p> <p>Part B – services for children 3-21 and Part C- 0-3 years (early intervention program)</p> <p>Each state can define who their children with developmental delays are. Eligibility based on diagnosis or testing which determines development delay. ADA is supposed to open the doors to access and IDEA is supposed to support the infant or toddler to be an active participant in the learning experience.</p>	
<p>Group discussion about helping child cares meet ADA and accommodate children with special needs</p> <p><i>Facilitated by Peggy King, private child care health consultant</i></p>	<p>Point made by CHSEL participants: There are child care programs that are frightened to care for a child with special needs, such as diabetes. We don't have a system that supports child care providers. A parent can go to the Department of Justice and require a child care to take a child and the provider has no support for doing so. You may also have a parent who is struggling and is not caring for the child in the best way and then is asking the child care provider to care for a child in an unsafe way – to handle this situation, make sure that the health care provider has written and approved the individual health plan.</p> <p>Question to participants –</p> <p>What would you need to help a child care provide accommodation?</p> <ul style="list-style-type: none"> • Someone to help answer questions (one example was a provider who called 4 different health coordinators and got 4 different messages) – how can we get some consistency with answers – who can they call? Seattle Children's? <ul style="list-style-type: none"> ○ Consistent messages for care ○ Consistent messages on ADA requirements • We don't have enough child care health consultants in the state anymore, so how can we improve the communication amongst those of us who are here. • Nurse Practice Act needs to be changed to allow nurses to train child cares. • We need to make sure children enter care safely. How can we ensure this? • The caregivers are up-to-date and trained. This would be ongoing. • Make sure there is a reasonable amount of financial help for child cares to provide accommodations • Maybe using the same care plans throughout the state? And having someone to help the care plan implementation. 	

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	<ul style="list-style-type: none"> • Material for parents on how to advocate for their child and what their rights are <p>Maybe this is a job for CSHEL to be a clearinghouse for information – have ADA information and model plans on the CSHEL website. But the missing piece would then be how to provide the people to answer questions. We would need money to provide this – maybe by fund raising or maybe a grant (maybe from a drug company, but then we would limited to a disease, like diabetes depending on what the drug company is doing).</p> <p>You can have a child with diabetes where the parent is responsible for finding the designated person to administer the insulin and a child care provider or staff member can say that they aren't comfortable doing so.</p> <p>Ideas for getting some of the work done:</p> <ul style="list-style-type: none"> • Have a student or intern work on the task • Can we train some volunteer health and safety people • PEHSU writes fact sheets and they may be able to put a fact sheet together <p>The big problem: We do not have a state system to support children getting accommodations in child care settings.</p> <p>There are some organizations with compatible missions who may be able to help:</p> <ul style="list-style-type: none"> • Equal Start Coalition (www.equalstartwa.org) • Children's Alliance (www.childrensalliance.org) • Family Voices (to write material on how parents can advocate for their child) (www.parentvoices.org) <p>Next Steps:</p> <ul style="list-style-type: none"> • Put fact sheets up on CSHEL websites • Put individual care plans up on CSHEL websites – we already have some that are very well done. We could use the ones that Sue Aronson has done). • Need to get money to do this • We need to get a message out on what the issue is – Cathe Paul will write up an issue paper (needs some volunteers to help edit and proof read) and then put it up on CSHEL website and send it out to various agencies 	
Next Meeting	<p>Alexandra Lambrou (Seattle University MSN student) won the door prize of Managing Chronic Health Needs in Child Care and Schools published by AAP.</p> <p>Next scheduled CSHEL meeting will be May 16, 2014 at PSESD, Renton.</p>	