

## INTRODUCTION

In 1992, the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) jointly published *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*.<sup>(1)</sup> The publication was the product of a 5-year national project funded by the U.S. Department of Health and Human Services Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration. This comprehensive set of health and safety standards was a response to many years of effort by advocates for quality child care. In 1976, Aronson and Pizzo recommended development and use of national health and safety standards as part of a report to Congress in association with the *Federal Interagency Day Care Requirements (FIDCR) Appropriateness Study*.<sup>(1)</sup> In the years that followed, experts repeatedly reaffirmed the need for these standards. For example, while the work to prepare *Caring for Our Children* was underway, the National Research Council's report, *Who Cares for America's Children? Child Care Policy for the 1990s* called for uniform national child care standards.<sup>(2)</sup> It is a privilege to introduce the reader, in the year 2001, to the second edition of *Caring for Our Children*. We will discuss why a new edition was deemed necessary, describe the process of revision, and highlight some of the changes in the new standards.

The 1992 publication anticipated the new edition when it noted (that) "as new knowledge and innovative practices evolve, the standards themselves should be modified or updated."<sup>(3)</sup> In the years since the first edition was published, the interest in and the enrollment of young children in early childhood education programs has increased not only in the United States but also in other nations in the world. The continuing requests for the hard copy version and documented use of the electronic version shows considerable interest by both a national and an international audience. Thus, the use of the standards since 1992 documents the value of the standards and validates the use of resources required to keep the standards up-to-date. *Caring for Our Children* has been a yardstick

for measuring what has been done and what still needs to be done, as well as a technical manual on how to do it.

The Maternal and Child Health Bureau's funding, in 1995, of a National Resource Center for Health and Safety in Child Care (NRC) at the University of Colorado Health Sciences Center School of Nursing supported the work to produce the new edition. The work plan included the following strategies:

- 1) Enjoin as many of the experts as possible who contributed to the first edition to participate in the revision effort;
- 2) Seek additional input from a national constituency of individuals and associations with vital interest in the health and safety of children in out-of-home care;
- 3) Strive for national consensus through an iterative process of debate and discussion;
- 4) Obtain approval and endorsement from the original developers, AAP, APHA, and the MCHB.

The revision of the standards for the second edition of *Caring for Our Children* was an extensive process. The 10 technical panels focused on their particular subject matter areas, after which time their recommendations were merged into a single set of recommended standards and widely reviewed by representatives of all stakeholders with an interest in child care, including parents. The final document represents a consensus of the various disciplines involved with child care, with the largest contribution of factual content coming from experts in health and safety.

The second edition benefited from the contribution of 55 newly engaged experts as well as that of a core group of veterans. The two co-chairs of the Steering Committee (Susan S. Aronson, MD, FAAP, and Albert Chang, MD, MPH, FAAP), eight of the 10 Technical Panel chairs, and the MCHB federal project officer (Phyllis Stubbs-Wynn, MD, MPH) were veterans from the first edition. Twenty-two out of 75 members of the Technical Panels were also veterans. Review and comments were received from 100 individuals from 65

stakeholder organizations representing providers, child care advocates, health professionals, safety specialists, early childhood educators, regulators, and federal, military, and state agencies. A complete listing of the Steering Committee, Technical Panel members, and Stakeholder Organizations appears on the Acknowledgment pages.

The process of revising the standards and the consensus building was organized in stages:

- 1) Technical Panel Chairs recruited members to their panels and reviewed the standards from the first edition. They removed standards that were no longer applicable or out-of-date, identified those that were still applicable (in their original or in a revised form), and formulated new standards that were deemed appropriate and necessary.
- 2) Telephone conference calls were convened among technical panel chairs to bring consensus on standards that bridge several technical areas.
- 3) A draft of these revised standards was sent to a national and state constituency of stakeholders for their comments and suggestions.
- 4) This feedback was subsequently reviewed and considered by the technical panels (often more than one) and a decision was made to further revise or not to revise a standard. It should be noted that the national review brought many important points of view and new information for additional discussion and debate.
- 5) The edited standards were then sent to designated review committees of the AAP and the APHA. The funding agency, MCHB, also conducted a concurrent review. Final copy was approved by the Steering Committee representing the three organizations and the NRC.

The second edition contains eight chapters of 659 *standards* and a ninth chapter of 48 *recommendations* for licensing and community agencies and organizations. We have made the following significant content and format changes in the second edition:

- New and revised standards in all areas, such as sleep position of infants related to SIDS studies and playground equipment specifications;

- Integration of standards that are relevant to children with special needs, as well as to all children, throughout the document to promote inclusion;
- A two-column format to increase readability and eliminate empty space;
- Merged and consolidated standards (from 981 standards and recommendations to 707 standards and recommendations);
- Expansion of the rationale and comment sections;
- Updated references;
- Incorporation of former appendices into appropriate standards;
- A more activist posture in standards pertaining to training requirements (for providers), health education activities (for providers, children, and parents), and management of acute illness (such as respiratory infections) and chronic illness (such as asthma).

See Appendix A for the guiding principles used in writing these standards.

In projects of this scope and magnitude, the end product is only as good as the persons who participate in the effort. It is hard to enumerate in this introduction the countless hours of dedication and effort from contributors and reviewers. The project owes each of them a huge debt of gratitude. Their reward will come when high-quality child care services become available to all children and their families!

### **Overlap with Requirements of Other Organizations**

We recognize that many organizations have requirements and recommendations that apply to out-of-home child care. For example, the National Association for the Education of Young Children (NAEYC) publishes requirements for developmentally appropriate practice and accreditation of child care centers; Head Start follows Performance Standards; the AAP has many standards related to child health; the Child Welfare League of America has requirements for child care service; the U.S. Department of Defense

has standards for military child care; the National Fire Protection Association has standards for fire safety in child care settings. The Child Care Bureau (CCB) administers the Child Care and Development Fund (CCDF) which provides funds to states, territories, and tribes to assist low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so that they can work or attend training/education. Child care providers serving children funded by CCDF must meet basic health and safety requirements set by states and tribes. All of these are valuable resources, as are many excellent state publications. By addressing health and safety as an integrated component of child care, *Caring for Our Children* complements these other child care requirements and recommendations.

The concept of limiting child:staff ratio and group size exemplifies this overlap. The NAEYC emphasizes the need for low infant:staff ratios for very young children to facilitate developmentally appropriate, warm, trusting and reciprocal relationships. Having a few infants whose care is entrusted to a limited number of adults in a setting where the overall numbers of interactions is controlled by a small group size and a primary caregiving relationship helps develop the child's trust and ability to make emotional attachments. Also, sufficient and specific staff assignments are essential so caregivers know the status of each baby at all times; to be sure that the baby is safe, to be able to evacuate that child and other children in the group in case of fire or other facility emergency, as well as to have sufficient time to practice and track health and safety routines, such as feedings and diaper changing for each child. Caregivers in group child care settings perform the same demanding work as parents of twins, triplets, or quadruplets.

Health involves more than the absence of illness and injury. To stay healthy, children depend on adults to make healthy choices for them and to teach them to make such choices for themselves over the course of a lifetime. Child development addresses physical growth and the development in many areas: gross and fine motor skills, language, emotional balance, cognitive capacity, and

personal-social skills. Thus, health and safety issues overlap with those considered part of early childhood education and mental health. Such overlap is inevitable and indeed desirable.

### ***Continuing Improvement***

Standards are never static. Each year the knowledge base increases, and new scientific findings become available. New areas of concern and interest arise. These standards will assist citizens who are involved in the continuing work of standards improvement at every level: in child care practice, in regulatory administration, and in the professional performance of the relevant disciplines.

Each of these areas affects the others in the ongoing process of improving the way we meet the needs of children. Possibly the most important use of these standards will be to raise the level of understanding among the general public about what those needs are, and to contribute to a greater willingness to commit more resources to achieve quality child care where children can grow and develop in a healthy and safe environment.

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### **REFERENCES:**

- (1) USHEW, Office of the Assistant Secretary for Planning and Evaluation. *Policy Issues in Day care: Summaries of 21 Papers*. pp 109-115. 1977.
- (2) National Research Council, National Academy of Sciences. *Who Cares for America's Children? Child Care Policy in the 1990s*. Washington DC, 1990.
- (3) American Public Health Association and American Academy of Pediatrics. *Caring for Our Children. National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Washington, DC, 1992.