

TO: Lincoln-Lancaster County Board of Health

FROM: Justin L. Daniel, REHS, CP-FS, Environmental Health Supervisor, Disease Prevention
Scott E. Holmes, REHS, MS, Manager, Environmental Public Health Division

DATE: November 3, 2016

RE: Amending Lincoln Municipal Code 8.14 Child Care Programs to Enhance Health and Safety Provisions in Child Care Centers

The Lincoln-Lancaster County Health Department is proposing to update the Lincoln Municipal Code 8.14 Child Care Programs which would be more stringent than the state of Nebraska regulations for child care centers found in NDHHS Title 391 NAC 3 Children's Services Licensing. These changes are being proposed to provide a higher level of health and safety protection for children cared for in State licensed child care centers in Lincoln.

All licensed Child Care Programs were notified and provided a copy of the proposed changes, and invited to provide feedback at any of three public meetings, or by way of phone or email. In addition, staff met with the Nebraska Child Care Center Directors Association. In all, about 35 child care providers attended at least one meeting. In addition, several phone calls were received as well as one email. This input resulted in several modifications to the proposed regulations, including changes to the requirements for: food handler permits, communicable disease reporting, humidity, and playground equipment and surfaces.

Following is a summary of the proposed changes.

LMC 8.14.010 Definitions.

New definitions are proposed for "Disinfected", "Fall Zone" and "Sanitized" to ensure clarity in the ordinance.

LMC 8.14.030 Certificate of Compliance; Application.

The name and phone number are added; the number of persons employed is deleted.

LMC 8.14.035 Operator and Staff Training Requirements.

Clarifies training requirements. (a) Medication administration is removed, since the State requires this training. Mildly ill child care is removed since it is covered under illness prevention and exclusion.

(b) Changes the existing requirement for food handler training, ensuring that any person responsible for receiving, holding or preparing food holds at least at Prep/Cook Food Handler Permit. The current language would allow the operator to hold the permit, but staff that actually receive, hold or prepare food would not be required to have such training. Staff only serving food would be required to practice No Bare Hand Contact. Staff will need to obtain their Food Handler Permit upon hire date to maintain consistency with the Lincoln Food Code.

(c) Requires a list of all employees and training completed.

Reasoning: Young children have a much higher risk of health problems caused by foodborne illness. Germs that cause foodborne illness can also spread in a child care setting. Food safety training reduces that risk.

LMC 8.14.095 Injury Reporting

Requires a list of all child injuries that require medical attention from a health care professional be maintained.

LMC 8.14.100 Communicable Diseases Reporting and Illness Exclusion.

Requires reporting within 24 hours to the Health Director: when 3 or more children or staff in a classroom or group are ill with a communicable disease, vomiting or diarrhea; and when a single child or staff person has bloody diarrhea. Requires a written policy on exclusion of ill children and staff.

Reasoning: Reporting illnesses quickly can reduce the number of children and staff that become ill and prevent spread of disease in our community.

LMC 8.14.101 Sleeping Surfaces.

(a) For children over 12 months old, allows the same sleeping surfaces as state regulations, except the proposed changes for Lincoln’s ordinance would prohibit using sofas and washable sleeping bags.

(b) For children 12 months of age and under, restricts sleeping surfaces to cribs and playpens, and prohibits blankets. This is the current American Academy of Pediatrics recommendation.

Reasoning: Children aged 12 months and under are highly vulnerable to asphyxiation and “crib death.” Ensuring all soft objects, including blankets, are not in the crib or play pen will significantly reduce the risk of death.

LMC 8.14.102 Infant Care Rooms.

Requires infant rooms to have a diapering area and a plumbed hand sink. All new or significantly remodeled facilities would be required to have a separate sink for bottle and food preparation.

Reasoning: Having a diapering area with a hand sink reduces the spread of diarrheal illness. Providing a sink for food prep reduces the risk of fecal contamination of food and milk.

LMC 8.14.103 Diapering and Toileting.

(a) Requires diaper changing surfaces to be cleaned and disinfected after each use; (b) requires hand washing after diaper changing and toileting; and (c) does not allow potty-chairs.

Reasoning: Basic cleaning, disinfection and hygiene are critical to prevent diarrheal diseases in child cares. Potty-chairs are very difficult to clean and disinfect; child sized toilets, are much more sanitary.

LMC 8.14.104 Wading and Swimming Activities.

Clarifies that only licensed swimming pools can be used for swimming, and that children must be supervised when swimming. Wading pools would not be allowed.

Reasoning: Swimming is a high risk activity for young children. In addition to drowning, swimming in unlicensed pools poses significant health risks, including diarrheal illnesses and severe eye irritation.

LMC 8.14.105 Environmental Services.

Specific temperature and humidity ranges are added.

Reasoning: Children are more susceptible to heat and cold than adults. Low humidity can exacerbate respiratory disease and illnesses, and high humidity increases the risk of mold growth.

LMC 8.14.106 Environmental Safety.

(a) Prohibits smoking on the child care premises; (b) Requires an integrated pest management plan; (c) Requires proper labeling of chemicals; (d) Requires compliance with the Lincoln Fire Code; (e) Requires sun protection; and (f) Modifies state regulations on acceptable playground surfaces; adds equipment height.

Reasoning: Smoking presents significant health risks to young children due to exposure to second hand smoke and models an unhealthy behavior to children. Controlling pests in a child care is important to reduce the risk of the spread of germs. Proper labeling of chemicals reduces the risk of misuse and exposing children to harmful chemicals. Protecting children from sun exposure prevents sunburns and skin cancer. The state regulations allows some playground surfaces (sand, dirt and grass) that are not considered safe by current Consumer Product Safety Commission standards. Maximum equipment fall height of 6 feet is established to reduce injury severity. About 70% of playground injuries are caused by falls.

Staff recommend approval of the proposed changes to Lincoln Municipal Code 8.14 Child Care Programs.