

ABSTRACT

Objective: A survey of factors that influence the development of infection in registered Child Daycare Centres [DCCs] in Kingston and St. Andrew.

Design and Methods: A survey was conducted comprising a stratified random sample of the registered DCCs. Mixed methodology was used to investigate factors related to health and infection control; an administered questionnaire to the supervisor of the centre, a self-reported questionnaire to caregivers, and an environmental survey.

Results: 41/139 DCCs were investigated during the period of study, March to December 1998; 12(20%) home-based [HB], 8(67%) government [GV] and 21(31%) private [PV] centres. Average number of children per DCC was 12(SD 6) HB, 23(SD 13) GV and 51(SD 47) PV respectively. 16/41 (39%) centres housed the children altogether. 14.3% PV centres exceeded the recommended staff-child ratio of 1:5 in the 2 to 12 month age group. In the 13 to 35 month age group, eight centres exceeded the staff-child ratio of 1:8. 19% PV centres exceeded the staff-child ratio of 1:12 in children 36 months to < 6 years of age. 9/41 (22%) centres exceeded the recommended 1:1 child-potty ratio. 50% HB and 28.6% PV centres had shared toilet facilities. 30/41 (73.1%) used shared cloth towels for drying hands. 13/41 (31.7%) centres placed soiled clothing (after sluicing) in plastic bags to be given to parents at pick-up time. 36/41 (88%) centres routinely cleaned the toys. Only 3 (1 HB, 2 PV) centres stored garbage in covered tamper-proof containers. Updated food handlers permits were seen in 20/41 (48.8%) centres. Only 7/41(17%)

centres had isolation areas to cohort ill children. 27/41(66%) centres required a medical certificate of fitness and proof of immunization for admission to daycare. 19/41(71%) centres did not require a medical certificate of fitness for staff employment. 22/41(53.7%) centres sent their staff to training seminars. 15/41 (36.6%) centres also conducted in-service training sessions. There was variation among centres concerning knowledge and management practice about health-related problems in the daycare setting.

Conclusions: The study highlights the inadequate compliance to standards related to infection control in registered daycare in Kingston. The monitoring and surveillance mechanisms need evaluation and revision. Education of daycare personnel should be reinforced. A quality checklist for parents and guardians is being proposed.