

**Child Care Health Consultants:
Current Models and Implications for Policy and Practice**



Building Success for Children
Ensuring Success for New York

www.nysecac.org

February 2013

INTRODUCTION

Child care programs can greatly benefit from access to reliable health professionals who are knowledgeable about child care regulations, child health issues, and family and public health resources. Not only are these programs responsible for the health and safety of the children in their care, child care programs contribute to children's intellectual, physical, and emotional development. Through their frequent interaction with families, child care programs are uniquely designed to impact the quality of children's and families' nutrition and physical activity; increase access to medical care and insurance, including oral health care; and can contribute to the development of lifelong healthy habits. Child care programs provide the opportunity to address the roots and earliest influences on health behaviors and can serve as an access point through which a variety of direct supports and screenings can be provided directly or through referrals to ensure the healthy development of our youngest children.

According to *Caring for our Children; National Health and Safety Performance Standards*, a child care health consultant is a "health professional who has interest in and experience with children, has knowledge of resources and regulations, and is comfortable linking health resources with facilities that provide primarily education and social services". Put simply, child care health consultants link health systems to early childhood systems. The services provided by a well-trained child care health consultant can include¹:

- Support providers in meeting health and safety regulations;
- Assess health and safety in programs;
- Provide parent and staff education;
- Assist in identifying children at risk of abuse or neglect;
- Link children and staff with community and public health services;
- Review child health records onsite;
- Conduct screening tests;
- Check immunization status;
- Identify children with special health care needs; and
- Develop generalized and specialized health care plans.

The link between health and achievement is indisputable. Healthy children learn better, and a growing body of evidence suggests that child care health consultants contribute to an increase in health related practices within child care programs. Through consultation and referrals to health services and information, these specialized health professionals can be a resource for programs providing guidance on obesity prevention strategies, child and staff immunizations, developmental screening, and the inclusion of children with special health care needs.

This paper describes the current approach to child care health consultation in New York, the experiences of other states with child care health consultation, and potential strategies for expanding access to high quality health consultation throughout New York's child care system.

¹ List adapted from Alkon presentation 2012.

THE NEED FOR SAFE, HIGH-QUALITY CHILD CARE

Research supports that high-quality early childhood education can have a positive impact on early brain development, development of behavioral self-regulation and social skills, and improved school readiness. Collaboration with health professionals is a key aspect of high quality child care. This partnership can be further leveraged for health promotion, disease and injury prevention, and linkage to public health and community resources.

In New York State, the Office of Children and Family Services, Division of Child Care (OCFS) regulates child care providers including child care centers, family child care, group family child care, and school age child care programs. Several specialized early childhood education programs also fall under the regulatory definition of a child care center. These programs include Early Head Start and Head Start programs, and Universal Prekindergarten programs and Preschool School Special Education programs located in community based organizations. Programs serving young children operated by public schools are not governed by OCFS regulations.

According to the 2012 Fact Sheet produced by OCFS, child care programs in New York that are subject to health related regulations have the capacity to serve over 657,000 children.² OCFS regulations identify the health professionals who can serve as a child care health consultant and defining their role in signing off on a program's health plan. Many child care programs, especially family based programs, depend on child care health consultants to assist them in adhering to OCFS defined health regulations, which are some of the most robust regulations in the nation. In fact, many child care health consultants also serve as Health and Safety Trainers and Medication Administration Trainers providing required training to child care staff. There are other child care health consultants that only provide child care programs with the discrete service of developing and complying with the program's health plan and have no formalize system to receive training on health related child care regulations.

New York State child care regulations do much to protect the health and safety of children in child care settings. In addition to following regulations, providers must also manage complex health issues. Child care health consultants can provide concrete and timely guidance on both adhering to state regulations and managing children's health issues. New York State WIC Data (2010) from the Pediatric Nutrition Surveillance System indicates that about one in three children enrolled in WIC are overweight or obese before age five. The NYS Asthma Surveillance Summary Report indicates that one in 11 children have asthma contributing to over 1.9 million missed days of child care and school³ per year. Child care providers also fill a need to help families monitor their child's healthy development, which is especially important since over 80% of New York State children between the ages of 10 months and 5 years do not receive standardized developmental screening during pediatric visits⁴.

² In New York City, child care centers are regulated by the City's Department of Health and Mental Hygiene, which have the capacity to serve 119,537 children. OCFS retains oversight of family, group family, and legally-exempt programs providing subsidized care in the City. This number includes legally-exempt providers that receive child care subsidies.

³ Data taken from the NYS Department of Health report of obesity related indicators reported in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (2010) and the NYS Asthma Surveillance Summary Report published in October of 2009.

⁴ Data taken from 2007 National Survey of Children's Health performed by the Data Resource Center for Child and Adolescent Health.

The connection between health professionals and Head Start programs, which require each program to have a health services advisory committee comprised of local health professionals, illustrates the potential for child care programs to positively impact children's health screening and access to treatment. In the 2011-12 program year, the comprehensive health policies within Head Start programs contributed to a 20% increase in the number of NYS Head Start children who were up to date on developing screening according to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule⁵. Head Start programs were also able to facilitate access to treatment for 96% of children who were found to have medical issues as a result of EPSDT related screenings.

There is also great potential for a well-trained child care health consultants to positively contribute to health prevention policies and resources of child care programs. Increased availability of well-trained health consultants would help advance several priorities included in the NYS Department of Health's Prevention Agenda for 2013-2017, including but not limited to:

- Increased availability of breast feeding friendly centers;
- Implementation of nutrition and physical activity strategies;
- Adherence to immunization and developmental screening schedules;
- Referrals to health insurance and medical homes; and
- The prevention of dental caries.⁶

Because of the important role they play, child care providers can connect children and families to health services, and can model and reinforce healthy lifestyles including promoting good oral health care, healthy eating, outdoor play and more. A comprehensive system that provides child care programs with a broad approach to health consultation would greatly strengthen the ability of child care providers to implement health related strategies and to ensure children and families receive high quality health services.

HISTORY OF CHILD CARE HEALTH CONSULTATION IN NEW YORK

The Federal Healthy Child Care America Initiative

In 1995, the US Department of Health and Human Services established the Healthy Child Care America (HCCA) initiative in recognition of the growing number of mothers in the workforce and the growing importance of high quality child care. The premise of this campaign was that a partnership between parents, child care providers, public health professionals, and the medical community could improve health and safety in child care and increase access to primary and preventive health care through the promotion of the medical home model. With collaboration from the American Academy of Pediatrics, HCCA funds supported the development of state systems for child care health consultation and a national training center for training child care health consultant trainers, the National Training Institute, which was established at the University of North Carolina, Chapel Hill.

⁵ EPSDT are guidelines that health practitioners should follow when serving children and youth receiving care paid for by the Medicaid program.

New York State's Medicaid program for children and adolescents, implements EPSDT promotes the provision of early and periodic screening services and well care examinations, with diagnosis and treatment of any health or mental health problems identified during these exams. (from: EPSDT/CTHP Provider Manual)

⁶ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

In addition to this federal funding initiative, national standards for health and safety in child care were developed. *Caring for Our Children: National Health and Safety Performance Standards*, developed by the American Academy of Pediatrics, sets forth comprehensive standards for child care health policies and practices including health consultation. These standards state that each child care program should identify a licensed health professional with a background in child and community health to be engaged as a child care health consultant. These standards also recommend that the child care health consultants receive specialized training in this role and possess knowledge of both child care regulations and community resources. The full text of the standards related to child care health consultants appears in Appendix A.

As part of the HCCA initiative, the child care health consultants can attend the National Training Institute to become trainers who are charged with training other child care health consultants using curriculum that is consistent with the standards defined in *Caring for Our Children*. This approach focuses on continual improvement of child care environments, helping each program attain optimal policies, and working with programs to connect children and families to needed health services.

Healthy Child Care New York Approach

In 1996, the New York State Department of Health and OCFS partnered to form Healthy Child Care New York with the Department of Health as the grantee. The two agencies developed a network of child care health consultants using a curriculum based on the National Training Institute at Chapel Hill. For this initiative, public health nurses from local (county) health departments were recruited and trained to serve as child care health consultants, largely serving just child care centers.

This approach to the provision of child care health consultation aligned with the work of local health department nurses, sanitarians, and health educators who were already involved with the child care community on a number of levels. Local health departments worked with child care programs on immunization requirements, lead poisoning issues, food sanitation and service, child nutrition and the Child and Adult Care Food Program, health education, communicable diseases, and early intervention issues. Many local health departments already played a key role in the education of child care staff and school nurses. By using national Healthy Child Care approach, local health departments expanded their relationships with child care programs by formally providing child care health consultation.

By December 2003, 77 public health nurses or public health educators from 49 of the 58 local health departments across the state had attended regional trainings led by the New York State cadre of National Training Institute trainers. Twenty-three local health departments reported utilizing State Aid for General Public Health Work (Article VI) funding to support their child care health consultation programs. While the rest of the 49 participating local health departments also provided health consultation services, there is no information on how the services were financially supported.

This approach proved effective as evidenced by outcome data from an evaluation of two local public health departments, Onondaga and Albany. The design of the evaluation, which included the examination of 300 records from the 14 child care sites selected, was modeled after the National Training Institute's evaluation. Similar to the Institute's evaluation, the New York study found that there were significant gains in quality in a number of areas:

- **Health Policy** - The study documented improved health care policies related to the administration of medication, exclusion and re-entry of ill children, and emergency preparedness policies.
- **Health Practice** - Food storage and handling improved, as did emergency procedures and back-to-sleep practices.
- **Documentation of Important Health Information** - Gains were noted in emergency contact information, well child physicals on file, and up-to-date immunizations.

The study concluded that the child care health consultant programs performed valuable public health functions, improving the health environment for children in child care centers. Additional evaluations of the positive impact of high quality child care health promotion conducted in other states are summarized in Appendix B.

A Systemic Shift of Child Care Health Consultation in New York

As the federal funding that was supporting the Healthy Child Care New York approach to child care health consultation began to end, regulatory issues regarding medication administration within child care programs arose. These regulatory issues contributed to a shift in the focus and scope of work that child care health consultants had within regulated programs.⁷ Historically, OCFS regulations permitted child care providers to administer medications to children in their program, seeing providers as acting *in loco parentis* (in the parent's place). However, during the 1990's, The Office of Professions at the State Education Department notified OCFS that this view of child care providers administering medication was in violation of the Nurse Practice Act.⁸ To remedy this, OCFS sought an amendment to the Nurse Practices Act to allow providers to administer medications under certain conditions. The conditions were developed in collaboration with several state agencies, including the State Education Department and the State Department of Health. The conditions agreed upon by the state agencies were that child care programs must have staff that completed Medication Administration Training (MAT), along with CPR and first aid training. In addition, programs must develop a comprehensive health care plan that requires the oversight and approval of a child care health consultant, who would conduct site visits on a regular basis to ensure the programs adherence to the plan. OCFS licensors became responsible for reviewing the health care plan for its compliance with regulation before authorizing the program to begin legally administering medication.

In 2004, OCFS recognized barriers to child care programs being able to meet these new regulations, especially family based programs. These issues were due to shortages in the nursing workforce and concomitant additional cost of hiring a child care health consultant. Consequently, OCFS began to provide funding to Child Care Resource and Referral (CCRR) agencies to hire registered nurses to serve as child care health consultants.

During this time, the federal grant funding that supported the Healthy Child Care New York grant ended and the state-level training and support for the public health nurses was discontinued.

⁷ Readers should note that as OCFS was making this change, they began referring to child care health consultants as Health Care Consultants, which is the term currently used in OCFS regulations. Child care health consultants will be used throughout the paper for consistency in language.

⁸ The pertinent regulations of the Nurse Practice Act can be found in Article 139 of the State Education Law, sections 6908.

The lack of a dedicated funding stream to support the public health nurses ended their child care health consultant efforts. The result was two groups of child care health consultants; those affiliated with CCRR and others who function as independent consultants to child care programs.

Child Care Health Consultants in Child CCRR's

There are approximately 35 CCRRs across the state, and each one hires or contracts with at least one child care health consultant, full- or part-time.

This network of child care health consultants put in place by OCFS provides services related to helping providers meet their regulatory obligations related to health policies and practices in child care programs. OCFS provides funding to CCRRs to support child care health consultants based on projected units of service related to the development and oversight of health care plans. These consultants are not OCFS employees and do not have a direct licensure or regulatory role. However, they may, according to OCFS regulations, revoke their approval of the health plan if they observe the health plan not being followed. While this is not a regulatory function, if a program does not have an approved health plan, they would be out of compliance with OCFS regulations. See Appendix C for descriptions of the OCFS model for child care health consultant and for regulations concerning child care health consultants and the required health plan.

OCFS expects CCRRs to charge fees for consultation and training services provided to child care programs by a child care health consultant to supplement OCFS funds. The charges for training and technical assistance are set by the individual CCRR and may vary. Child care health consultants provide guidance regarding staff and child health, medication storage and administration, and other topics. Generally, providers are not charged for questions that are phoned or e-mailed to the child care health consultant, nor are they charged if they come in to the CCRR for technical assistance.

Child care health consultants within CCRRs noted that there is no single system for updating their knowledge, nor is there a system to assure consistency in practices across the state. In an effort to maintain and further develop their knowledge and skills, they have established a network to define their role and to develop professional development resources. Working with the Early Care and Learning Council⁹, the consultants share information informally at quarterly meetings. In 2010, the Council on Children and Families¹⁰ provided funding received through their federal Early Childhood Comprehensive Systems (ECCS) grant to fund the Professional Development Program at the University of Albany to develop a resource-based child care health consultant website. In addition, ECCS funds were used to send four CCRR child care health consultants and one staff member of the Professional Development Program to the National Training Institute to attend the train-the-trainer program. These trainers are now slowly training the network of CCRR child care health consultants in the National Training Institute curriculum. However, participating in the training is voluntary and there is no dedicated source of funding to support the consultants in getting trained.

Independent Child Care Health Consultants

⁹ The Early Care and Learning Council is a membership agency comprised of the state's 38 CCRRs. The Early Care and Learning Council brings the CCRR health consultants together routinely and has provided support for their professional development.

¹⁰ The Council on Children and Families is a unit of state government that coordinates the state health, education and human services agencies to develop a more effective services delivery system including early childhood services.

Under OCFS regulations, child care providers are not required to use a child care health consultant employed by a CCRR. Nor are there any requirements that a program must use a child care health consultant that is linked to child care or public health systems. According to OCFS regulations, any licensed and registered nurse, nurse practitioner, physicians or physician assistant may sign a program's plan. Programs are responsible for verifying their health consultant's professional license through the State Education Department's licensure verification system, though OCFS can spot check this on audit. The fee child care providers pay to independent child care health consultants and the scope of service provided to programs is decided by the program and consultant and is not tracked by any statewide entity. There are an estimated 1,100 independent child care health consultants providing services to child care programs throughout New York State.

Little is known about the independent child care health consultants, their formal training, their relevant experience, and their level of involvement with providers. Some consultants sign plans for multiple facilities; some work for agencies, such as a visiting nurse association that provide this service; some sign off on a single program or provider's plan. Conceivably, a provider could use a different licensed professional each time the plan needs to be submitted and approved. No central system captures their training or experience in caring for children, their knowledge of child care regulations, environments, or practices, the level of their involvement in writing and monitoring the implementation of health plans, or their knowledge and connection to community resources. Additionally, there is also no single point of contact for the child care health consultants and no system in place that oversees them.

HEALTH CONSULTATION MODELS FROM OTHER STATES

There are multiple models for structuring and financing systems for comprehensive child care health consultation. Common features include a central coordinator located in an agency that not only provides for the initial training of child care health consultants, but also for their ongoing education and development. Most states have based their training curriculum on that of the National Training Institute at the University of North Carolina Chapel Hill. In many states, the health department is involved as either being the coordinating body or contracting for the coordinating body.

Arizona – In 2006, Arizona voters passed Proposition 203, which uses a 60-cent per pack tax on tobacco products to fund early childhood health and education. The proposition created the Arizona Early Childhood Development and Health Board, which operates under the name "First Things First."

First Things First funds the Child Care Health Consultation Support Center located at the Pima County Health Department, which is the administrative and training entity for Arizona's child care health consultants. First Things First also funds 30 child care health consultants statewide through intergovernmental agreements, the majority of whom are public health nurses. The main focus of this cadre of child care health consultants' work with providers participating in the state's voluntary quality rating and improvement system, Quality First Star Rating System, though some Maternal and Child Block Grant (Title V) funds support these consultants work with programs who are not participating in the rating system.

Arizona requires that child care health consultants receive training based on the National Training Institute's curriculum before working in the field. This training is provided by six trained trainers who are located within three counties (Pima County Health Department,

Maricopa County Health Department, and University of Arizona Cooperative Extension of Santa Cruz County). Child care health consultants who complete the trainings are employed within local health departments or cooperative extensions. Continuing education needs are met by the Pima County Health Department through in-person meetings, with nursing Continuing Education Credits available for those who participate.

Child care health consultants in Arizona document their services including assessment, interventions, and outcomes using the CareFacts software under the Omaha documentation and information system. The Omaha system is designed to capture time, cost, and the effect of nursing and health-related care and can be adapted to various work settings. The system captures how all paid child care health consultant time is used, including advocacy, outreach, charting, client-related, and agency-related activities. Arizona's child care health consultants have a goal of 51% direct-client related activities. Data collected within the Omaha system is used to provide educational needs assessment and informs ongoing quality improvement efforts.

As of July 12, 2012, following a substantial budget cut, Arizona went to a tiered system of health consultant services that child care programs can select based on their needs and resources. Programs can choose to be part of a bottom tier (access to a warmline), second level (3-4 visits from child care health consultant for a single problem) or higher level (receive a full package of quality improvement, which includes 13 pathways for assessment with built-in goals). There are currently waiting lists in some areas for top tier services.

There have been some complications for Arizona child care health consultants being tied to the quality rating and improvement system. Quality First participants receive monetary rewards for participating in that system with large centers receiving \$16,000 annually, medium centers receiving \$11,000, and family based providers receiving \$4,000. The goal of the incentive program is to provide programs with financial assistance to support their quality improvements efforts. Because Infant-Toddler Specialists act as the quality improvement specialists for programs, their professional perspective influences how programs use their quality improvement incentive funds. This often results in programs prioritizing books, toys and instructional materials leaving limited funds to pay for child care health consultant services.

Though Arizona aims to use child care health consultants to help programs achieve quality standards, programs are often not able to achieve these standards. The quality improvement and rating system standards build from the state's regulations, aiming to guide child care programs from the level of regulatory compliance to higher level quality. In many cases, the child care health consultants report spending a great deal of time helping providers become fully compliant with health and safety regulations. The child care health consultants were able to document these problems using the Problem Rating Scale in the Omaha System.

See: <http://www.pimahealth.org/pubhealthnursing/cchc.asp>

California – In 1987 the California Childcare Health Program (CCHP) was established at the University of California, San Francisco School of Nursing with financial support from the First Five initiative, which is supported by the state's tobacco tax. First Five funds supported the development of a state curriculum based on the National Training Institute model and tailored to California's policies and regulations. A website was also developed that houses resources for child care health consultants as well as child care staff.

To aid in oversight and evaluation and to track the services provided by child care health consultants, CCHP also developed a Health and Safety Checklist. The check list is a tool to

identify the health consultant, the program, and the length of each consultation. The tool organizes indicators under subsections including emergency preparedness, safety, medication administration, sanitation, and safe sleeping practices.

Though The First Five funded the development of CCHP, the program now relies solely on funds from the Early Childhood Comprehensive Systems initiative. This limited funding supports one staff person, who maintains a registry of 79 child care health consultants trained in the California curriculum, refers these consultants to child care programs, and produces a monthly newsletter. In addition to consultants who are trained and registered through CCHP, there are public health nurses located in local health department and nurses employed by school districts who are working as child care health consultants.

Unfortunately, child care regulations in California lack a strong health component and do not require the use of any health professionals in child care settings except for a few programs that serve ill children. Additionally, there is no mention of child care health consultation within the state's developing quality rating and improvement system. The only systematic push for child care health consultants in California is the requirement defined in accreditation by the National Association for the Education of Young Children.

For more information on the CCHP see: <http://www.ucsfchildcarehealth.org/index.htm>

Iowa - Iowa has a two-tiered, state and local system of child care health consultants, all of whom are nurses. The state coordinator is located at the State Health Department with funding by the Department of Human Services from the Child Care Block Grant. The coordinator is a resource to the 45-50 local health department child care health consultants who provide the equivalent of about 23 full time employee hours of service to child care providers.

The child care health consultants are employed by local health departments, and are mostly funded through local "Empowerment Funding." This funding is under the auspices of Early Childhood Iowa, and is a mix of state funds, TANF, and other funds co-mingled at the Iowa Department of Management and offered to localities to use at their discretion.

The state coordinator who works at the State Health Department provides training, most of which is now online video lectures. After completion, the local child care health consultants are supported in their clinical learning by an experienced child care health consultant. The coordinator provides ongoing training and technical assistance through quarterly meetings with two or three additional professional development opportunities offered per year via webinar.

See: <http://www.idph.state.ia.us/hcci/> and http://www.idph.state.ia.us/hcci/common/pdf/itpccnc_brochure.pdf.

Kentucky - Kentucky has used the proceeds from their state's tobacco settlement (Kids NOW) to support child care health consultants since 2000. The state passes monies to local health departments to hire child care health consultants, full- or part-time. There are two trainers and 10 child care health consultants in local health departments, and two child care health consultants in a CCRR. Child care health consultants are mostly registered nurses, but may also be registered dietitians or health educators.

The Kentucky Department of Health supports the state's child care health consultants by managing a technical assistance center, a helpline, and a website (www.kentuckycchc.org). Regulations require that child care health consultants have a Bachelors' degree and be a

registered nurse or public health administrator. They must also complete the standardized curriculum based on National Training Institute's model.

See: <http://chfs.ky.gov/dph/mch/ecd/healthystart.htm>

As the source of funds supporting child care health consultants is dwindling, Kentucky is now looking at funding under the Affordable Care Act (Supplemental Nutrition Assistance Program or "SNAP Ed") and at fee-for-service models. As a cost savings strategy, many child care health consultants are also providing consultation increasingly by phone and e-mail.

Louisiana - Louisiana has more than 130 child care health consultants, most of whom are nurses. Social workers, physicians, dietitians, and injury control specialists may also be child care health consultants. The program is located within the Louisiana Department of Health and Hospitals, Maternal and Child Health Program, and is focused on helping licensed child care providers meet their licensing requirements. Regulations require that three of the required 15 hours of annual continuing education for child care providers come from a child care health consultant.

Recognizing the importance of early social and emotional development on later life, Louisiana also has a network of child care mental health consultants. The Louisiana Department of Children and Family Services contracted with Tulane University to develop a program for licensed child care centers to work with mental health professionals to improve the environment of the program so that it better supports children's social-emotional development. Visits are made for six months, one visit every other week, for a total of 12 visits. The program teaches centers how to promote social-emotional development, how to support teachers in providing for social-emotional development in the classroom, and how to design interventions or refer children for treatment. To receive assistance, the providers must be participating in Quality Start, Louisiana's quality rating and improvement system. The program is linked to the Early Intervention Program. The child care health consultant and the mental health consultation programs are separately administered and have little, if any, interaction.

Tulane University, the provider of the mental health program, was recently asked to re-examine the various models for child care health consultant and recommend potential strategies for improving the program.

North Carolina - North Carolina uses funding from the Division of Child Development and Early Education, as well as funding from the State Health Department to fund state level coordination and training of child care health consultation, which is housed the University of North Carolina, Gillings School of Global Public Health (Gillings).

Child care health consultants are located within local health departments or in CCRRs. Most are nurses, although there has been a recent increase in the number of health educators working as child care health consultants. All child care health consultants must receive training from Gillings, which does educational needs assessment and provides professional development opportunities, usually in the form of a day-and-a-half conference.

The state has encountered issues sustaining funds to support local child care health consultants. Locally, child care health consultation services are supported through Smart Start, a public/private partnership that operates in all 100 North Carolina counties through the North Carolina Partnership for Children, Inc., and 77 local partnerships. Currently the Race to the Top,

Early Learning Challenge grant is supporting five newly hired child care health consultants, two of whom will be assigned to high needs areas of the state and three will be employed by Gillings. One of the Gillings child care health consultants will support the two new child care health consultants in the high-risk areas and the other two will provide mentoring and support statewide. They are also looking at a tiered model for child care health consultant services under which providers can contract for differing levels of services. A unique feature of North Carolina is that child care health consultants have formed their own association.

See: http://www.healthychildcarenc.org/consultant_list.htm and <https://sites.google.com/site/nccchca/our-company>

Virginia - Virginia uses a combination of Maternal and Child Health Services Block Grant (Title V) and Early Childhood Comprehensive Systems (ECCS) funds with a coordinator located at the State Health Department.

While Virginia's child care health consultation program started as a local health department model, they have since expanded to include the private sector with a goal of having a child care health consultant contact for child care programs in each region of the state. Each child care health consultant is required to complete the 32-hour training from the state health department, which is based on the National Training Institute's model. Most child care health consultants are nurses, but there are also some dentists, physicians, pharmacists, health educators and child care staff with the Child Development Associate credential. Having knowledge of child care is a pre-requisite for the training program. Child care health consultants are surveyed every three years for their educational needs and training plans are adjusted accordingly. Virginia also employs New York's model for Medication Administration Training.

Through conference calls, the coordinator is able to provide an interactive, live training session twice a year through the network of 35 local health departments in Virginia. Continuing education units are offered to participants of this training including state health department program staff and community partners. Virginia is also beginning a collaboration with community colleges that can offer course credit for the child care health consultant training. For those that are not working towards a degree, they are also developing a certificate program.

The website for Healthy Child Care Virginia is:

<http://www.vahealth.org/childadolescenthealth/EarlyChildhoodHealth/HealthyChildcareVA/>

A summary of information from other states appears in Appendix C. The highlighted states provide a number of funding strategies that may be informative for New York. These examples also show how states can tie child care health consultation to quality initiatives.

OPPORTUNITIES AND BARRIERS TO DEVELOPING A MORE COMPREHENSIVE SYSTEM OF CHILD CARE HEALTH CONSULTATION IN NEW YORK

While there are a number of constraints that need to be addressed, there are also some opportunities for providing additional emphasis on the promotion of health related policies and practices in child care programs through a comprehensive system of high quality health consultation.

What follows below is a series of questions that could structure conversations about how New York could strengthen and expand the provision of child care health consultant services.

- ***What child care health consultant service elements does New York State want to make available to child care programs?***

There are a wide range of service elements that child care health consultants could provide child care programs. These include:

Regulatory Elements

- Sign off on health plans to ensure compliance with health and safety regulations for child care

Health Promotion Elements

- Provide health related training to providers and parents
- Provide guidance and tools to providers to model and reinforce healthy behaviors for children in their care
- Connect families, children and providers to health insurance and primary health care in the community
- Reinforce the importance of routine well child care - both frequency and content of visits
- Help child care providers manage acute and chronic health needs of individual children in their care
- Provide on-going consultation regarding health related regulations, policies, and best practices
- Review providers' and children's health records, and provide tailored feedback to providers to support strategies to improve follow-up
- Provide training/guidance on medication administration and provide consultation on medication administration policies (beyond health plans)
- Provide technical assistance to providers to assist them in meeting health-related quality standards defined in the state's QUALITYstarsNY quality rating and improvement system.

Currently, New York's child care health consultant program is focused on supporting programs in meeting child health and safety regulations (regulatory element). These consultants can and do provide many of the health promotion service elements, but those services are provided by charging fees to the programs. Given the lack of funding for child care it is fair to assume that many programs are unable to afford these services.

As been mentioned before, child care programs are in a unique position to promote healthy lifestyles, link families to health insurance and needed services, and provide a range of additional supports that prevent health and social emotional development problems from occurring.

What child care health consultant service elements should be considered as priorities for making available if additional funding or other resources were available?

- ***How should child care health consultant services be structured so that additional service elements are made available?***

If other funding/resources for providing child care health consultant services were identified, it would be important to determine what is the most efficient and cost effective ways to provide these services.

Assuming that there is no source of funds that could be easily funneled to CRRs to support an expansion of the existing network of CRR child care health consultants, what structure can we put in place that allows for an expansion of service provided by other organizations?

- ***Are there additional sources of funding for child care health consultants that could be accessed to provide a broader array of services?***

Clearly, whatever system is developed it must be affordable and sustainable, both from the viewpoint of providers and for the state. Cost effectiveness of early childhood intervention is well established, which is one of the clearest arguments in support of funding.

Child care health consultants in New York have been supported by two different funding streams, one of which was been discontinued when the Department of Health eliminated the "optional services" category for State Aid to Local Health Departments (Title VI) funds. An argument could be made that the work of child care health consultants fits perfectly with the core public health mission and assurance role of local health departments in an effort to restore that source of funding. Since the liability issue related to programs' health plans would remain, health care consultants employed at local health departments would fulfill a health promotion role and not sign off on health plans. Rather, programs would use another health care consultant to perform the regulation related role.

There is an evidence base for the comprehensive model as outlined in *Caring for Our Children: National Health and Safety Standards*. The Department of Health's evaluation in 2003 of the child care health consultants was consistent with these evaluations. It must be recognized that achieving high quality care for children goes beyond the minimum requirements defined in regulations. The current CRR-based model focuses financial support for child care health consultants on programs' adherence to Medication Administration policies and the oversight of programs' health plans. Licensed health professionals, specifically those with child health and/or public health experience or training are capable of providing a broader range of services and should be able to practice to the full scope and standards of their profession.

What strategies used by other states could be replicated in New York? What federal funding could be used for this purpose (i.e., Medicaid case management funds)? (See Appendix D)

- ***Should the education, supervision and evaluation of child care health consultants be centralized?***

There is a need for a strong, standardized system for providing for the initial education of child care health consultants, assessing the need for ongoing training, ensuring consistency in implementation, or for evaluating the impact of child care health consultants on the quality of child care. Many states locate the coordinating office for child care health consultants within the Department of Health or with a contracted entity supervised by the Department of Health which

allows for a greater connection with a wide variety of health subject matter experts, and with the most up-to-date information about child health and safety.

A coordinating entity can serve to also track activities and related outcomes for providers and children. The Omaha System used by Arizona would both contribute to the emerging evidence about effectiveness of child care health consultants as a public health intervention and could provide the rationale for funding.

- ***Should a child care health consultant credentialing process be developed?***

There should be some agreement as to who may call themselves a child care health consultant. At a minimum, child care health consultants signing health plans should have some experience with the child development, children's health care, prevention and health promotion topics, and community resources. States have differing requirements for how much education the child care health consultant must have, but generally they are using registered nurses and requiring training through the National Training Institute or receipt of a minimum number of training hours provided by a from a certified child care health consultants at the central agency.

New York State has recently developed a comprehensive workforce registry, *Aspire*, which tracks the credentials and training of child care staff as well as credential trainers who provide training within the early education system. This centralized registry system could be expanded to include health professionals serving as child care health consultants and highlight those child care health consultant who participate in structured trainings provided by the state's cadre of certified trainers who participated in the National Training Institute's program. Currently, child care health consultants who are certified MAT or Health and Safety trainers are registered as specialty trainers within the state's training registry, which is linked with *Aspire*.

Aspire is also closely linked with the data system that supports and tracks child care programs participating in QUALITYstarsNY, which could facilitate the use of child care health consultant services and outcomes related to programs achieving higher ratings in health standards.

- ***How can initial training and continuing educational needs of child care health consultants be provided and supported?***

The current workforce should be supported with a consistent, basic training program and ongoing and frequent reassessment of their training needs. A central coordinating body should be responsible for gathering intelligence about what the child care health consultants are experiencing in the field, formulating an educational needs assessment, and arranging and coordinating regular educational sessions for the child care health consultants. While an informal network has been facilitated by the Early Care and Learning Council, there is no contractual obligation to for any entity to perform this function nor is there any financial support provided to support a comprehensive training structure for health care consultants in the state.

There are existing resources that could be used toward expanding the training of child care health consultants in the state. The Professional Development Program has an existing contract with OCFS to provide state wide training for child care staff as well as staff member who is a certified trainer of the National Training Institute curriculum. Additionally, the Professional Development Program has an existing relationship and database of certified MAT and health and safety trainers, many of whom also serve as child care health consultants. At a minimum, consideration should be given to making sure that anyone signing health plans has access to current, relevant educational offerings.

Consideration should also be given to making use of available technology to make it easy for providers to obtain training. Webinars and archived webinars are a good way for providers to “attend” educational sessions when their schedule allows. Potentially, a catalog of offerings could be created from existing, free, web-based offerings. A gaps analysis could be conducted and additional offerings could be created under contract with one of New York’s many colleges and universities with an interest in early childhood and public health.

- ***How should child care health consultants be linked to QUALITYstarsNY and or support programs ability to meet health related quality standards?***

QUALITYstarsNY is the state’s quality rating and improvement system for early care and education programs. Health related program quality standards for QUALITYstarsNY are built on strong foundations of the state’s health regulations for child care programs, which are some of the most robust regulations in the nation.

The Promoting Healthy Development Workgroup of the NYS Early Childhood Advisory Council has several members from the State Department of Health and the NYS Office of Mental Health. Recently, this group recommended a set of quality health standards that were included in the revised QUALITYstarsNY program standards. They included standards that encourage programs to be designated as Breast Feeding Friendly and to enroll in the Child and Adult Care Food Program (CACFP). CACFP provides healthy food for low-income children, and requires participating programs to follow meal plans with strict nutritional guidelines.

In addition to program quality standards related to health promotion, QUALITYstarsNY includes standards related to developmental screening and ongoing developmental assessment, as well as appropriate inclusion of children with disabilities and/or special health care needs. While the standards and resources being developed are important steps in realizing the health promoting potential of the childcare venue, a well-educated and organized cadre of health consultants could provide valuable and needed guidance and support for child care programs participating in QUALITYstarsNY.

Conclusion

The evaluation of the policy options and the selection of strategies for action should be dictated by New York’s overall vision for early childhood education. The importance of health and safety for this group will require careful choices and planning, as well as a solid, up-front agreement on how effectiveness will be evaluated. A more well-defined, standardized system of child care health consultancy is attainable, and children will benefit. Given what we know about building healthy futures, the correlation of health and school readiness and success combined with the currently untapped health promoting opportunities in New York’s childcare landscape make this an urgent issue which has the potential to be a powerful vehicle through which to transform our state’s health.

Appendix A.

Standards related to Child Care Health Consultants

Taken from: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington DC: American Public Health Association. Also Available at <http://nrckids.org>.

1.6 Consultants

STANDARD 1.6.0.1: Child Care Health Consultants

A facility should identify and engage/partner with a child care health consultant who is a licensed health professional with education and experience in child and community health and child care and preferably specialized training in child care health consultation.

Child care health consultants have knowledge of resources and regulations and are comfortable linking health resources with child care facilities.

The child care health consultant should be knowledgeable in the following areas:

- a. Consultation skills both as a child care health consultant as well as a member of an interdisciplinary team of consultants;
- b. National health and safety standards for out-of-home child care;
- c. Indicators of quality early care and education;
- d. Day-to-day operations of child care facilities;
- e. State child care licensing and public health requirements;
- f. State health laws, Federal and State education laws (e.g., ADA, IDEA), and state professional practice acts for licensed professionals (e.g., State Nurse Practice Acts);
- g. Infancy and early childhood development, social and emotional health, and developmentally appropriate practice;
- h. Recognition and reporting requirements for infectious diseases;
- i. American Academy of Pediatrics (AAP) and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening recommendations and immunizations schedules for children;
- j. Importance of medical home and local and state resources to facilitate access to a medical home as well as child health insurance programs including Medicaid and State Children's Health Insurance Program (SCHIP);
- k. Injury prevention for children;
- l. Oral health for children;
- m. Nutrition and age-appropriate physical activity recommendations for children including feeding of infants and children, the importance of breastfeeding and the prevention of obesity;
- n. Inclusion of children with special health care needs, and developmental disabilities in child care;
- o. Safe medication administration practices;
- p. Health education of children;
- q. Recognition and reporting requirements for child abuse and neglect/child maltreatment;

- r. Safe sleep practices and policies (including reducing the risk of SIDS);
- s. Development and implementation of health and safety policies and practices including poison awareness and poison prevention;
- t. Staff health, including adult health screening, occupational health risks, and immunizations;
- u. Disaster planning resources and collaborations within child care community;
- v. Community health and mental health resources for child, parent and staff health;
- w. Importance of serving as a healthy role model for children and staff.

The child care health consultant should be able to perform or arrange for performance of the following activities:

- a. Assessing caregivers'/teachers' knowledge of health, development, and safety and offering training as indicated;
- b. Assessing parents'/guardians' health, development, and safety knowledge, and offering training as indicated;
- c. Assessing children's knowledge about health and safety and offering training as indicated;
- d. Conducting a comprehensive indoor and outdoor health and safety assessment and on-going observations of the child care facility;
- e. Consulting collaboratively on-site and/or by telephone or electronic media;
- f. Providing community resources and referral for health, mental health and social needs, including accessing medical homes, children's health insurance programs (e.g., CHIP), and services for special health care needs;
- g. Developing or updating policies and procedures for child care facilities (see comment section below);
- h. Reviewing health records of children;
- i. Reviewing health records of caregivers/teachers;
- j. Assisting caregivers/teachers and parents/guardians in the management of children with behavioral, social and emotional problems and those with special health care needs;
- k. Consulting a child's primary care provider about the child's individualized health care plan and coordinating services in collaboration with parents/guardians, the primary care provider, and other health care professionals (the child care health consultant shows commitment to communicating with and helping coordinate the child's care with the child's medical home, and may assist with the coordination of skilled nursing care services at the child care facility);
- m. Consulting with a child's primary care provider about medications as needed, in collaboration with parents/guardians;
- n. Teaching staff safe medication administration practices;
- o. Monitoring safe medication administration practices;
- p. Observing children's behavior, development and health status and making recommendations if needed to staff and parents/guardians for further assessment by a child's primary care provider;
- q. Interpreting standards, regulations and accreditation requirements related to health and safety, as well as providing technical advice, separate and apart from an enforcement role of a regulation inspector or determining the status of the facility for recognition;
- r. Understanding and observing confidentiality requirements;
- s. Assisting in the development of disaster/emergency medical plans (especially for those children with special health care needs) in collaboration with community resources;
- t. Developing an obesity prevention program in consultation with a nutritionist/registered dietitian (RD) and physical education specialist;

- u. Working with other consultants such as nutritionists/RDs, kinesiologists (physical activity specialists), oral health consultants, social service workers, early childhood mental health consultants, and education consultants.

The role of the child care health consultant is to promote the health and development of children, families, and staff and to ensure a healthy and safe child care environment (11).

The child care health consultant is not acting as a primary care provider at the facility but offers critical services to the program and families by sharing health and developmental expertise, assessments of child, staff, and family health needs and community resources. The child care health consultant assists families in care coordination with the medical home and other health and developmental specialists. In addition, the child care health consultant should collaborate with an interdisciplinary team of early childhood consultants, such as, early childhood education, mental health, and nutrition consultants.

In order to provide effective consultation and support to programs, the child care health consultant should avoid conflict of interest related to other roles such as serving as a caregiver/teacher or regulator or a parent/guardian at the site to which child care health consultation is being provided.

The child care health consultant should have regular contact with the facility's administrative authority, the staff, and the parents/guardians in the facility. The administrative authority should review, and collaborate with the child care health consultant in implementing recommended changes in policies and practices. In the case of consulting about children with special health care needs, the child care health consultant should have contact with the child's medical home with permission from the child's parent/guardian.

Programs with a significant number of non-English-speaking families should seek a child care health consultant who is culturally sensitive and knowledgeable about community health resources for the parents'/guardians' native culture and languages.

RATIONALE: Child care health consultants provide consultation, training, information and referral, and technical assistance to caregivers/teachers (10). Growing evidence suggests that Child care health consultants support healthy and safe early care and education settings and protect and promote the healthy growth and development of children and their families (1-10). Setting health and safety policies in cooperation with the staff, parents/guardians, health professionals, and public health authorities will help ensure successful implementation of a quality program (3). The specific health and safety consultation needs for an individual facility depend on the characteristics of that facility (1-2). All facilities should have an overall child care health consultation plan (1, 2, 10).

The special circumstances of group care may not be part of the health care professional's usual education. Therefore, caregivers/teachers should seek child care health consultants who have the necessary specialized training or experience (10). Such training is available from instructors who are graduates of the National Training Institute for Child Care Health Consultants (NTI) and in some states from state-level mentoring of seasoned child care health consultants known to chapter child care contacts networked through the Healthy Child Care America (HCCA) initiatives of the AAP.

Some professionals may not have the full range of knowledge and expertise to serve as a child care health consultant but can provide valuable, specialized expertise. For example, a sanitarian may provide consultation on hygiene and infectious disease control and a Certified Playground Safety Inspector would be able to provide consultation about gross motor play hazards.

COMMENTS: The U.S. Department of Health and Human Services Maternal and Child Health Bureau (MCHB) has supported the development of state systems of child care health consultants through HCCA and State Early Childhood Comprehensive Systems grants and continues to support the NTI. Child care health consultants provide services to centers as well as family child care homes through on-site visits as well as phone or email consultation. Approximately twenty states are funding child care health consultant initiatives through a variety of funding sources, including Child Care Development Block Grants, TANF, and Title V. In some states a wide variety of health consultants, e.g., nutrition, kinesiology (physical activity), mental health, oral health, environmental health, may be available to programs and those consultants may operate through a team approach. Connecticut is an example of one state that has developed interdisciplinary training for early care and education consultants (health, education, mental health, social service, nutrition, and special education) in order to develop a multidisciplinary approach to consultation (8).

Certificates are provided for graduates of the NTI upon completion of the course and continuing education units are awarded. Some states offer child care health consultant training. Not all states implement child care health consultant training as modeled by the NTI. Some states offer continuing education units, college credit, and/or certificate of completion. Credentialing is an umbrella term referring to the various means employed to designate that individuals or organizations have met or exceeded established standards. These may include accreditation of programs or organizations and certification, registration, or licensure of individuals. Accreditation refers to a legitimate state or national organization verifying that an educational program or organization meets standards. Certification is the process by which a non-governmental agency or association grants recognition to an individual who has met predetermined qualifications specified by the agency or association. Certification is applied for by individuals on a voluntary basis and represents a professional status when achieved. Typical qualifications include 1) graduation from an accredited or approved program and 2) acceptable performance on a qualifying examination. While there is no national accreditation of child care health consultant training programs or individual child care health consultants at this time, this is a future goal. Contact NTI at nti@unc.edu for additional information.

Child care health consultant services may be provided through the public health system, resource and referral agency, private source, local community action program, health professional organizations, other non-profit organizations, and/or universities. Some professional organizations include child care health consultants in their special interest groups, such as the AAP's Section on Early Education and Child Care and the National Association of Pediatric Nurse Practitioners (NAPNAP).

Child care health consultants who are not employees of health, education, family service or child care agencies may be self-employed. Compensating them for their services via fee-for-service, an hourly rate, or a retainer fosters access and accountability.

Listed below is a sample of the policies and procedures child care health consultants should review and approve:

- a. Admission and readmission after illness, including inclusion/exclusion criteria;
- b. Health evaluation and observation procedures on intake, including physical assessment of the child and other criteria used to determine the appropriateness of a child's attendance;
- c. Plans for care and management of children with communicable diseases;
- d. Plans for prevention, surveillance and management of illnesses, injuries, and behavioral and emotional problems that arise in the care of children;
- e. Plans for caregiver/teacher training and for communication with parents/guardians and primary care providers;
- f. Policies regarding nutrition, nutrition education, age-appropriate infant and child feeding, oral health, and physical activity requirements;
- g. Plans for the inclusion of children with special health or mental health care needs as well as oversight of their care and needs;
- h. Emergency/disaster plans;
- i. Safety assessment of facility playground and indoor play equipment;
- j. Policies regarding staff health and safety;
- k. Policy for safe sleep practices and reducing the risk of SIDS;
- l. Policies for preventing shaken baby syndrome/abusive head trauma;
- m. Policies for administration of medication;
- n. Policies for safely transporting children;
- o. Policies on environmental health – hand-washing, sanitizing, pest management, lead, etc.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 1.6.0.3: Early Childhood Mental Health Consultants

Standard 1.6.0.4: Early Childhood Education Consultants

REFERENCES:

1. Alkon, A., J. Bernzweig, K. To, J. K. Mackie, M. Wolff, J. Elman. 2008. Child care health consultation programs in California: Models, services, and facilitators. *Public Health Nurs* 25:126-39.
2. Alkon, A., J. Farrer, J. Bernzweig. 2004. Roles and responsibilities of child care health consultants: Focus group findings. *Pediatric Nurs* 30:315-21.
3. Crowley, A. A. 2000. Child care health consultation: The Connecticut experience. *Maternal Child Health J* 4:67-75.
4. Gupta, R. S., S. Shuman, E. M. Taveras, M. Kulldorff, J. A. Finkelstein. 2005. Opportunities for health promotion education in child care. *Pediatrics* 116:499-505.
5. Farrer, J., A. Alkon, K. To. 2007. Child care health consultation programs: Barriers and opportunities. *Maternal Child Health J* 11:111-18.
6. Heath, J. M., et al. 2005. Creating a statewide system of multi-disciplinary consultation system for early care and education in Connecticut. Farmington, CT: Child Health and

Development Institute of Connecticut.

http://nitcci.nccic.acf.hhs.gov/resources/10262005_93815_901828.pdf.

7. Crowley, A. A., J. M Kulikowich. 2009. Impact of training on child care health consultant knowledge and practice. *Pediatric Nurs* 35:93-100.
8. Crowley, A. A., R. M. Sabatelli. 2008. Collaborative child care health consultation: A conceptual model. *J for Specialists in Pediatric Nurs* 13:74-88.
9. Dellert, J. C., D. Gasalberti, K. Sternas, P. Lucarelli, J. Hall. 2006. Outcomes of child care health consultation services for child care providers in New Jersey: A pilot study. *Pediatric Nurs* 32:530-37.
10. Alkon, A., J. Bernzweig, K. To, M. Wolff, J. F. Mackie. 2009. Child care health consultation improves health and safety policies and practices. *Academic Pediatrics* 9:366-70.
11. Crowley, A. A. 2001. Child care health consultation: An ecological model. *J Society Pediat Nurs* 6:170-81.

STANDARD 16.0.2: Frequency of Child Care Health Consultation Visits

The child care health consultant should visit each facility as needed to review and give advice on the facility's health component (1). Early childhood programs that serve any child younger than three years of age should be visited more frequently than child care programs that serve children three to five years of age. In both cases the frequency of visits should meet the needs of the composite group of children and be based on the needs of the program for training, support, and monitoring of child health and safety needs, including (but not limited to) infectious disease, injury prevention, safe sleep, nutrition, oral health, physical activity and outdoor learning, emergency preparation, medication administration, and the care of children with special health care needs. Written documentation of child care health consultant visits should be maintained at the facility.

RATIONALE: Almost everything that goes on in a facility and almost everything about the facility itself affects the health of the children, families, and staff it serves (1). Because infants are developing rapidly, environmental situations can quickly create harm. Their rapid changes in behavior make regular and frequent visits by the child care health consultant extremely important (2-4). In facilities where health and safety problems are present, staff require additional training and support to care for special health care needs or a high turnover rate of staff may occur, more frequent visits by the child care health consultant should be arranged (2).

COMMENTS: State child care regulations display a wide range of frequency and recommendations in states that require child care health consultant visits, from as frequently as once a week for programs serving children under three years of age to twice a year for programs serving children three to five years of age (2,5,6).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 1.1.1.3: Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities

Standard 1.6.0.1: Child Care Health Consultants

Standard 1.6.0.5: Specialized Consultation for Facilities Serving Children with Disabilities

Standard 3.6.2.7: Child Care Health Consultants for Facilities That Care for Children Who Are Ill

Standard 4.4.0.1: Food Service Staff by Type of Facility and Food Service

Standard 4.4.0.2: Use of Nutritionist/Registered Dietitian

Standard 9.4.1.17: Documentation of Child Care Health Consultation/Training Visits

Standard 10.3.4.3: Support for Consultants to Provide Technical Assistance to Facilities

Standard 10.3.4.4: Development of List of Providers of Services to Facilities

REFERENCES:

1. Alkon, A., J. Bernzweig, K. To, J. K. Mackie, M. Wolff, J. Elman. 2008. Child care health consultation programs in California: Models, services, and facilitators. *Public Health Nurs* 25:126-39.
2. Crowley, A. A. 2000. Child care health consultation: The Connecticut experience. *Maternal Child Health J* 4:67-75.
3. Dellert, J. C., D. Gasalberti, K. Sternas, P. Lucarelli, J. Hall. 2006. Outcomes of child care health consultation services for child care providers in New Jersey: A pilot study. *Pediatric Nursing* 32:530-37.
4. Gupta, R. S., S. Shuman, E. M. Taveras, M. Kulldorff, J. A. Finkelstein. 2005. Opportunities for health promotion education in child care. *Pediatrics* 116:499-505.
5. Healthy Child Care Consultant Network Support Center, CHT Resource Group. 2006. The influence of child care health consultants in promoting children's health and well-being: A report on selected resources. http://hccnsc.jsi.com/resources/publications/CC_lit_review_Screen_All.pdf.
6. National Resource Center for Health and Safety in Child Care and Early Education. 2010. Child care health consultant requirements and profiles by state. http://nrckids.org/RESOURCES/child_care_health_consultant_by_state.pdf.

STANDARD 1.6.0.3: Early Childhood Mental Health Consultants

A facility should engage a qualified early childhood mental health consultant who will assist the program with a range of early childhood social-emotional and behavioral issues and who will visit the program at minimum quarterly and more often as needed.

The knowledge base of an early childhood mental health consultant should include:

- a. Training, expertise and/or professional credentials in mental health (e.g., psychiatry, psychology, clinical social work, nursing, developmental-behavioral medicine, etc.);
- b. Early childhood development (typical and atypical) of infants, toddlers, and preschool age children;
- c. Early care and education settings and practices;
- d. Consultation skills and approaches to working as a team with early childhood consultants from other disciplines, especially health and education consultants, to effectively support directors and caregivers/teachers.

The role of the early childhood mental health consultant should be focused on building staff capacity and be both proactive in decreasing the incidence of challenging classroom behaviors and reactive in formulating appropriate responses to challenging classroom behaviors and should include:

- a. Developing and implementing classroom curricula regarding conflict resolution, emotional regulation, and social skills development;
- b. Developing and implementing appropriate screening and referral mechanisms for behavioral and mental health needs;
- c. Forming relationships with mental health providers and special education systems in the community;
- d. Providing mental health services, resources and/or referral systems for families and staff;
- e. Helping staff facilitate and maintain mentally healthy environments within the classroom and overall system;
- f. Helping address mental health needs and reduce job stress within the staff;
- g. Improving management of children with challenging behaviors;
- h. Preventing the development of problem behaviors;
- i. Providing a classroom climate that promotes positive social-emotional development;
- j. Recognizing and appropriately responding to the needs of children with internalizing behaviors, such as persistent sadness, anxiety, and social withdrawal;
- k. Actively teaching developmentally appropriate social skills, conflict resolution, and emotional regulation;
- l. Addressing the mental health needs and daily stresses of those who care for young children, such as families and caregivers/teachers;
- m. Helping the staff to address and handle unforeseen crises or bereavements that may threaten the mental health of staff or children and families, such as the death of a caregiver/teacher or the serious illness of a child.

RATIONALE: As increasing numbers of children are spending longer hours in child care settings, there is an increasing need to build the capacity of caregivers/teachers to attend to the social-emotional and behavioral well-being of children as well as their health and learning needs. Early childhood mental health underlies much of what constitutes school readiness, including emotional and behavioral regulation, social skills (i.e., taking turns, postponing gratification), the ability to inhibit aggressive or anti-social impulses, and the skills to verbally express emotions, such as frustration, anger, anxiety, and sadness. Supporting children's health, mental health and learning requires a comprehensive approach. Child care programs need to have health, education, and mental health consultants who can help them implement universal, selected and targeted strategies to improve school readiness in young children in their care (1-5). Mental health consultants in collaboration with education and child care health consultants can reduce

the risk for children being expelled, can reduce levels of problem behaviors, increase social skills and build staff efficacy and capacity (1-11).

COMMENTS: Access to an early childhood mental health consultant should be in the context of an ongoing relationship, with at least quarterly regular visits to the classroom to consult. However, even an on-call-only relationship is better than no relationship at all. Regardless of the frequency of contact, this relationship should be established before a crisis arises, so that the consultant can establish a useful proactive working relationship with the staff and be quickly mobilized when needs arise. This consultant should be viewed as an important part of the program's support staff and should collaborate with all regular classroom staff, administration, and other consultants such as child care health consultants and education consultants, and support staff. In most cases, there is no single place in which to look for early childhood mental health consultants. Qualified potential consultants may be identified by contacting mental health and behavioral providers (e.g., child clinical and school psychologists, licensed clinical social workers, child psychiatrists, developmental pediatricians, etc.), as well as training programs at local colleges and universities where these professionals are being trained. Colleges and universities may be a good place to find well-supervised consultants-in-training at a potentially reasonable cost, although consultant turnover may be higher.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 1.6.0.1: Child Care Health Consultants

Standard 1.6.0.4: Early Childhood Education Consultants

REFERENCES:

1. Brennan, E. M., J. Bradley, M. D. Allen, D. F. Perry. 2008. The evidence base for mental health consultation in early childhood settings: A research synthesis addressing staff and program outcomes. *Early Ed Devel* 19:982-1022.
2. National Scientific Council on the Developing Child. 2008. Mental health problems in early childhood can impair learning and behavior for life. Working Paper no. 6. http://developingchild.harvard.edu/library/reports_and_working_papers/working_papers/wp6/.
3. Perry, D. F., M. D. Allen, E. M. Brennan, J. R. Bradley. 2009. The evidence base for mental health consultation in early childhood settings: A research synthesis addressing children's behavioral outcomes. *Early Ed Devel* 21:795-824.
4. Perry, D. F., R. Kaufmann, J. Knitzer. 2007. *Early childhood social and emotional health: Building bridges between services and systems*. Baltimore, MD: Paul Brookes Publishing.
5. Perry, D. F., M. C. Dunne, L. McFadden, D. Campbell. 2008. Reducing the risk for preschool expulsion: Mental health consultation for young children with challenging behaviors. *J Child Fam Studies* 17:44-54.

6. Committee on Integrating the Science of Early Childhood Development, Board on Children, Youth, and Families. 2000. From neurons to neighborhoods. Ed. J. P. Shonkoff, D. A. Phillips. Washington, DC: National Academy Press.
7. Gilliam, W. S. 2005. Prekindergarteners left behind: Expulsion rates in state prekindergarten programs. Foundation for Child Development (FCD). Policy Brief Series no. 3. New York: FCD. http://www.challengingbehavior.org/explore/policy_docs/prek_expulsion.pdf.
8. Gilliam, W. S., G. Shahar. 2006. Preschool and child care expulsion and suspension: Rates and predictors in one state. *Infants Young Children* 19:228-45.
9. Gilliam, W. S. 2007. Early Childhood Consultation Partnership: Results of a random-controlled evaluation. New Haven, CT: Yale University. <http://www.chdi.org/admin/uploads/5468903394946c41768730.pdf>.
10. American Academy of Pediatrics, Committee on School Health. 2003. Policy statement: Out-of-school suspension and expulsion. *Pediatrics* 112:1206-9.
11. Duran, F., K. Hepburn, M. Irvine, R. Kaufmann, B. Anthony, N. Horen, D. Perry. 2009. What works?: A study of effective early childhood mental health consultation programs. Washington, DC: Georgetown University Center for Child and Human Development. http://gucchdtacenter.georgetown.edu/publications/ECMHCStudy_Report.pdf.

STANDARD 1.6.0.4: Early Childhood Education Consultants

A facility should engage an early childhood education consultant who will visit the program at minimum semi-annually and more often as needed. The consultant must have a minimum of a Baccalaureate degree and preferably a Master's degree from an accredited institution in early childhood education, administration and supervision, and a minimum of three years in teaching and administration of an early care/education program. The facility should develop a written plan for this consultation which must be signed annually by the consultant. This plan should outline the responsibilities of the consultant and the services the consultant will provide to the program.

The knowledge base of an early childhood education consultant should include:

- a. Working knowledge of theories of child development and learning for children from birth through eight years across domains, including socio-emotional development and family development;
- b. Principles of health and wellness across the domains, including social and emotional wellness and approaches in the promotion of healthy development and resilience;
- c. Current practices and materials available related to screening, assessment, curriculum, and measurement of child outcomes across the domains, including practices that aid in early identification and individualizing for a wide range of needs;
- d. Resources that aid programs to support inclusion of children with diverse health and learning needs and families representing linguistic, cultural, and economic diversity of communities;
- e. Methods of coaching, mentoring, and consulting that meet the unique learning styles of adults;

- f. Familiarity with local, state, and national regulations, standards, and best practices related to early education and care;
- g. Community resources and services to identify and serve families and children at risk, including those related to child abuse and neglect and parent education;
- h. Consultation skills as well as approaches to working as a team with early childhood consultants from other disciplines, especially child care health consultants, to effectively support program directors and their staff.

The role of the early childhood education consultant should include:

- a. Review of the curriculum and written policies, plans and procedures of the program;
- b. Observations of the program and meetings with the director, caregivers/teachers, and parents/guardians;
- c. Review of the professional needs of staff and program and provision of recommendations of current resources;
- d. Reviewing and assisting directors in implementing and monitoring evidence based approaches to classroom management;
- e. Maintaining confidences and following all Family Educational Rights and Privacy Act (FERPA) regulations regarding disclosures;
- f. Keeping records of all meetings, consultations, recommendations and action plans and offering/providing summary reports to all parties involved;
- g. Seeking and supporting a multidisciplinary approach to services for the program, children and families;
- h. Following the National Association for the Education of Young Children (NAEYC) Code of Ethics;
- i. Availability by telecommunication to advise regarding practices and problems;
- j. Availability for on-site visit to consult to the program;
- k. Familiarity with tools to evaluate program quality, such as the Early Childhood Environment Rating Scale–Revised (ECERS–R), Infant/Toddler Environment Rating Scale–Revised (ITERS–R), Family Child Care Environment Rating Scale–Revised (FCCERS–R), School-Age Care Environment Rating Scale (SACERS), Classroom Assessment Scoring System (CLASS), as well as tools used to support various curricular approaches.

RATIONALE: The early childhood education consultant provides an objective assessment of a program and essential knowledge about implementation of child development principles through curriculum which supports the social and emotional health and learning of infants, toddlers and preschool age children (1-5). Furthermore, utilization of an early childhood education consultant can reduce the need for mental health consultation when challenging behaviors are the result of developmentally inappropriate curriculum (6, 7). Together with the child care health consultant, the early childhood education consultant offers core knowledge for addressing children’s healthy development.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 1.6.0.1: Child Care Health Consultants

Standard 1.6.0.3: Early Childhood Mental Health Consultants

REFERENCES:

1. Dunn, L., K. Susan. 1997. What have we learned about developmentally appropriate practice? *Young Children* 52:4-13.
2. Wesley, P. W., V. Buysse. 2006. Ethics and evidence in consultation. *Topics Early Childhood Special Ed* 26:131-41.
3. Wesley, P. W., S. A. Palsha. 1998. Improving quality in early childhood environments through on-site consultation. *Topics Early Childhood Special Ed* 18:243-53.
4. Wesley, P. W., V. Buysee. 2005. *Consultation in early childhood settings*. Baltimore, MD: Brookes Publishing.
5. Bredekamp, S., C. Copple, eds. 2000. *Developmentally appropriate practice in early childhood programs serving children from birth through age 8*. Rev ed. National Association for the Education of Young Children (NAEYC). Publication no. 234. Washington, DC: NAEYC. [http://www.naeyc.org/files/naeyc/file/positions/position statement Web.pdf](http://www.naeyc.org/files/naeyc/file/positions/position_statement_Web.pdf).
6. The Connecticut Early Education Consultation Network. CEECN: Guidance, leadership, support. <http://ctconsultationnetwork.org>.
7. Connecticut Department of Public Health. Child day care licensing program. http://www.ct.gov/dph/cwp/view.asp?a=3141&Q=387158&dphNav_GID=1823/.

STANDARD 1.6.0.5: Specialized Consultation for Facilities Serving Children with Disabilities

When children at the facility include those with special health care needs, developmental delay or disabilities, and mental health or behavior problems, the staff or documented consultants should involve any of the following consultants in the child's care, with prior informed, written parental consent and as appropriate to each child's needs:

- a. A registered nurse, nurse practitioner with pediatric experience, or child care health consultant;
- b. A physician with pediatric experience, especially those with developmental-behavioral training;
- c. A registered dietitian;
- d. A psychologist;
- e. A psychiatrist;
- f. A physical therapist;
- g. An adaptive equipment technician;
- h. An occupational therapist;
- i. A speech pathologist;
- j. An audiologist for hearing screenings conducted on-site at child care;
- k. A vision screener;
- l. A respiratory therapist;
- m. A social worker;
- n. A parent/guardian of a child with special health care needs;

- o. Part C representative/service coordinator;
- p. A mental health consultant;
- q. Special learning consultant/teacher (e.g., teacher specializing in work with visually impaired child or sign language interpreters);
- r. A teacher with special education expertise;
- s. The caregiver/teacher;
- t. Individuals identified by the parent/guardian;
- u. Certified child passenger safety technician with training in safe transportation of children with special needs.

RATIONALE: The range of professionals needed may vary with the facility, but the listed professionals should be available as consultants when needed. These professionals need not be on staff at the facility, but may simply be available when needed through a variety of arrangements, including contracts, agreements, and affiliations. The parent's participation and written consent in the native language of the parent, including Braille/sign language, is required to include outside consultants (1).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

REFERENCES:

1. Cohen, A. J. 2002. Liability exposure and child care health consultation. <http://www.ucsfchildcarehealth.org/pdfs/forms/CCHCLiability.pdf>.

Appendix B.

National Evidence-Based Data The following is a sample of national studies available that provide evidence that child care health consultation is effective in creating positive health and safety change in child care environments:

Taken from: *Child Care Health Consultation: Evidence Based Effectiveness* compiled by the Washington State Child Care Health Program

EVALUATION	FINDINGS
<i>(Longitudinal Data)</i> "Evaluation of the Child Care Health Consultation Demonstration Program: Phase IV Final Report", Prepared for Oregon Department of Human Services Office of Family Health, Portland, Oregon, prepared by Pacific Research and Evaluation, LLC, November 2007.	Oregon Child Care Health Consultants provide on-site consultations and assessments over a period of four resulting in longitudinal data. Child care records and policies were reviewed and assistance was provided. Documented health and safety improvements ranged from 2% - 60% in the areas of health exclusions, hand washing, emergency plans, and guidance and behavior.
Cole, PS. 2008, "Child Care Health Consultation Improves Health and Safety Practices and Environments in Early Education Settings", Indiana Institute on Disability and Community.	27% ↑ of infant feeding safety practices 24% ↓ in infants with soft bedding 28% ↑ in safe chemical storage 40% ↑ in proper medication documentation 41% ↑ in care plans for children with special needs 38% ↑ in sanitizing food prep areas
Moon R and Oden R. "Back to Sleep: Can We Influence Child Care Providers." PEDIATRICS, 2005, 112(4): 878-882.	30% ↑ in back-to-sleep SIDS prevention practices
Carabin et al. 1999."Effectiveness of a Training Program in Reducing Infections in Toddlers Attending Day Care Centers". Epidemiology 10:3 219-227.	25% ↓ in upper respiratory tract infections 37% ↓ in diarrheal illnesses
Roberts, Smith, Jorm, Patel, Douglas, and McGilchrist, "Effect of Infection Control Measures on the Frequency of Upper Respiratory Infection in Child Care: A Randomized, Controlled Study", PEDIATRICS Vol. 105 No. 4 April 2000, pp. 738-742.	17% ↓ in respiratory infections
Roberts, Smith, Jorm, Patel, Douglas, and McGilchrist, "Effect of Infection Control Measures on the Frequency of Diarrheal Episodes in Child Care: A Randomized, Controlled Study", PEDIATRICS Vol. 105 No. 4 April 2000, pp. 743-746.	66% ↓ in diarrheal episodes
Alkon and Bernzweig 2008, "Child Care Health Linkages Project Evaluation Summary" & "Child Care Health Consultation Programs in California: Models, Services, and Facilitators", Public Health Nursing 25:2, 126-139.	15% ↑ in infants and toddlers with up-to-date immunizations 6.4% ↑ in preschool aged children with up-to-date immunizations

Appendix C.

Child Care Health Consultants as Defined by OCFS

Taken from: <http://ecetp.pdp.albany.edu/hcc/health-care-consultation-in-nys/>

Health Care Consultants play a key role in supporting licensed and registered child day care providers as they work to meet one of their primary goals: providing the healthiest and safest environments for the children in their care.

Most Health Care Consultants for child day care programs in New York State are registered nurses. Amendments to the [Nurse Practice Act](#) in January 2005 enabled the New York State Office of Children and Family Services to revise the Child Day Care Regulations, allowing child day care providers to administer medication in their programs with the support of a Health Care Consultant and in accordance with the standards established in the regulations.

Taken from: <http://ecetp.pdp.albany.edu/hcc/health-care-consultation-in-nys/the-hcc-role/>

Health Care Consultants for child day care programs are responsible for reviewing, approving and, where necessary, amending the Health Care Plan for programs that are approved to administer medication. Final OCFS authorization is needed to administer medications in a day care program. The requirements for serving as a Health Care Consultant for child day care programs in New York State include a valid NYS license to practice as a physician, physician assistant, nurse practitioner or registered nurse.

Day Care Centers in New York State caring for infants, mildly ill children or moderately ill children also require the services of a Health Care Consultant, even if those programs choose not to seek Office of Children and Family Services approval to administer medication.

Health Care Consultant responsibilities include but are not limited to:

- Writing and revising effective Health Care Plans
- Conducting a qualitative review of a Health Care Plan
- Providing technical assistance to providers
- Revoking a Health Care Plan
- Addressing medication administration errors
- Communicating with regulatory staff (not limited to medication administration error scenarios)
- Monitoring the status of the provider's medication administration certifications for CPR, first aid and MAT

From OCFS Child Care Regulations, section 418-1.111, which may be found at:
http://www.ocfs.state.ny.us/main/childcare/regs/418-1_CDCC_regs.asp#s5

414.11 Health and Infection Control

(a) The provider must prepare a health care plan on forms furnished by the office, or approved equivalents. Such plan must protect and promote the health of children in a manner consistent with the health care plan guidelines issued by the office, which guidelines describe practices to promote the health of children and, for programs that provide care for such children, special considerations for the care of mildly ill children. The health care plan must be on site and available upon demand by a parent or guardian or the office. The health care plan must be followed by the provider and, for programs offering the administration of medications, must be

approved by the program's health care consultant. Should the health care consultant determine after a visit to the day care program that the approved health care plan is not being reasonably followed by the provider; the health care consultant may revoke his or her approval of the plan. If the health care consultant revokes his or her approval of the health care plan, the health care consultant must immediately notify the provider and the provider must immediately notify the office. In that instance, the health care consultant may also notify the office directly if he or she so desires. The health care plan must describe the following:

(1) ... (5) ...

(6) the designation of the health care consultant of record for programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (g) of this section; and

(7) the scheduling of visits by a health care consultant to programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (g) of this section.

**Appendix D. Sampling of Other States' Child Care Health Consultant Programs
Locations, Numbers and Funding Sources**

State	# Children Birth-4*	Coordinating Entity	#/Location of CCHCs	Funding Sources
Arizona	498,464	Local Health Department (Pima County)	30 CCHCs Local Health Departments Cooperative Extensions	<ul style="list-style-type: none"> • First Things First • Tobacco Tax
California	2,531,333	University of California, San Francisco, School of Nursing	79 Trained in Registry; Independent ; Local Health Departments ; School Districts	<ul style="list-style-type: none"> • First Five • Early Childhood Comprehensive Systems Funds • Fee for Service
Iowa	200,035	State Health Department	23 FTEs Local Health Departments	<ul style="list-style-type: none"> • Title V • Empowerment Funding: TANF, Local • Department of Human Services
Kentucky	278,301	State Health Department	12 CCHCs Local Health	<ul style="list-style-type: none"> • Kids NOW Tobacco Settlement

		contract w Local HD (Lexington- Fayette Co.)	Departments CCRR	<ul style="list-style-type: none"> • PPACA
Louisiana		State Health Department for health, Tulane for MH	~134 health + additional MH through Tulane. May be independents.	<ul style="list-style-type: none"> • Title V
North Carolina	630,772	School of Public Health	~135 Local Health Departments and Independents	<ul style="list-style-type: none"> • Smart Start • Partnerships for Children • Race to the Top – Early Learning Challenge
Virginia	506,249	State Health Department	~35 Local Health Departments And Independents	<ul style="list-style-type: none"> • Title V/MCHSBG • Children with Special Health Care Needs • Immunization • Early Childhood Comprehensive Systems (ECCS)

* New York has approximately 1,158,665 children ages birth to four.