


 **WELCOME**

Your courtesy is appreciated

- Please remember off all electronic devices to silent mode
- If you are attending with a young child please use discretion, we ask that you try not to disrupt another's learning experience

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 Promoting the Health of Children in Early Care and Education Settings: Models of Practice in CA, CT & NJ




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 **Session Objectives**

- Discuss:
 - Role and practice of nurse child care health consultants and state networks of health consultants
 - Methods for assessing and promoting early care and education (ECE) health and safety and supporting the inclusion of children with special health care needs
 - Professional issues:
 - medication administration provider training and nursing delegation
 - Policy issues: child care regulations, health forms, advocacy
 - State and national resources and funding mechanisms





Background

- 61% mothers with young children in workforce
- Child care programs
 - Potential Risks
 - Infectious diseases and injuries
 - Potential benefits of daily access to children and families
 - Opportunity to link to health care
 - Provide on-site care/consultation
 - Early identification and referral for health, developmental, and behavioral problems
 - Inclusion of children with chronic illnesses and special needs



State Child Care Regulations Vary Widely

- **Connecticut:** Requires all centers/ group homes to have a health consultant and weekly visits for programs enrolling children < 3 years
- **California:** No requirements for health consultant visits; 15 hours of health and safety training required for one ECE provider at each site
- **New Jersey:** No requirements for health consultants; child care staff must attend 8 hours of professional development training annually – including health and safety topics.

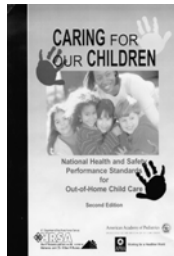
Background: Federal Initiatives

Standard:

“Each center and organized family child care home system shall utilize the services of a health consultant.”

(CFOC, 2002)

- To improve the health and safety of child care the USDHHS Maternal Child Health Bureau developed multiple initiatives to disseminate health and safety standards



**Background:
Federal Initiatives: USDHHS MCHB**

- National Resource Center for Health and Safety in Child Care and Early Ed (U CO Sch of Nursing)
- National Training Institute for Child Care Health Consultants (UNC-Chapel Hill-Sch PH)
- Healthy Child Care Consultant Network Support Center
- 1996-2005 Healthy Child Care America- grants to states
- 2005-present: Early Childhood Comprehensive Systems (ECCS) grants to states



Connecticut



**Promoting the Health of Children
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Healthy Child Care CT 1996-2005

- **Leadership Team:**
 - 5 members: DPH, Head Start/ DSS, Child advocacy (legal), MCH/PH expert, Health (PNP)
- **Core Committee:**
 - Over 50 representatives: health, early childhood education (ece), mental health, state agencies, private foundations, advocates (met quarterly for duration of grant)

Healthy Child Care CT 1996-2005: Grant goals

- **Build CCHC system**
- **Quality assurance: strengthen child care regulations**
- **Link children to health care (medical homes)/ SCHIP**

- Medication administration training for child care providers and nursing delegation issues
- Universal early childhood health assessment form

- 2005-present: Early Childhood Comprehensive Systems grant

Healthy Child Care CT/ ECCS Accomplishments

- **Child Care Health Consultant System**
 - Annual training 2002-2007
 - 120 nurses/ APNs and approx 100 ECE and mental health professionals and other child care and Head Start staff
 - 2005-present:
 - CT Nurses' Association – funded through ECCS grant
 - NP serves as part- time coordinator

(Crowley, A. & Kulikowich, J (in press). Impact of training on child care health consultant knowledge and practice. *Pediatric Nursing*

Healthy Child Care CT/ ECCS Accomplishments

- Benchmarked CT Child Care regulations with *Stepping Stones to Caring for Our Children* – national health and safety standards (USDHHS MCHB)
 - Developed consensus among Core Committee
 - Worked with Child Day Care Council
 - Reviewed by Atty General
 - Regulatory change (strengthened regulations) in final review

Healthy Child Care CT/ ECCS Accomplishments

- Link children to health care/ medical homes/ SCHIP
 - Combined with RWJ Funding to develop state wide system for enrolling children in SCHIP and linking to care through Child Care Resource and Referral Agency



Healthy Child Care CT/ ECCS Accomplishments

- Medication administration training program for child care providers
 - Parent reports of cc provider refusal to administer meds
 - Survey of child care directors (Catenzaro, 1999)
 - Barriers: Fear of liability, lack of access to training, cost of training, nursing delegation issue
 - Developed best practice medication administration training program
 - Case study of nursing delegation and medication administration (Heschel, Crowley, & Cohen [2005]. State policies regarding nursing delegation and medication administration in child care settings. *Policy, Politics, and Nursing Practice*, 6 (2):86-98)

Healthy Child Care CT/ ECCS Accomplishments

- Universal Early Childhood Health Assessment Form
 - Different forms for different programs:
 - Child care, Head Start, School Readiness
 - All inadequate information
 - Importance of comprehensive health information for ECE providers
 - Three agencies: DPH, SDE, Head Start- adopted form

(Crowley & Whitney, [2005]. Connecticut's new comprehensive and universal Early Childhood Health Assessment Form. *Journal of School Health*, 75 (8): 281-285)

Healthy Child Care CT/ ECCS CT Nurses' Association

- **CNA**

- Coordinator of health consultation services, networking, and interdisciplinary training
- Serves as voice for nursing and APN/ PNPs on state initiatives such as Quality Rating Systems for Child Care
- Coordinator of Medication Administration Training program for child care providers and has adapted version for parents

http://travelog.ne4seasonvacations.com/assets/2007/7/11/morgan_waterfront_250.jpg



Collaboration among PNP Leaders in Early Care and Education Initiatives

- **NJ:**

- Shared medication administration training program, case study and strategy re nursing delegation/ SBEN decision, universal health form

- **CA:**

- Collaboration in research initiatives:
 - Utilized CA Health and Safety Checklist
 - Nutrition and Physical Activity study (in progress)

- **Other PNP Leaders:**

- State ECCS Directors: CO and VA





California



Promoting the Health of Children in Early Care and Education Settings: Models of Practice

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California



- Role of child care health consultant
- Assessment of the National Health and Safety Standards
- Resources
- California health consultant projects

CCHP H & S Checklist

The CCHP H & S Checklist evaluates a program's

- Structure
- Equipment
- Health and safety practices and procedures

And, is comprised of different sections

- All ages
- Children 3 – 5 years of age
- Infants/toddlers under 36 months of age

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Health and Safety Assessment Tool: CCHP Health and Safety Checklist- Revised

- Training and Implementation



Background



- High quality ECE programs include multiple components of care, including health and safety.
- Assessments can help prioritize problems/ needs and target interventions to improve health and safety.

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CCHP Health and Safety Checklist- Revised

- Purpose:
 - Measure adherence to National Health and Safety Performance Standards for out-of-home care
 - Assist ECE professionals and/or outside reviewers to conduct periodic health and safety assessments
 - Identify health and safety needs or problems
 - Plan interventions to improve health and safety
 - Assess change in health and safety over time

Ref: Alkon, To, Wolff, et al. In Press. Assessing Health and Safety in Early Care and Education Programs: Development of the CCHP Health and Safety Checklist. [JPHC](#).

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CCHP Health and Safety Checklist - Revised

- Developed by CCHP research staff
- 82 items
- 2- hour observation
- Assessment tool

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CCHP H & S Checklist

Criteria for Item Selection:

Easy to use, comprehensive and well-organized

- Completed with minimal interaction with ECE staff
- Impacted, changed or improved by an ECE or ECE health professional
- Completed in a one-half day visit to an ECE program (though may be completed over a period of several days)

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CCHP H & S Checklist

Item selection based on existing resources:

- Caring For Our Children: National Health and Safety Performance Standards - key standards
- UNC/QEP Health and Safety Checklist*
- Title 22: CA State Manual of Policies & Procedures
- Preschool Environment Project Health and Safety Checklist (previously conducted in the Bay Area)
- Other health and safety checklists

*Quality Enhancement Project. Copyright North Carolina DHHS; www.fpg.unc.edu

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CCHP H & S Checklist Manual

• Orientation Manual

- Background on development of scale
- Subscales
- How to use Checklist

• User's Manual

- Item - by - Item Specifications explain each item's content and rating guidelines

• Checklist

- References, including Head Start Standards
- Available at www.ucsfchildcarehealth.org

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CCHP H & S Checklist Subscales

- 1) Emergency Prevention / Poisons
- 2) Staff and Children's Possessions
- 3) Special Needs
- 4) Hand washing
- 5) Food Preparation / Eating / Sanitation
- 6) Oral Health
- 7) Outdoor/Indoor Equipment
- 8) Infant/Toddler General
- 9) Infant/Toddler Diapering
- 10) Infant/Toddler Food Preparation / Eating
- 11) Infant/Toddler Sleeping / Napping

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CCHP H & S Checklist

Rating Scale:

- C = Completely Meets Standard
(all aspects of the item are fulfilled)
- NC = Does Not Completely Meet Standard
(not all aspects of the item are fulfilled)
- N/A = Not Applicable
(the elements of the item do not pertain to the program or the rater is not able to observe the activity)

Option: Partially Complete

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CCHP H & S Checklist

Examples of Rating:

- Item # 8: All electrical outlets in children's reach are covered
 - C = All electrical outlets in children's reach are covered
 - NC = One or more electrical outlets in children's reach are *not* covered
 - N/A = There are no electrical outlets in children's reach (for example, too high, out of reach)

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Video: Standards



Observe video section and identify:

- Strengths - Standards observed
- Areas for improvement

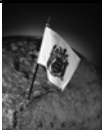


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New Jersey

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Statement on Child Care Health Consultant Outcomes for New Jersey

Registered nurses are considered essential personnel in elementary schools, high schools, and on college campuses in order to assure health supervision and monitoring, emergency response, medication administration, and environmental safety, as well as to facilitate the inclusion of children with special medical needs. Social trends affecting families and welfare reform have resulted in an explosion of the child care industry over the last forty years in the United States, and this has occurred without benefit of the same strong and consistent support from health and safety professionals that educational institutions employ for older children.

Giosa, R. et al. (2007). *Statement on child care health consultant outcomes for New Jersey.*

Quality Infant Toddler Initiative in New Jersey

- 1999: Established a system for Child Care Health Consultation
- Each County Child Care Resource & Referral Agency funded to recruit a Nurse Practitioner or Registered Nurse as the Child Care Health Consultant Coordinator

Statewide Needs Assessment Revealed Several Key safe Health and Safety Issues

- Changing disease burden
- Chronic and Special Health Needs including:
 - Asthma
 - Diabetes
 - Obesity
 - Mental and behavioral health issues
- Growing need for health consultation services to New Jersey's child care programs



Centers for Disease Control and Prevention. (2001). *National Center for Health Statistics and Local Area Health Statistics and Local Area Integrated Telephone Survey, National Survey of Children with Special Needs.*

New Jersey CCHC Highlights

- Development of a **CCHC Training Program** for nurses, nurse practitioners, physicians, pediatric residents and other health professionals
- A **Warmline** providing toll-free health and safety telephone assistance to child care providers
- A quarterly **Early Childhood Health Link** newsletter, available in print and online, distributed to child care providers statewide

New Jersey CCHC Highlights

- Collaboration with nursing schools and medical residency programs to provide CCHC preceptors to nursing students and pediatric residents
- **Scope and Standards** of nursing practice for CCHCs
- The **Play Task Force** convened to address nutrition and physical activity in early childhood

Standardized Trainings:

- Medication Administration in Child Care
- Emergency Preparedness for Child Care Programs
- Recognizing Developmental Delays
- Management of Asthma in the Child Care Setting
- Identifying Stress in Young Children
- Prevention of Infectious Disease in the Child Care Setting

Development of Standardized Forms

- Universal Child Health Record
- Care Plan For Children With Special Health Needs
- Medication Administration

And...



A declaratory ruling was obtained from the New Jersey Board of Nursing that relieved nurses from "delegation" of nursing practice when training child care providers on medication administration.



A Policy Brief regarding safe medication administration was written in collaboration with the state's child advocacy organization, the Association for Children of New Jersey (ACNJ)

(Giosa, R. (2007). Medication administration safety in child care: Unpublished manuscript)

New Jersey Research News:



A 2006 study evaluated child care health consultation in New Jersey. Findings noted were above average satisfaction with services, demonstrated usefulness of services, site changes, and an increase in staff competencies as a result of this work.



Also noteworthy from this study was the evidence that parents were supportive of child care health consultant nurses in their children's programs.

Dellert, Gasalberti, Sternas, Lucarelli, & Hall, Outcomes of Child Care Health Consultation Services for Child Care Providers in New Jersey. *Pediatric Nursing*, November/December, 2006.

Child Care Health Consultation Initiatives: A Status Report (1/07)



Highlighted New Jersey as one of 27 states continuing to implement established, ongoing CCHC initiatives after the Healthy Child Care America seed grant funding was terminated.

Healthy Child Care Consultant Network Support Center. (2007). Child care health Consultant initiatives: A status report. EDC, Inc)



<http://www.g-pop.net/images/pointpleasant.jpg>

Summary

- Child care/ce presents both risks and opportunities for child health promotion
- In CA, CT, and NJ, we led efforts to improve the quality of care for children in child care programs
- PNPs are well prepared to improve the health of children in these settings
- We encourage you to participate in child care health initiatives in your state and join the NAPNAP Child Care SIG in efforts to promote children's health in child care/early education nationally

Questions



References & Resources

Association for Children of New Jersey. (2006). Ensuring safe medication to children in New Jersey's child care programs. Retrieved on 3/1/08 from <http://www.acnj.org>

California Childcare Health Program. <http://www.ucsfchildcarehealth.org>

Healthy Child Care America. (1995). *Blueprint for Action*. Retrieved on 2/25/08 from <http://www.nccic.org/pubs/blueprint/index.html>

Healthy Child Care Consultant Support Network. <http://hccnsc.edc.org>

National Resource Center for Health and Safety in Child Care and Early Education <http://nrc.uchsc.edu>

National Training Institute for Child Care Health Consultants. <http://nti.unc.edu>

Quality Infant Toddler Initiative-CCHCC monthly training report. October 2005-September 30, 2006. (NJ)



Thank you

- We remind all participants to visit CE Pavilion to complete your session evaluations and record your Continuing Education contact hours.