

California Training Institute

A Curriculum for Child Care Health Advocates

First Edition, 2006



Developed by

California Childcare Health Program

(510) 839-1195 • (800) 333-3212 Healthline

www.ucsfchildcarehealth.org

The California Childcare Health Program is administered by the University of California, San Francisco School of Nursing,
Department of Family Health Care Nursing.



Acknowledgements

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California Childcare Health Program

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve.

Portions of this curriculum were adapted from the training modules of the National Training Institute for Child Care Health Consultants, North Carolina Department of Maternal and Child Health, The University of North Carolina at Chapel Hill; 2004-2005.

Funded by First 5 California with additional support from the California Department of Education Child Development Division and Federal Maternal and Child Health Bureau.

Introduction



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This module is part of the California Training Institute's curriculum for Child Care Health Advocates.

INTRODUCTION

A Child Care Health Advocate (CCHA) is an early care and education (ECE) staff person who serves as the on-site coordinator for health and safety issues. This person can work with the staff and ECE program director to identify where health and safety improvements are needed. CCHAs play an important role in improving the health and safety of children and staff in the ECE program.

If the ECE program has a relationship with a Child Care Health Consultant (CCHC), the CCHA serves as a link between the CCHC and ECE staff. A CCHC is a health professional, usually a nurse, who consults with ECE programs on health and safety issues. CCHCs often work with more than one ECE program at a time and are not located on-site at the program. The position of the CCHA was developed to increase the impact of the CCHC, who may have many programs to support. CCHAs can monitor, support and reinforce health and safety standards since they may be working alongside other ECE staff and since they serve as role models for both children and staff. CCHAs should work closely with their CCHCs to make it easier for collaboration to occur among the ECE program, community resources and health care professionals. The CCHA also works with children and families to make sure that they have access to affordable and appropriate medical, dental and mental health services, as well as health insurance. The CCHA position is well described in the National standards (Standard 1.021) (American Academy of Pediatrics [AAP], American Public Health Association & National Resource Center for Health and Safety in Child Care, 2002).

If the ECE program does not have a CCHC, CCHAs can identify local health professionals to serve as consultants for the program. The CCHA should develop a relationship with a community-based health expert, such as a public health nurse or pediatrician. The CCHA can then consult with the health expert on any health-related issues that arise. In addition, CCHAs can contact the California Childcare Health Program's (CCHP) Healthline (1-800-333-3212) for up-to-date educational materials and health information specific to the ECE field.

Training and education will greatly increase the effectiveness of a CCHA. The California Training Insti-

tute at CCHP has developed this curriculum to train ECE staff to become CCHAs. The development of this curriculum and the training sessions have been funded by First 5 California with additional support from the California Department of Education Child Development Division and Federal Maternal and Child Health Bureau.

California is the only state that has a training curriculum specifically for CCHAs. This curriculum is intended to provide knowledge and resources for people interested in serving as CCHAs in ECE programs. CCHP is a community-based program administered by the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing.

In addition to the CCHA training, it is required by the Community Care Licensing Division that at least one staff member at each ECE program have 15 hours of health and safety training on preventive health practices:

Health and Safety Code Section 1596.866 provides in part: (a) In addition to any other required training, at least one director or teacher at each day care center...shall have at least 15 hours of training on preventive health practices. The training shall include pediatric cardiopulmonary resuscitation, pediatric first aid, recognition, management, and prevention of infectious diseases, including immunizations, and prevention of childhood injuries. The training may include training in sanitary food handling, child nutrition, emergency preparedness and evacuation, caring for children with special needs, and identification and reporting of signs and symptoms of child abuse... (State of California, 2002; Article 6, Section 101215.1).

In California, the School Readiness Initiative (SRI) provides funding opportunities to promote good physical, social and emotional development in children from birth to 5 years of age. The purpose of the First 5 California-sponsored SRI is to improve the ability of families, schools and communities to prepare children to enter school ready to succeed. There are 209 county-based school readiness programs in the state. Every school readiness program is required to include the following five elements in their services: early care and education; parenting and family

support services; health and social services; schools' readiness for children/school capacity; and program infrastructure, administration and evaluation. The third element, health and social services, is the focus of CCHP's training for CCHAs. ECE providers who participate in this training will be prepared to put this health and social services element into practice with confidence, to increase their knowledge and to contribute fully to the goal of school readiness.

WHAT A CCHA NEEDS TO KNOW

Who Is This Curriculum For?

This curriculum is designed to train ECE professionals to become CCHAs. People who become CCHAs include teachers, assistant teachers, family child care providers, home visitors, and family or parent service workers. Participants should have already met, or are currently meeting, state training guidelines for health and safety in an ECE program (State of California, 2002). It is also recommended that CCHAs meet the requirements defined by AAP et al. (2002). Ideally, the CCHA is an early childhood teacher with a permit who has a strong interest in health promotion and who is trained in the core topics described by AAP et al. (2002). People who are seeking to become CCHAs should learn to assess and prioritize health and safety needs; develop plans and monitor compliance; and honestly and openly communicate with families, coworkers and administrators.

What Is Included in the Curriculum?

This curriculum is divided into 18 modules or topics, each of which provides the following:

- the rationale for the topic being covered
- learning objectives for the topic being covered
- the California law, regulation and/or National standard which applies to the topic
- information the CCHA needs to *know* about this topic
- what a CCHA needs to *do* about this topic

- activities to be completed before finishing this curriculum
- cultural implications, when applicable
- implications for children and families
- implications for ECE providers
- references and resources for use in the field
- handouts which may be used by the CCHA as reference materials or copied and given to ECE programs and families

The modules can be used together as a full training package or trainers can choose which modules to use to best meet the needs of the participants. The curriculum is accompanied by a separate *Instructor's Guide* that includes lesson plans and activities for each topic.

The content of this curriculum comes from the current Community Care Licensing regulations in California (State of California, 2002) and the National standards described in *Caring for Our Children (CFOC): National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (AAP et al., 2002). The materials from CFOC and Community Care Licensing that were used to develop this curriculum have been edited to reduce jargon and other technical language in order to make the curriculum easier to read. Portions of this curriculum were adapted from the training modules of the National Training Institute for Child Care Health Consultants located at the North Carolina Department of Maternal and Child Health, The University of North Carolina at Chapel Hill.

This curriculum teaches CCHAs about their role and about how to work with CCHCs, resource and referral agencies, and local health departments. Participants will increase their knowledge in the areas of vaccine-preventable diseases, prevention of illness, injury prevention, emergency preparation and response, child development, health policies, child abuse reporting, oral health, behavioral health, nutrition and physical activity, caring for children with disabilities and other special needs, and environmental health. Additionally, CCHAs will improve their abilities in the areas of teaching, communication, collaboration and making referrals.

The following modules are included in the training:

- The Role of the Child Care Health Advocate
- Quality in Early Care and Education
- Preventive Health Care for Children in a Medical Home (including health insurance)
- Cultural Competence and Health
- Communication and Problem Solving
- Training and Health Education
- Community and Family Resources
- Preventing and Managing Illness in Early Care and Education Programs (including asthma)
- Staff Health
- Injury Prevention
- Child Abuse Prevention, Identification and Reporting
- Oral Health
- Nutrition and Physical Activity (including obesity prevention)
- Social and Emotional Development of Children
- Children with Disabilities and Other Special Needs
- Environmental Health
- Emergency Preparedness
- School Readiness and Health

Terminology

In this curriculum, the term *early care and education* (ECE) is used to refer to all child care arrangements for children from birth to age 5, including family child care homes, child care centers, preschools, nursery schools and day care programs. This term matches the National Association for the Education of Young Children's (NAEYC) style sheet. The terms *ECE professional* and *ECE staff* refer to all teachers, aides, assistant teachers and nonteaching staff who work with children in ECE programs.

History: California Childcare Health Program (CCHP) and CCHAs

Established in 1987, CCHP is a community-oriented, multidisciplinary team dedicated to enhancing the quality of child care for California's children by initiating and strengthening linkages between the health, safety and child care communities and the families they serve. CCHP is a statewide agency providing expertise on health and safety service programs, publications and research in ECE programs.

CCHP's Healthline provides free telephone consultation on health and safety issues in ECE programs. The Healthline serves ECE providers, families, CCHCs, CCHAs and early childhood agency staff in California through the toll-free number (800) 333-3212. Healthline is funded by the California Department of Education, Child Development Division. CCHP has numerous health and safety publications, such as their bimonthly *Childcare Connections* newsletter, fact sheets, health and safety notes, and training curricula. All publications are available on the CCHP Web site (<http://www.ucsfchildcarehealth.org>), which has resources on injury prevention, communicable disease, child passenger safety, childhood lead poisoning prevention, environmental health, the care of children with special needs and many more topics. Most of these materials are also available in Spanish.

CCHP was the California Healthy Child Care America grantee from 1995 through 2005, funded by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services (HHS). The Healthy Child Care America Campaign was based on the principle that families, ECE providers and health professionals in partnership can promote the healthy development of young children and increase the access that all children have to preventive health services, safe physical environments and a medical home (a consistent place where medical care is received such as a doctor's office). By creating these connections, the Healthy Child Care America Campaign makes the most of resources, helps develop comprehensive and coordinated services, and most importantly, helps nurture children by improving health, safety and quality in ECE programs (HHS, 2001). CCHP also contracts with California First 5 to provide expertise on health and safety in ECE to school readiness programs in California.

CCHP is active in statewide forums, conferences and associations. CCHP has trained health and ECE professionals to become CCHCs and CCHAs in California through their Child Care Health Linkages Project, funded by First 5 California from 2001 through 2006. They also present the latest health and safety information at regional and statewide professional conferences.

Child Care Health Linkages Project

The Child Care Health Linkages Project (CCHLP) supported the efforts of the Healthy Child Care America Campaign to create CCHC services in every state. From 2001 through 2004, CCHLP was funded by First 5 California to support 20 county-level child care health consultation programs. As a model program, CCHLP continues to provide focus and direction for school readiness and other intervention programs.

The overall objective of CCHLP was to improve the health and safety of children from birth to 5 years of age attending ECE programs in 20 California counties. It included the following education, service and research components:

Education: Trained CCHCs and CCHAs through the California Training Institute.

Service: Established 20 countywide health consultation programs.

Research: Conducted a study to describe the health consultation services and roles of CCHCs and CCHAs, and an outcome evaluation study to show changes in child health status and child care health and safety compliance in ECE programs.

CCHLP developed this training curriculum for CCHAs and conducted trainings regionally. The curriculum has been adapted for use in the community college ECE programs and school readiness programs.

CCHLP's goals are to strengthen the CCHA's ability to do the following:

- Increase ECE providers' awareness of health and safety issues and standards in ECE programs.
- Help ECE programs to follow Community Care licensing regulations (State of California, 2002) and National standards (AAP et al., 2002).

- Develop collaborations between health and ECE professionals at the local level.
- Assist with assessments of ECE programs for compliance with regulatory policies.
- Reduce infectious disease and injuries in ECE programs.
- Eliminate barriers to working with children with disabilities and other special needs.
- Help create a well-informed ECE workforce.

The CCHLP model shows that the best way to educate and support the early childhood community and families on health and safety issues is through the use of National standards (AAP et al., 2002). These standards, which were developed through a collaboration between the AAP and the American Public Health Association, recommend that:

Each community should have access to an identified Child Care Health Consultant who can provide consultation and technical assistance on health issues to facilities. The Child Care Health Consultant should have expertise in child health and development and knowledge about the special needs of children in out-of-home care settings (AAP et al., 2002).

AAP et al. (2002) also recommends that:

[A] designated, trained caregiver shall be the health advocate, to be the primary parent contact about health concerns, health-related parent/staff observations, health-related information, and provision of resources.

To make sure that the CCHA has enough time and support, the administration of the ECE program must be fully committed to the idea of a health advocate. The ECE program director needs to be involved in a regular and supportive dialogue with the CCHA and the CCHC. This involvement will provide the needed guidance to assure the success of the CCHA and to increase the health and safety compliance and overall quality of the ECE program.

Implications for Children and Families

CCHAs can help educate children and families about the importance of health and safety policies in the ECE program. CCHAs can provide needed support and resources to children and families.

Implications for ECE Providers

The CCHA serves the role of a support person for ECE providers to help them improve health and safety in their program in a culturally sensitive and effective way. By working together with ECE providers, CCHAs can help ECE programs achieve their goals.

RESOURCES

Publications

Aronson, S. (2002). *Model child care health policies*. Fourth Edition. Washington, DC: National Association for the Education of Young Children.

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