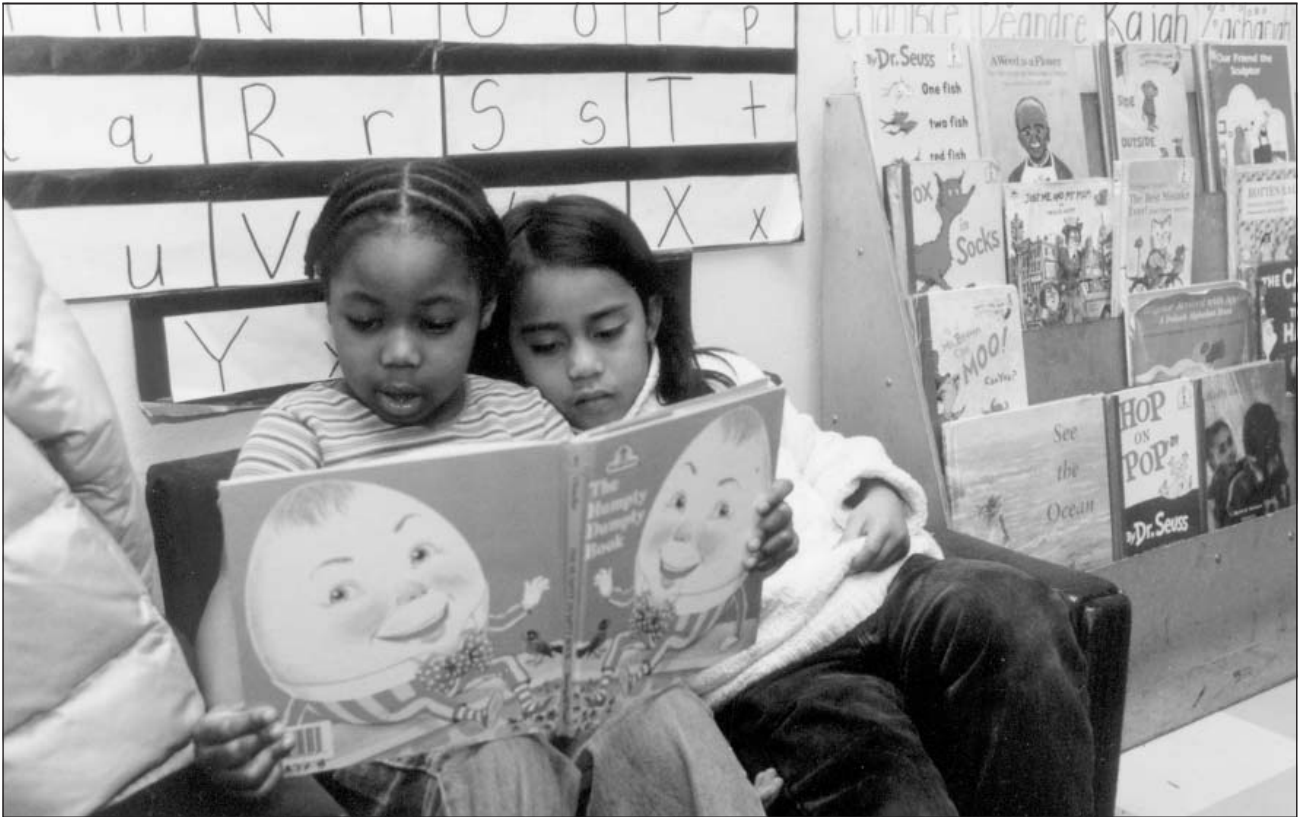

The Role of the Child Care Health Advocate



First Edition, 2006



California Childcare Health Program
Administered by the University of California, San Francisco School of Nursing,
Department of Family Health Care Nursing
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www.ucsfchildcarehealth.org



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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.

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LEARNING OBJECTIVES

To describe the role, responsibilities and activities of a Child Care Health Advocate (CCHA).

To describe the role of the Child Care Health Consultant (CCHC) and the relationship between the CCHC and CCHA.

To identify three ways the CCHA can educate early care and education (ECE) staff and families about health and safety policies.

RATIONALE

The CCHA has a unique and emerging position in ECE programs. A clear understanding of the roles and responsibilities of the CCHA is very important for success in the field. CCHAs are trained to prevent, recognize and correct health and safety problems in ECE programs (American Academy of Pediatrics [AAP], American Public Health Association & National Resource Center for Health and Safety in Child Care, 2002).

CCHAs are in a natural position to develop partnerships between the health and ECE professionals in their communities to improve health and safety in ECE programs. Their knowledge of agencies, boards, organizations and local councils that focus on quality child care issues is very helpful for developing these partnerships.

This module provides CCHAs with information about the role of the CCHA and the CCHC. This module also contains information about policy development, available community resources and the development of community partnerships.

WHAT A CCHA NEEDS TO KNOW

Each ECE program should have a staff person who dedicates at least part of her or his hours each week to the health and safety needs of staff, families and children enrolled in the program. CCHAs are responsible for policies and day-to-day issues related to health, and the development and safety of individual children, children as a group, staff and parents (AAP et al., 2002, Standard 1.021).

The CCHA is a person who is willing to take the lead in improving health in the local child care community, and county and state organizations. Along with modeling healthy behaviors in the ECE program, the CCHA provides reliable resources and information to other early childhood educators.

Job Description of the CCHA

The basic role of the CCHA is to be the on-site coordinator for health and safety issues (see *Handout: CCHA Job Description*). If the ECE program has a CCHC, the CCHA will serve as a link between the ECE staff and the CCHC to identify and prioritize areas to be evaluated or improved. The CCHA works with the CCHC to promote health and safety in the ECE program on a daily basis. Since the CCHC may be responsible for many ECE programs and is not on-site daily, the CCHA can provide this daily consistency for the ECE program and provide needed resources and referrals.

According to Healthy Child Care America, the CCHA is responsible for making sure that each family has a medical home (a consistent place where medical care is received such as a doctor's office), adequate insurance coverage, and access to health and dental care (see *Handout: Healthy Child Care America Blueprint for Action*; United States Department of Health and Human Service [DHS], 1996). The CCHA also assesses the immunization and health screening status of children, links families with resources to obtain those services, makes sure the ECE program follows regulations and standards, and works to decrease the occurrence of infectious disease and injury. CCHAs will work with the CCHC to develop tracking and monitoring systems for health and safety improvements.

In addition, the CCHA will help develop parent workshops, newsletters and bulletin boards that focus on health and safety to encourage families to become more involved in their children's health care. Children with disabilities and other special needs will require special care plans, and the CCHA can help families get the services and documents they need for a safe and successful child care experience.

Qualifications

CCHAs are ECE providers or other related professionals who are trained to support the ongoing work of the CCHC. Under Assembly Bill 243, California requires at least one administrator or teacher at each ECE program to complete a 15-hour health and safety training. The ECE program director must make sure that at least one on-site staff member has current certification in pediatric CPR and pediatric first aid, and training in infectious diseases and injury prevention. California requires the family child care home licensee to have the same 15 hours of preventive health and safety training (State of California, 2002).

Ideally, the CCHA is an early childhood teacher with a permit (see *Handout: Child Development Permit Matrix*) and at least nine units of health, safety and nutrition training. The ability to assess and prioritize health and safety needs, develop plans and monitor compliance with regulations and standards is essential. The job of the CCHA requires open communication with families, colleagues, directors and administrators. The CCHA is expected to model safe and healthy behaviors.

WHAT A CCHA NEEDS TO KNOW ABOUT CCHCS

CCHCs are nurses or other health professionals. They are trained in health and safety issues related to ECE. They work with ECE programs to increase the quality of care by improving health, safety and nutrition. CCHCs do not monitor or inspect ECE programs, but assist with a wide range of issues affecting the health and safety of children. Their assistance can be as basic as helping staff to find the best places for eating areas and diaper-changing tables in ECE programs, or as detailed as doing on-site assessments of hygiene and safety practices and helping to develop policies and procedures (DHS, 1996). The CCHC's role is to support rather than supervise the CCHA. Therefore, if the ECE program has a CCHC, it is important for the CCHA and the CCHC to form a joint relationship. The CCHC can assist the CCHA in many ways, including the following:

- Providing current health and safety information, resources and research to support the health and safety measures recommended for the ECE program.
- Conducting standardized assessments of health and safety and developing interventions based on the problems identified by the assessments.
- Presenting, or arranging for people from local organizations to present, at workshops for parents and/or staff on health and safety topics.
- Assisting with organizing dental or vision screening for children.
- Training, or arranging for the training of, ECE staff so they can help families determine their eligibility and enroll qualified families in health insurance programs, such as Healthy Families.
- Observing a child and discussing what needs to be done on that child's behalf.
- Providing support and guidance to the CCHA who is unsure about whether or not to report suspected child abuse to Child Protective Services.
- Consulting on complicated immunization records to determine if they are up-to-date.
- Training ECE providers to test and monitor blood sugar levels in diabetic children.

- Training ECE providers to use inhalant respiratory treatments for children with asthma (for more information, see the Asthma Information Packet at <http://www.ucsfchildcarehealth.org>).
- Developing special care plans for children with special health care needs.
- Providing the CCHA with the most current health and safety information and keeping the CCHA up-to-date on developing health and safety issues.
- Providing technical assistance on health and safety issues.
- Assisting the CCHA with making sure that the ECE program's policies and procedures are consistent with best practices in health and safety.

Steps to Working with the CCHC

- Review the needs of the ECE program.
- Develop common goals for addressing the needs of the ECE program.
- Develop plans that address the goals of the ECE program.
- Put the plans into practice.
- Evaluate the plans.
- Decide if the goals have been met and identify concrete outcomes that have been achieved.
- Change the plans or continue putting the plan into practice.

It is important to set goals through a plan that the CCHA and CCHC will work on at the same time. Each goal should have a measurable objective so that the CCHC, CCHA and ECE program know whether each goal was met. If you start with a plan and document the objectives that you have satisfied, you will have concrete evidence that you have met the needs of the ECE program you serve by the end of your project.

WHAT A CCHA NEEDS TO KNOW ABOUT POLICY DEVELOPMENT

Policies in ECE programs are important for making sure that children stay healthy and safe. Policies clearly state what is expected of families and staff in certain situations. When effectively communicated, policies can help an ECE program run efficiently. It is important to know the difference between regulations and policies. Child care *regulations* are the basic operating requirements established by the state for an ECE program to be licensed (State of California, 2002). *Policies* are an ECE program's interpretation of state regulations and determine how the program will follow the regulations. An ECE program's policies may be stricter than state regulations (AAP et al., 2002). For example, ECE programs have policies about when sick children should be excluded from attending the program to reduce the spread of infectious diseases (see *Handout: Illness Policy*). The CCHA can educate ECE staff and families about why specific policies are in place, the parts or components of a policy and the effectiveness of policies.

Why Develop Policies?

Policies need to be developed to do the following:

- Promote and protect the health and safety of the children and staff.
- Help families and staff understand that the ECE program is a business, and has strict rules and regulations to follow.
- Help programs follow state laws and regulations.
- Help make sure practices are consistent.
- Encourage open communication between ECE staff and families.

Components of a Policy

All health policies in ECE programs should include the following (Brownfield, Garrett & Quirk, 2004):

1. Title: State the specific health goal covered.
2. Belief Statement: Explain briefly why the policy is needed.
3. Intent Statement: Explain the purpose of the policy.

4. Background: Explain why the policy exists.
5. Procedure/Practice: Outline the actions needed to do what the policy recommends.
6. Application: Specify to whom the policy applies.
7. Communication: State how families/staff will be informed about the policy.
8. References: Include your source of information.
9. Review: Include the names of those who reviewed the policy.
10. Effective Date: State the date that the policy is effective.
11. Review Date: Include scheduled dates for reviewing the policy.

Evaluating a Policy's Effectiveness: Does the Policy Work?

Ask the following questions before putting a policy into practice:

- Does the policy fit the purpose?
- Does the policy make sense to everyone?
- Is the policy realistic, in terms of being cost-effective and practical? Can the policy be put into practice?
- Does the policy meet state regulations?
- Does the policy fit the people and the situation?

Recommended Policies

The following is a list of topics for which written policies are recommended (AAP et al., 2002, Standard 8.004). Each ECE program needs to decide which policies are appropriate for its situation, as well as how to address its needs in policies that make sense for the program and the families it serves (see also the California Childcare Health Program [CCHP] Health and Safety Policies Checklist at <http://www.ucsfchildcarehealth.org>). The recommended topics are as follows:

- admissions (How are children admitted into the program?)
- supervision (How are children supervised?)
- discipline (How are children disciplined?)
- care for children with special needs (What arrangements are made for children with disabilities?)

- health history for children and providers (Is a health history necessary?)
- current health plan (When are children supposed to stay home due to illness?)
- emergency illness/injury (What happens if there is a medical emergency?)
- care of the acutely ill child (How are ill children cared for?)
- medication and its administration (How and under what circumstances is medicine given to children?)
- evacuation plan, drills and emergency closing (What are the emergency plans?)
- authorized caregiver (Who is allowed to pick up and drop off children?)
- transportation and field trips (Are there permission slips for transportation and field trips?)
- hygiene and sanitation (How are toys, and kitchen and bathroom areas kept clean?)
- food handling and feeding (What are the rules about food handling and feeding?)
- napping and sleep position (What are the recommended sleep positions for infants?)
- smoking (Is smoking allowed?)
- prohibited substances and guns (Are prohibited substances and guns banned from the program?)
- staff health (What are the policies about staff health? When are staff supposed to stay home due to illness?)
- review and revision of policies (What policies are in place, and how and when are they reviewed?)

WHAT A CCHA NEEDS TO DO

For sample activities of the CCHA, see the *Handout: Sample Activities of a CCHA*. The duties and responsibilities of the CCHA include the following:

- Make sure the program follows health and safety standards and regulations.
- Do regularly scheduled health and safety checks of the ECE program.
- Meet with CCHCs on behalf of the program, families and children.
- Make sure that all children have up-to-date immunizations and well-child exams, access to adequate health and dental care, and appropriate health insurance.
- Help the program meet the individual needs of all children, including those with special health needs.
- Address parent and staff concerns about a child's health, safety, nutrition, behavior or development, and link them with the CCHC and other appropriate resources. See the *Handout: Health Department Resource List* and fill in local phone numbers as a resource for the ECE program.
- Represent the program at health and safety trainings, meetings and coalitions.
- Collect information, compile reports and detect trends in health and safety activities.
- Help develop health and safety policies and procedures. Review current ECE program policies and make recommendations for revisions if needed. If policies do not exist, help put policies into practice.
- Make sure that all staff have up-to-date immunizations and health screenings, and access to health insurance and employee assistance programs.
- Organize staff development and training on health and safety topics for children and families, as well as training required by the Occupational Safety and Health Administration (OSHA).
- Create an environment that promotes safe and healthy practices and includes all staff, children and families in the process.
- Provide educational materials and resources on health and safety topics to staff and families.

- Stay up-to-date on advances in the field and available resources.
- Educate children about health and safety topics.
- Do periodic reviews of file records.

Cultural Implications

It is important for the CCHA to understand the cultural backgrounds of the people working in the ECE program and of the children's families. The CCHA should be able to work with many different kinds of people and be sensitive to their cultural beliefs and practices. Understanding the many cultures in the ECE program will help to improve the effectiveness of the CCHA. For more information on culture and health, see the *Cultural Competence and Health* module.

Implications for Children and Families

The services provided to families and children should be recorded. This information can help the CCHA and ECE program administrator find out what the greatest needs are and what is being done to help serve the children, families and staff in the ECE program.

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.

ACTIVITY 1: REVIEW

Review your job description from the agency that hired you. What are your roles and responsibilities?

ACTIVITY 2: JOURNAL

Write in your journal how you can make a difference in the ECE environment. List three ways you would like to improve the health and safety of the children in your ECE program.

ACTIVITY 3: DEVELOP A POLICY

Write a simple policy about hand washing incorporating the components listed in the module.

ACTIVITY 4: COMMUNITY INVOLVEMENT

How would you like to become more involved in community agencies? Which agencies would you like to have more contact with? Why? Write out your plan for becoming involved with community agencies.

NATIONAL STANDARDS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*

1.021, 1.040, 1.041, 1.044, 8.020, 8.075, 9.028, 9.034,
Appendix BB.

CALIFORNIA REGULATIONS

From *Manual of Policies and Procedures for Community Care Licensing Division*

Title 5, Division 1, Chapter 19, Subchapter 12–Program Quality.

Title 22, Division 12, Chapter 1, Article 6, Section 101226 and Chapter 3, Article 6, Section 102416.

RESOURCES

Publications

California Childcare Health Program. (2005). *CCHP Health and Safety Policies Checklist*. Oakland, CA: Author. Retrieved December 20, 2005, from http://www.ucsfchildcarehealth.org/pdfs/Checklists/UCSF_Policy_Checklist_rev3.pdf.

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Young-Marquardt, R., & National Training Institute for Child Care Health Consultants Staff. (2005). *Building consultation skills: Part B Version 2.2*. Chapel Hill, NC: University of North Carolina at Chapel Hill.

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American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*. Elk Grove, IL: American Academy of Pediatrics.

Brownfield, D. K., Garrett, D., & Quirk, J. (2004). *Developing written health policies*. North Carolina Child Care Health and Safety Resource Center. Raleigh, NC: Child Care Health and Safety Calendar.

State of California, Health and Human Services, Department of Social Services. (2002). *Manual of policies and procedures, Community Care Licensing Division*. Child Care Center, Title 22, Division 12. Chapter 1. Chicago, IL: Barclays Law Publishers.

United States Department of Health and Human Services. (1996). *Healthy Child Care America Blueprint for Action*. Washington, DC: Author.

HANDOUTS FOR THE ROLE OF THE CHILD CARE HEALTH ADVOCATE MODULE

Handouts from California Childcare Health Program (CCHP), Oakland, CA

Page	Handout Title
13	<i>Child Care Health Advocate Job Description</i>
15	<i>Health Department Resource List</i>
17	<i>Illness Policy</i>
19	<i>Sample Activities of a Child Care Health Advocate</i>

Handouts from Other Sources

Page	Handout Title
20	<i>Child Development Permit Matrix</i>
21	<i>Healthy Child Care America Blueprint for Action</i>

CHILD CARE HEALTH ADVOCATE JOB DESCRIPTION

Background Information

Each ECE program should have a staff person who dedicates at least part of their hours each week to health and safety issues. This Child Care Health Advocate (CCHA) should have some interest and knowledge in health, safety and nutrition. A Child Care Health Consultant (CCHC) who serves multiple programs cannot provide the level of service that individual programs need to ensure safe and healthy environments. A CCHA works with the CCHC to provide the level of detail necessary.

Basic Functions

The CCHA's basic function is to serve as on-site coordinator for health and safety issues. This person can serve as the liaison between the staff and the CCHC to identify and prioritize areas to be evaluated or where improvements need to occur. The CCHA works with the CCHC to promote health and safety in the ECE program on a daily basis, thereby maximizing the effective use of available resources. The CCHA also works with children and families to ensure that they have access to affordable and appropriate medical, dental and mental health services.

Education, Expertise and Abilities

Optimally, the CCHA is a permitted early childhood teacher with at least nine units of health, safety and nutrition. The ability to assess and prioritize health and safety needs, develop plans and monitor compliance is essential. Requires honest and open communication with families, co-workers and administrators. Must model safe and healthy behaviors.

Duties and Responsibilities

The CCHA will:

- Monitor program compliance with health and safety standards and regulations.
- Perform regularly scheduled health and safety facility checks.
- Liaison with the CCHC on behalf of the program, families and children.
- Assure that all children have up-to-date immunizations and well-child exams, access to adequate health and dental care, and appropriate health insurance.
- Assist the program in meeting the individualized needs of all children, particularly those with special needs.
- Address parent and staff concerns about a child's health, safety, nutrition, behavior or development—and link with the CCHC and other appropriate resources.
- Represent the program at health and safety trainings, meetings and coalitions.
- Collect information, compile reports, and detect trends in health and safety activities.

- Assist in the development of health and safety policies and procedures.
- Assure that all staff have up-to-date immunizations and health screenings, access to health insurance, and employee assistance programs.
- Coordinate staff development and training on health and safety topics for children and families, as well as OSHA-required training.
- Create an environment that promotes safe and healthy practices and engages all staff, children and families in the process.
- Perform periodic file record reviews.

HEALTH DEPARTMENT RESOURCE LIST

Immunization

Phone Number _____

Provides information on immunization clinics for adults and children, supplies such as blue cards, handbooks and educational materials, and responds to questions and concerns.

Child Health & Disability Prevention (CHDP)

Phone Number _____

Provides the names of doctors and clinics serving low-income children, information on health insurance, well-child exam schedules, and health education materials related to children's health.

Communicable Disease Unit

Phone Number _____

Provides advice on communicable diseases including TB and educational materials related to disease prevention. Report outbreaks of diseases listed in the regulations here.

Women, Infants & Children (WIC)

Phone Number _____

Provides food vouchers for low-income families with children under age 5 or pregnant women and excellent educational materials on nutrition and breastfeeding for families and children.

Maternal Child & Adolescent Health (MCAH)

Phone Number _____

Offers a wide variety of programs to support healthy pregnancies and birth outcomes, Sudden Infant Death risk reduction, injury prevention, early parenting materials and breastfeeding. All pregnant women are eligible for health insurance and MCAH can help families locate coverage.

California Children's Services (CCS)

Phone Number _____

Provides case management and support for children with certain health conditions. The program will pay for or provide treatment, medical case management, or medical therapy.

Dental Services

Phone Number _____

All children who qualify for Medi-Cal and CHDP have access to annual preventive dental services beginning at age 3. The services are organized through CHDP, which maintains a list of low-cost dental services.

Environmental Health

Phone Number _____

Most departments can provide information on maintaining a safe environment. Topics include prevention of childhood lead poisoning, air quality, mosquito abatement, and vector control.

Mental Health or Behavioral Health

Phone Number _____

Provides or can help you locate counseling services for families and children. Can direct you to addiction services.

ILLNESS POLICY

POLICY

Children who are mildly ill, but do not qualify for exclusion, will be accepted for care in the regular program. Children who become ill with excludable symptoms while at the center, will be cared for away from the group until the child is picked up by an authorized adult. Specialized care plans will be followed.

PURPOSE

To insure every child a healthy, safe and supportive experience.

To protect the health of everyone in the group.

To assist program staff in meeting all children's needs.

To protect the rights of the family and child.

PROCEDURE

1. Understand the reason for excluding a child.
 - a. The illness prevents the child from comfortably participating in daily activities.
 - b. The illness requires more care than the child care staff are able to provide without compromising the health and safety of the other children.
 - c. The symptoms or illness are any of those specified on the "Inclusion - Exclusion Guidelines"
2. Conditions for which you would not automatically exclude a child.*
 - a. Certain conditions, in the absence of symptoms listed on "Inclusion - Exclusion Guidelines," do not require exclusion unless recommended by a physician or symptoms appear.
 - b. CMV or HIV infection or Hepatitis B virus carrier state
 - c. Pink eye without yellow/green drainage
 - d. Rash without temperature or behavior changes
 - e. Non-contagious conditions, such as chronic medical conditions or disabilities
 - f. Runny nose if the child is feeling well

The final decision to exclude a child from care is made by the staff of the child care program.

APPLICABLE TO:

RESPONSIBLE FOR:

COMMUNICATION:

REFERENCES:

Title 22 Regulations 101226.2, 101226.3

CFOC HP78-81; AD69-75

EFFECTIVE DATE:

SAMPLE ACTIVITIES OF A CHILD CARE HEALTH ADVOCATE

Ensure the health and safety of the physical environment

- Daily inspection for playground or classroom hazards such as broken glass, sharp edges, malfunctioning equipment, choking hazards, trip hazards, toxic materials, etc.
- Completion of a regularly scheduled safety checklist for more comprehensive safety hazards
- Check toys and art supplies for developmental appropriateness, toxicity, and loose parts that might pose as choking hazards
- Keep the first aid kit appropriately stocked

Monitor child and staff health records

- Assess and track immunization status
- Ensure staff CPR and first aid documents are up-to-date
- Update special care plans for children with special needs and chronic conditions such as developmental delays, asthma or diabetes
- Update medical, dental and emergency contact forms at least annually
- Ensure staff receive annual bloodborne pathogens training

Monitor staff compliance with activities that reduce the spread of infectious disease

- Daily health check for signs and symptoms of illness
- Preparation of fresh disinfection solution daily if bleach is used
- Adequate hand washing technique and practice
- Consistent enforcement of exclusion policies for illness
- Proper cleaning and disinfecting of surfaces
- Proper diapering technique

Assist administration and CCHC with preparation for licensing and accreditation reviews

- Review of child and staff charts
- Conduct health, safety and nutrition training
- Develop corrective plan for deficiencies

Monitor food handling and nutrition services

- Check temperatures of refrigerator and freezer, and food being served
- Ensure menus are posted weekly for families
- Ensure food allergies are posted and observed
- Post list of choking hazards and monitor food served

Ensure safe medication administration

- Arrange training for staff on special equipment or procedures
- Check medication administration records for completion and currency
- Monitor safe storing of medications

Meet regularly with CCHC to review data collection, records and training needs

- Monitor injury logs and first aid rendered to detect trends and develop corrective action plans
- Monitor disaster drill logs
- Monitor site assessment reports and develop corrective action plans

Child Development Permit Matrix - with Alternative Qualification Options Indicated

Permit Title	Education Requirement (Option 1 for all permits)	Experience Requirement (Applies to Option 1 Only)	Alternative Qualifications (with option numbers indicated)	Authorization	Five Year Renewal
Assistant (Optional)	Option 1: 6 units of Early Childhood Education (ECE) or Child Development (CD)	None	Option 2: Accredited HERO program (including ROP)	Assist in the care, development and instruction of children in a child care and development program under the supervision of an Associate Teacher or above.	105 hours of professional growth *****
Associate Teacher	Option 1: 12 units ECE/CD including core courses**	50 days of 3+ hours per day within 2 years	Option 2: Child Development Associate (CDA) Credential. CDA Credential must be earned in California	May provide service in the care, development and instruction of children in a child care and development program; and supervise an Assistant Permit holder and an Aide.	Must complete 15 additional units toward a Teacher Permit. Must meet Teacher requirements within 10 years.
Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 General Education (GE) units*	175 days of 3+ hours per day within 4 years	Option 2: AA or higher in ECE/CD or related field with 3 units supervised field experience in ECE/CD setting	May provide service in the care, development and instruction of children in a child care and development program, and supervise all above.	105 hours of professional growth *****
Master Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 GE units* plus 6 specialization units plus 2 adult supervision units	350 days of 3+ hours per day within 4 years	Option 2: BA or higher with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	May provide service in the care, development and instruction of children in a child care and development program, and supervise all above. Also may serve as a coordinator of curriculum and staff development in a child care and development program.	105 hours of professional growth *****
Site Supervisor	Option 1: AA (or 60 units) including: 24 ECE/CD units with core courses** 16 GE units* 6 administration units 2 adult supervision units	350 days of 3+ hours per day within 4 years including at least 100 days of supervising adults	Option 2: BA or higher with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 3: Admin. credential ****, with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 4: Teaching credential **** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	May supervise a childcare and development program operating at a single site; provide service in the care, development and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth *****
Program Director	Option 1: BA or higher including: 24 ECE/CD units with core courses** 6 administration units 2 adult supervision units	Site Supervisor status and one program year of Site Supervisor experience	Option 2: Admin. credential ****, with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 3: Teaching credential ****, with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting, plus 6 units administration; or Option 4: Master's Degree in ECE/CD or Child/Human Development	May supervise a child care and development program operated in a single site or multiple-sites; provide service in the care, development and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth *****

NOTE: All unit requirements listed above are semester units. All course work must be completed with a grade of C or better. Spanish & Chinese translations available.

*One course in each of four general education categories, which are degree applicable: English/Language Arts; Math or Science; Social Sciences; Humanities and/or Fine Arts.

**Core courses include child/human growth & development; child/family/community or child and family relations; and programs/curriculum. You must have a minimum of three semester units or four quarter units in the core areas of child/human growth & development and child/family/community.

***Holders of the Administrative Services Credential may serve as a Site Supervisor or Program Director.

****A valid Multiple Subject or a Single Subject in Home Economics.

*****Professional growth hours must be completed under the guidance of a Professional Growth Advisor. Call (209) 572-6085 for assistance in locating an advisor.

This matrix was prepared by the Child Development Training Consortium, www.childdevelopment.org. Call (209) 572-6080 for a permit application.

HEALTHY CHILD CARE AMERICA BLUEPRINT FOR ACTION

Goals

- Safe, healthy child care environments for all children including those with special needs
- Up-to-date immunizations for children in child care
- Access to quality health, dental, and developmental screening and comprehensive follow-up for children in child care
- Health and mental health consultation, support, and education for all families, children and child care providers
- Health, nutrition, and safety education for children in child care, their families, and child care providers

10 Steps Communities Can Take to Promote Safe and Healthy Child Care

- One** Promote safe, healthy, and developmentally appropriate environments for all children in child care.
- Two** Increase immunization rates and preventive services for children in child care setting.
- Three** Assist families in accessing key public and private health and social service programs.
- Four** Promote and increase comprehensive access to health screenings.
- Five** Conduct health and safety education and promotion programs for children, families, and child care providers.
- Six** Strengthen and improve nutrition services in child care.
- Seven** Provide training and ongoing consultation to child care providers and families in the area of social and emotional health.
- Eight** Expand and provide ongoing support to child care providers and families caring for children with special health needs.
- Nine** Use child care health consultants to help develop and maintain healthy child care.
- Ten** Assess and promote the health, training, and work environment of child care providers.

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