

The Field of Child Care Health Consultation



First Edition, 2006



California Childcare Health Program
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Department of Family Health Care Nursing
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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 history and evolution of child care health consultation in the United States and California.

To identify a variety of service delivery models of child care health consultation.

To describe the role, scope of work and liability exposure of Child Care Health Consultants (CCHCs).

To identify basic resources available to CCHCs.

The History and Evolution of Child Care Health Consultation

WHY IS THE HISTORY AND EVOLUTION OF CHILD CARE HEALTH CONSULTATION IMPORTANT?

In the last 20 years, women have entered the workforce in unprecedented numbers. Additionally, welfare reform, known in California as CalWORKs, now places a limit on the number of years a parent may receive benefits. Many of the women participating in this program must place their children in early care and education (ECE) programs so they may return to work or receive training. Every day, millions of our young children leave home to spend part or most of their day in some type of ECE program. In spring 1997, 12.4 million (63 percent) of the 19.6 million children under 5 years of age were in some form of regular ECE arrangement during the week (Smith, 2002). Children participate in a variety of settings, such as ECE programs, family child care homes or in-home care, and at various hours of the day. Since 1975, the labor force participation rate of mothers with children under age 18 has grown from 47 to 72 percent. The biggest increase in labor force participation among mothers occurred among women with children under the age 3. Fully 61 percent of this group was in the labor force in 2002, compared with only 34 percent about a quarter of a century earlier. Additionally, these proportions were higher for unmarried mothers than for married mothers (US Department of Labor, 2004).

Never before have so many children been in non-parental care. Young children often spend more of their waking hours in ECE programs than in their homes (Smith, 2002). In order to assure the healthy development of children in ECE programs, the quality of caregiving and of the ECE environments themselves must be a priority. Nowhere is this more important than in the areas of ECE health and safety promotion. The healthy

development of children in group care can be at risk for some of the following reasons:

- Young children in ECE programs are at an increased risk for illness and can be at risk for minor injuries as well. There are many factors that contribute to these risks: the youngest children are immune comprised and not fully protected from communicable diseases covered by all the immunizations; the role of age-specific personal hygiene; mixing of children of different ages; varying levels of supervision; and inadequate resources for ill children or staff (Osterholm, 1994; Roberts, Smith, Jorm, Patel, Douglas & McGlichrist, 2000).
- There are very few CCHCs in California and therefore few ECE programs have access to their services.
- Children are entering ECE programs at younger ages and spend more time there compared to 10 years ago (Smith, 2002).
- Health and social services for most ECE programs are not subsidized and are too expensive for programs to provide.
- As children with disabilities and other special needs are included in ECE programs, programs are required to provide more specialized and individualized care in order to meet their health and safety needs (Child Care Law Center, 2003).

The CCHC is an emerging health professional who provides an array of health and safety consultation services to ECE programs, including child care centers, family child care homes, and Head Start centers (Alkon, Farrer, Bernzweig, 2004; Dooling & Ulione, 2000; Ulione & Crowley, 1997). The CCHC provides health and safety education, consultation, and technical assistance to the ECE field. According to *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (CFOC), optimally, the health consultant should be a physician, certified pediatric or family nurse practitioner, or public health nurse (American Academy of Pediatrics [AAP], American Public Health Association, & National Resource Center for Health and Safety in Child Care, 2002).

WHAT THE CCHC NEEDS TO KNOW

Chronology of the Evolution of Child Care Health Consulting

1976

Report to Congress in association with the Federal Interagency Day Care Requirements (FIDCR) Appropriateness Study recommends the development of national health and safety standards.

June 1984

First national symposium on infectious disease in child day care, sponsored by the Minnesota Department of Public Health.

Fall 1984

Minnesota Public Health Association writes a resolution for the American Public Health Association (APHA) stating that child care standards, especially in the area of prevention of infectious diseases, are needed.

1988

San Diego State University (SDSU) Graduate School of Public Health (GSPH) receives a Special Projects of Regional and National Significance (SPRANS) grant to develop child care health and safety training for California child care providers.

1989

Senator McQuorquodale's California bill AB843 establishes a task force to study the feasibility of training child care providers in health and safety. The task force sent a survey to providers all over the state, who overwhelmingly responds that they want a toll-free help line to call. In response, SDSU establishes the Healthline, a toll-free health and safety advice service (1-800-333-3212).

1992

CFOC is published by the APHA and American Academy of Pediatrics (AAP). Recommends each center and organized small family child care home system shall utilize the services of a health consultant.

1992

International Conference on Child Day Care Health: Science, Prevention and Practice held in Atlanta, GA, sponsored by the United States Centers for Disease Control and Prevention. Pediatric supplement published the proceedings in December 1994.

1992–95

Standards Project of SDSU GSPH is funded by federal Maternal and Child Health Bureau to identify gaps between CFOC and California child care practices and Community Care Licensing regulations (State of California, Health and Human Services, Department of Social Services, 2002).

1993

The Healthline becomes part of the California Childcare Health Program (CCHP) and is located in Oakland, California, funded by the California Department of Education.

1995

Federal Child Care Bureau and Maternal and Child Health Bureau sponsor the National Child Care Health Forum and introduce the Healthy Child Care America Campaign (HCCA) and the Blueprint for Action that calls for the use of CCHCs to develop and maintain healthy child care.

1995

AB 243 requires California child care providers to obtain 15 hours of health and safety training for at least one director or teacher in child care centers and each large family child care home.

1996

CCHP receives two grants to establish CCHC services to San Francisco (Miriam and Peter Haas

Foundation) and Contra Costa (East Bay Foundation) counties.

1997

California Blueprint for Action is developed by a broad coalition of child care and health professionals through the Healthy Child Care California Campaign.

1999

National Training Institute (NTI) for Child Care Health Consultants at the University of North Carolina at Chapel Hill and the National Resource Center for Health and Safety in Child Care (NRC) at the University of Colorado School of Nursing is funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration, U.S. Department of Health and Human Services. Healthy Child Care California sends a California delegation for training to NTI. The NRC provides a Web site (<http://nrc.uchsc.edu>) with HCCA activities and state regulations, technical assistance, resources, and a national listserv.

2000

NTI partners with CCHP to hold a Training of Trainers for CCHCs in California.

2000

CCHP is awarded a grant from First 5 California (formerly the California Children and Families Commission) to establish the Child Care Health Linkages Project creating CCHC services in 21 counties in California, a training program for CCHCs, and an evaluation of the services.

2001-2002

In 2001, CCHP becomes a program of the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing. CCHP conducts the first round of the California Training Institute (CTI) for Child Care Health Consultants and graduates 29 CCHCs. The program expands to include participants from outside the Child Care Health Linkages Project and from around California.

2005

The federal HCCA Campaign's funding for individual state programs is ending but support for the national agencies which support Child Care Health Consultant training (NTI), technical assistance (National Resource Center), and publications (American Academy of Pediatrics) continues. A new federal MCHB initiative, the State Early Childhood Comprehensive System (SECCS), provides funds for each state to develop a plan to integrate the statewide early childhood systems and support health consultation. SECCS will be funded to implement state plans from 2006–2008.

Issues That Arise in ECE Programs

- Since the field of child care health consulting is a new profession, ECE programs frequently do not know how to utilize the services of a CCHC. The CCHC provides programs and parents with information to help them learn about their services and how they will partner with them.
- CFOC (AAP et al., 2002) provides a framework for the services and CCHC's work, yet ECE programs do not always have copies of these standards. CCHCs explain the difference between Community Care Licensing (State of California, 2002) regulations and national standards and help programs gradually move toward adoption of higher standards of practice.
- There is interest in establishing a professional certification or other official recognition of child care health consulting as a specialty field. There is a need to standardize the field's educational requirements and identify qualified required professional backgrounds as prerequisites to training.

Federal Initiative Provides a National Framework

Healthy Child Care America (HCCA)

HCCA is a shared vision between the Health Resources and Services Administration – Maternal

and Child Health Bureau (MCHB) and the Administration for Children and Family's Child Care Bureau. Launched in 1995, the HCCA campaign developed the Blueprint for Action which provides communities with five goals and 10 action steps (see *Handout: Blueprint for Action: 10 Steps Communities Can Take*). The American Academy of Pediatrics became the campaign coordinator in 1996. In 1997 HCAA awarded grants to the states to implement the Blueprint for Action and the California Childcare Health Program became one of 43 grantees to integrate health and ECE planning efforts. Additional HCCA partners include the National Resource Center for Health and Safety in Child Care (<http://nrc.uchsc.edu>) and the National Training Institute for Child Care Health Consultants (www.unc.edu/courses/child-care/). For more information on the Healthy Child Care America campaign visit their Web site at www.healthychildcare.org.

The goals of HCCA's Blueprint for Action are:

- safe, healthy ECE environments for all children, including those with special health care needs
- up-to-date and easily accessible immunizations for children in ECE programs
- access to quality health, dental, and developmental screenings and comprehensive follow-up for children in ECE programs
- health and mental health consultation, support, and education for all families, children, and ECE providers
- health, nutrition, and safety education for children in ECE programs, their families, and ECE providers

Healthy Child Care California

The Healthy Child Care California Campaign is based on the principle that families, ECE providers and the health community in partnership can promote the healthy development of young children in ECE programs and increase access to safe physical environments and preventive health services for children.

California Childcare Health Program Provides a State Framework

Established in 1987, the California Childcare Health Program (CCHP) is a community-oriented, multi-disciplinary organization dedicated to enhancing the quality of ECE programs for California's children by initiating and strengthening linkages among the health, safety and ECE communities and the families they serve. CCHP is a program of the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing.

CCHP's goals include:

- To promote and maintain the broadest understanding of health and wellness in early care and education that includes preventive services: access to health care, mental health consultation and care, child abuse prevention, and training on healthy practices and procedures.
- To create linkages and promote collaboration between and among health and safety professionals and ECE providers.
- To promote the inclusion of children with special needs and the elimination of barriers to their inclusion in all types of early childhood programs.
- To be guided by and infuse the most up-to-date knowledge of the best practices and concepts of health, wellness and safety into all ECE programs.
- To promote, support and enhance a healthy and safe environment for the diverse population of children in ECE programs in California.
- To build a health infrastructure that improves the well being of children and families in ECE programs.

CCHP's Current Activities 2005

The Child Care Healthline

The Healthline provides information that promotes the health and well-being of children and caregivers in a variety of ECE settings via free telephone consultations to California ECE programs and families. Most materials developed by the Healthline are avail-

able in both English and Spanish through CCHP's Web site at www.ucsfchildcarehealth.org. Healthline is a project of CCHP, and is funded by the California Department of Education, Child Development Division.

The Healthline's goals include:

- To support the provision of quality ECE programs through consultation by ECE and health professionals, creation of linkages between ECE and health care professionals, and provision of health and safety resources for the ECE community.
- To improve the quality of infant/toddler out-of-home ECE programs through the creation and dissemination of specific health and safety resources for ECE providers, parents, training programs, and public policy initiatives.
- To support the inclusion of children with special needs in ECE programs by reducing barriers to their enrollment and integration in all types of early childhood programs.

The Healthline provides an array of services that include the following:

- **Telephone and email consultation.** Healthline staff answer questions on health and safety issues common to the ECE field, such as: behavioral problems, prevention of infectious disease, injury prevention, nutrition in ECE programs, caring for children with chronic health conditions and other special needs, child growth, staff health, child abuse and violence prevention, oral health, and access to special services and resources.
- **Publications.** Healthline publications include:
 - a bi-monthly newsletter, *Child Care Health Connections*;
 - Health and Safety Notes for ECE providers, which provide information and recommendations for providers on their most common questions;
 - Fact Sheets for Families;
 - a series of mini-posters for use in ECE programs, on topics of disease prevention and

injury prevention; and

- online materials including the above as well as seasonal articles of interest and links to relevant resources from other agencies.

Healthline publications may be downloaded from www.ucsfchildcarehealth.org or ordered using *Handout: CCHP Order Form*.

- **Infant/Toddler Quality Improvement.** In order to better serve the ECE community of California, the Healthline project addresses the need for improved quality infant/toddler ECE programs. The infant/toddler health and development specialist provides information and resources on health, safety, and quality infant toddler care to ECE programs, providers and training programs.
- **Promoting Inclusion of Children with Chronic Health Conditions and Other Special Needs.** Healthline promotes inclusion of children with special needs into ECE programs care by addressing barriers to inclusion found in all types of early childhood programs, and facilitating the development of policies and procedures that facilitate safe and successful inclusion.
- **Reaching Underserved Communities.** Healthline focuses on outreach to underserved areas, using a comprehensive targeting of materials based on the type of phone calls received. An updated database for all calls allows the Healthline staff to evaluate what regions of California are utilizing Healthline services, and to identify the most common issues among providers on a regional level.
- **Outreach.** Healthline outreach includes the distribution of CCHP's health and safety materials, via direct mailings, Web site articles and targeted marketing. Healthline staff also present workshops at professional meetings and conferences throughout the state, including the annual meetings of the California Association for the Education of Young Children (CAEYC), the California Child Care Resource and Referral Network (CCCRRN), and the Professional Association for Childhood Education (PACE).

Presentation topics emphasize health and safety issues including: communicable disease, successful inclusion of children with chronic health conditions and other special needs, child development and behavioral challenges, and staff health.

- **Supporting CCHCs and Child Care Health Advocates.** Working more closely with the CCHCs and Child Care Health Advocates (CCHAs) is another function of the Healthline staff in providing technical assistance and training.
- **Promoting Links.** Enhancing the link between the ECE community and other professionals involved with health and safety concerns for children means being visible in the community which is apparent through the participation in and presentations at various early childhood education public health forums at the local, state, and national level, as well as strategic involvements in advocacy efforts.

The Child Care Health Linkages Project (CCHLP)

CCHLP is funded by First 5 California (2001-2005). From 2001-2004, CCHLP created an infrastructure to provide health and safety consultation services to ECE programs in an effort to increase healthy outcomes for children and families. CCHCs (health professionals) and CCHAs (early childhood educators) were trained to work with providers and families respectively to ensure healthy and safe environments, practices and access to resources. A research study was conducted to evaluate child care health consultation programs. Efforts focused on accomplishing the following:

- preparing children to enter school healthy and ready to learn
- linking families with the resources and access to quality health services
- ensuring that children are up-to-date on their immunizations
- reducing the spread of infectious diseases and environmental hazards in ECE programs

- increasing the number of children with special needs who are safely cared for in natural ECE environments

Preliminary findings from the evaluation of CCHC services showed that CCHC interventions improved (1) the number and quality of health policies on-site in ECE programs, (2) the quality of health and safety by adhering to more National Standards than before the intervention, (3) the number of health care plans for children with special needs, and (4) the number of children with up-to-date immunizations.

In 2005, CCHLP will provide trainings throughout California for health and ECE professionals on ECE health and safety issues. Health professionals can become CCHCs (six-day training) and ECE providers can become CCHAs (three-day training). In an effort to help expand and strengthen the health and social services element of School Readiness programs, this phase of the Child Care Health Linkages Project will focus its efforts on training and support for local School Readiness program staff.

The Health Linkages staff will offer support and technical assistance to the School Readiness program staff throughout the state on an array of general ECE health issues such as inclusion of children with special needs, infant/toddler care and development, Community Care Licensing regulations, oral health, health insurance, medical homes, and behavioral health.

A Selection of CCHP's Past Projects

- *Access to Child Care for Children with Disabilities and Other Special Needs* (report)
- Child Care Passenger Safety Project
- *Making Inclusion Work: Strategies that Promote Belonging for Children with Special Needs in Child Care* (report)
- Child Care Lead Poisoning and Anemia Prevention Project
- Family Child Care Immunization Project
- Standardization of Health and Safety Training
- Child Care Provider Health Insurance Study
- California Child Care Standards Project (to establish recommended health and safety stan-

dards)

- Mainstreaming Children with Special Needs Project
- Presentation of a working forum "A Welcome for Every Child—Linking Children's Health and Caregiving"
- The Sun Protection/Cancer Prevention Project

Continuing Education Program for CCHCs (2004-2007)

The Federal Health and Human Services Health and Resource Services Agency (HRSA) funded CCHP to provide continuing education programs for health professionals to become CCHCs throughout California. Six-day trainings will be offered for health professionals; nurses are eligible to receive continuing education units.

The State Early Childhood Comprehensive System (SECCS) and the Healthy Child Care California Campaign

Funded by the federal Child Care Bureau and the Maternal and Child Health Bureau, the SECCS program will facilitate the integration of health into early childhood comprehensive systems statewide. A needs assessment and implementation plan will be developed from 2004–2006.

Purpose: The State of California has received a federal grant to conduct a two-year planning process and needs assessment on integrating statewide early childhood systems. The purpose of this initiative is to strengthen California's early childhood system of services for young children and their families by developing a comprehensive, integrated approach to the coordination of these services. The two-year planning process will culminate in a statewide strategic plan, to be followed by a multi-year implementation grant.

Ultimate Goal: The implementation of a comprehensive early childhood system that promotes the health and well-being of young children, enabling them to enter school ready and able to learn, by reducing gaps and improving coordination of services.

Focus Areas: The five focus areas and additional key areas of concern are:

- access to medical homes
- mental health and social-emotional development
- ECE services
- parent education
- family support services

WHAT THE CCHC NEEDS TO DO

The new CCHC needs to become familiar with the goals and action steps of the Healthy Child Care America campaign (HCCA). The American Academy of Pediatrics Web site is a good resource with an interactive program that introduces the strategies communities can utilize to implement each step to meet the overall HCCA goals (see www.healthychild-care.org). No matter where a CCHC is employed, the HCCA goals will provide direction. The CCHC should disseminate HCCA materials along with other outreach information to collaborators as a way of informing them of the national agenda for improving health and safety in ECE programs.

The CCHC can become familiar with the services and support provided by the California Childcare Health Program by visiting the agency's Web site for resources (www.ucsfchildcarehealth.org), calling the Healthline (1-800-333-3212), and subscribing to CCHP's *Child Care Health Connections* newsletter. Healthline staff can connect new CCHCs to other consultants or resources for support and networking.

The CCHC can start building a health promotion library of resources and reference materials with relevance to ECE programs. Begin with *CFOC* (AAP et al., 2002), Community Care Licensing regulations (State of California, 2002), and various other publications and handouts from CCHP. There are a variety of resources available to ECE professionals and CCHCs.

WAYS TO WORK WITH CCHAs

New CCHAs may experience role confusion and can benefit from reviewing and discussing a typical job description (see *Handout: Child Care Health Advocate Job Description* and *Handout: Child Care Health Consultant Job Description*). Additional activities are described in CFOC Standard 1.021 (AAP et al., 2002) and a discussion of how these activities may apply to a particular setting can be facilitated by the CCHC in collaboration with the program director. The CCHC can assist with assessing the training needs of a CCHA and work in collaboration with the program director to support the training needs. The CCHC can also assist a CCHA in developing a health resource library by acquiring and reviewing current materials that have relevance for the ECE program.

ACTIVITY: WHO ARE YOU AND WHERE WERE YOU?

- When did you first become aware of child care health consulting? How did you hear about this emerging field?
- Turn to the person sitting next to you, and spend a few minutes discussing:
 - How did you become interested in child care health issues?
 - Have you been involved with linking the fields of early care and education and health? If so, how? If not, how would you like to be involved?
 - Do any of your colleagues or friends know about the role of CCHCs?
- Now listen to your neighbor.
- Share any interesting stories with the rest of the group.

Different Models for Providing Child Care Health Consultation

WHY ARE DIFFERENT MODELS FOR PROVIDING CHILD CARE HEALTH CONSULTATION IMPORTANT?

Providing child care health consultation to ECE programs can be approached in a variety of ways; there is no one correct way to do it. Agencies or individuals choose a model or mode of consultation based on the particular needs of the community, the employer, the available budget or resources, the skills or credentials of the CCHC, and the degree of collaboration involved. This curriculum focuses on developing CCHCs who provide on-site and phone consultation to ECE programs. However, CCHCs can engage in activities at many levels of intervention depending on where they are employed. No matter where the consultation or intervention takes place, the focus of the CCHC's work is on the prevention of illness and injury and the promotion of health and wellness. The nature of the work is oriented more towards public health prevention and promotion rather than on individual primary care.

WHAT THE CCHC NEEDS TO KNOW

The Spectrum of Prevention: A Guide to the Levels of Child Care Health Consultation and Intervention

The spectrum of prevention is a systematic tool to understand effective prevention practices. The levels of interventions promote a multifaceted range of activities for effective prevention. The seven levels focus on strategy development, which brings together different approaches to promote comprehensive solutions to complex health and social issues. Activities at each level are interrelated at other levels. The spectrum of prevention can provide a framework for CCHCs to think about strategies at different levels of activity. The grid shown on the next page outlines examples of the activities at various levels of intervention as they apply to child care health consultation.

SPECTRUM OF PREVENTION	
Level of Intervention	Examples of CCHC Activities
Influencing Policy and Legislation Developing strategies to change laws and policies to influence outcomes	<ul style="list-style-type: none"> • legislation passed 1995 to require health and safety training • CCHC position in State MCH
Mobilizing Neighborhoods & Communities Mobilizing, organizing, and empowering communities to work together on quality of life issues from the bottom up.	<ul style="list-style-type: none"> • CCHP's Summit for Action • Healthy Child Care America-Blueprint for Action
Changing Organizational Practices Adopting regulations and shaping norms to improve communities and to create new models	<ul style="list-style-type: none"> • using research and assessment tools to determine needs. • consulting with child care programs on policy development
Fostering Coalitions & Networks Convening groups and individuals for broader goals and greater impact	<ul style="list-style-type: none"> • legislation passed 1995 to require health and safety training • CCHC works with local asthma and oral health initiatives • CCHC participates in Local Planning Council
Educating Providers Informing providers who influence others	<ul style="list-style-type: none"> • health professionals get training in child care health consultation • CCHC presents at local child care conference
Promoting Community Education Reaching groups with information and resources	<ul style="list-style-type: none"> • contribute articles to community newsletters • maintaining Web site or list serve • develop and distribute materials
Strengthening Individual Knowledge & Skills Enhancing individual capacity to address an issue.	<ul style="list-style-type: none"> • provide on-site training on health topics • provide instruction on asthma management of particular children
Spectrum of Prevention developed by Larry Cohen, 1998, Prevention Institute, www.preventioninstitute.org/spectrum_injury.html (Cohen & Swift, 1998).	

Models of Child Care Health Consultation

Telephone Consultation

This mode of consultation involves responding to requests for information or resources as they are received by telephone, frequently via a toll-free telephone number. Responses can be followed up with faxes, emails, or even site visits if time and resources allow. Calls can be answered live or from voicemail messages.

The benefits include:

- no travel time or expense
- allows for part-time and flexible staffing according to hours of service
- gives the CCHC time to research issues
- some callers prefer anonymity
- ease of data collection and tracking
- can utilize in-house staff for translation

- very efficient use of time and technology
- ECE providers and families can call at their convenience
- staff, administrators, family ECE providers, consumers of child care and allied agencies can equally access services
- can be provided from any location

The drawbacks include:

- some callers and CCHCs find it impersonal
- CCHCs cannot visually assess the situation
- unless provider is a repeat caller, it is difficult to establish a relationship with the caller
- technology dependent

Contract Consultation

This mode of consultation involves entering into a business contract with client programs, and services are defined by the contract. Visits are usually quarterly, monthly or as frequently as the program can afford. The ECE program administrators are usually involved. Assessments are generally followed up with staff and family training and referrals to community resources. Reports and documentation are heavily relied upon to track and monitor services and outcomes.

The benefits include:

- services are spelled out and agreed upon under a contract
- ECE administrators are active partners in the process
- scheduled in advance, rather than a drop-in service
- if services are fee-for-service, the client is generally more invested in striving for outcomes
- reduces some liabilities for the CCHC
- on-site assessments are conducted (see *Quality in Early Care and Education* module for specific tools)

- provides opportunities to interact with children and families
- programs can see changes and improvements over time

The drawbacks include:

- can be expensive for programs; usually costs are about \$1 per child per month
- requires a really good “fit” among CCHC, ECE administrator and staff
- time consuming for CCHC and sometimes the client
- can be perceived as intrusive by staff, if they are not part of the decision-making process
- easier to get the buy-in from ECE administrators initially than staff or families
- reduces the number of programs served if this is the only mode used; not affordable for all programs

Population-Based Consultation

This mode is a more traditional public health model that looks at impacting the ECE community on multiple levels. Outcomes are sought on the group and systems level rather than only on the individual child or program level. Services may target family child care, center care or geographic regions, but are available at some level to the entire population (city, county, state).

The benefits include:

- can reach large numbers of programs, children and families with fewer consultant hours
- greater opportunities for sustainable, systemic change
- allows for greater collaboration across health and child development communities
- easier to involve public health departments

The drawbacks include:

- takes longer to see results and outcomes

- requires more planning involving more people
- CCHCs may feel as if they are spending all of their time at meetings and not in ECE programs
- makes on-site consulting to individual programs very difficult because the same level of service cannot be provided to everyone equitably
- can be more difficult for the ECE community to understand and appreciate

Issue-Focused Consulting

Issue-focused consulting generally flows from a funding stream targeted at improving a specific health condition or to reducing an illness or injury risk. Examples of these efforts include initiatives to improve immunization, reduce childhood obesity, reduce childhood lead poisoning, improve oral health or manage childhood asthma. When the interventions occur in an ECE setting they are often performed by or monitored by CCHCs.

The advantage of this consultation is the effectiveness of a narrow and intense intervention. Specific projects also give access to ECE staff, children and families to information on many health and safety issues. The disadvantage is the lack of time or expertise to respond effectively to the multiple needs of ECE staff and families in the intervention programs.

How New CCHCs View their Role

The Child Care Health Linkages Project, funded by First 5 California, established the California Training Institute (CTI) to develop a curriculum to train nurses and others to become CCHCs. During each training session research staff conducted focus groups with the CCHCs in training (Alkon, et al., 2004). The purpose of the focus groups was to describe the participants' new roles and responsibilities. Common themes and patterns emerged from the discussions, including: network, education, sustainability, on-site service and administration. (See *Handout: Child Care Health Consultants' Roles and Responsibilities: Focus Group Findings*).

WHAT THE CCHC NEEDS TO DO

A CCHC new to the field must become familiar with:

- standardized sources of ECE health information and resources
- the field of ECE and delivery systems
- ECE health promotion models
- other CCHCs and specialists working in similar settings
- ECE and health networks and sources of support

WAYS TO WORK WITH CCHAs

If the ECE program has a caregiver designated as the program's health expert, the CCHC should support and consult with him/her and encourage the facility or organization to consider CCHA training. If the facility does not have a CCHA, the CCHC should help the provider identify and train a staff member to fill this role and advance to this position. A CCHC can introduce the CCHA to others advocates and models of health advocacy.

ACTIVITY: SPECTRUM OF PREVENTION

Break up into small groups of four to discuss the various health intervention activities you've engaged in. Write them in the box at the intervention level you think they belong. How could you expand some of those activities to the next level? When you are finished, share your activities with the group.

SPECTRUM OF PREVENTION	
Level of Intervention	Examples of CCHC Activities
Influencing Policy and Legislation Developing strategies to change laws and policies to influence outcomes	
Mobilizing Neighborhoods & Communities Mobilizing, organizing, and empowering communities to work together on quality of life issues from the bottom up.	
Changing Organizational Practices Adopting regulations and shaping norms to improve communities and to create new models	
Fostering Coalitions & Networks Convening groups and individuals for broader goals and greater impact	
Educating Providers Informing providers who influence others	
Promoting Community Education Reaching groups with information and resources	
Strengthening Individual Knowledge & Skills Enhancing individual capacity to address an issue.	
Spectrum of Prevention developed by Larry Cohen, 1998, Prevention Institute, www.preventioninstitute.org/spectrum_injury.html (Cohen & Swift, 1998).	

Scope of Practice and Liability Exposure

WHY ARE SCOPE OF PRACTICE AND LIABILITY EXPOSURE IMPORTANT?

Child care health consultation is an emerging field developed in response to an emerging social trend: the increasing numbers of women in the workforce and the resulting increase in the number of children in ECE programs. This new need, to link health and ECE fields together to improve health, generates some confusion related to the role of the CCHC in the areas of scope of work, standards of care and professional liability exposure. CCHCs are accountable for each question answered, each snippet of advice given, each system or procedure recommended, so each consulting practice must be as accurate and expert as a clinical practice.

WHAT THE CCHC NEEDS TO KNOW

There are numerous instances in which potential liability for a CCHC is unclear. A few everyday examples include:

- A teacher or director asks a CCHC to look at a particular child's behavior and see what should be done about frequent biting and temper tantrums.
- Providers may suspect child abuse, discuss it with their CCHC, but be reluctant to report because of their proximity to the family.
- When a child has special needs, the parent, ECE provider and CCHC may develop a special care plan in order to make the program inclusive of the child, and the CCHC may train staff so that the provider can implement the planned activities on a daily basis.

Issues related to liability have only recently been defined. The Child Care Law Center and Abby J. Cohen, JD, in collaboration with CCHP, have prepared two issue briefs (see *Handout: Liability Exposure* and *Handout: The Continuum of Liability Exposure for Child Care Health Consultants*). Until there is more experience in this work, CCHCs will have to work with a certain level of uncertainty and at the same time exercise the precautionary steps listed in the above documents and the steps below.

Be Consistent with Job Descriptions

CCHCs should be clear about their employers' expectations related to job description and scope of work plan that include activities, deadlines and outcomes. If requests for services trigger questions about a CCHC's role, he or she should always seek guidance. *Handout: Child Care Health Consultant Job Description* provides a sample of a job description that includes duties and responsibilities.

Know When to Refer to Other Specialists

CCHCs bring a breadth of experience to their role, but new CCHCs may not have the experience to perform certain functions, or there may be providers of service in the area that are already delivering certain services or advice. Below are some services that CCHCs may not provide directly so they may refer children and families to outside local agencies as referrals.

Health Services and Screenings

Programs may request that a CCHC or Public Health Nurse provide immunizations, tuberculosis skin testing for children or staff, hearing or vision screenings, and developmental screenings for children. Some CCHCs provide these services to help families who do not have access to appropriate care in their language, who lack health insurance, or who live in rural areas with poor public transportation. Screenings are also provided to gain trust in an ECE program and to introduce health services to the program. In addition, there is a need for CCHCs to screen children for access to health services by checking their health insurance status and identifying a medical home for each child (visit the American Academy of Pediatrics Web site at www.aap.org for information on medical homes).

Nutritional and Food Service Assessments

While nutrition is certainly an important part of child care health consulting, the CCHC may not know the regulations and requirements of the Child Care Food Program. Partnering with someone more knowledgeable about the food service industry or the Child Care

Food Program can provide a more helpful service. Referring ECE programs to outside experts may be more beneficial for programs in the long run when the CCHC does not have the expertise or the time to provide the same level of service.

Playground Safety Inspections

This is another area where the CCHC plays a role, but there are extensive and specific regulations that govern this service. The CCHC can screen for hazards or risks, but a certified playground safety inspector referral may be needed. Linking ECE programs with such professionals provides a more comprehensive service to the program.

Inclusion Consultation

CCHCs want to ensure that inclusion is considered when providing consultation on any issue, but not all CCHCs have the level of knowledge about inclusion to provide concrete assistance with adapting care and environments for children with special needs. It is important to determine the scope of the CCHC's expertise in this area and if the program would benefit instead from a referral to an inclusion specialist (see special needs resources at the end of this module).

Advise Using Best Practices in ECE Health and Safety

Best practices for child care health promotion are embedded in CFOC (AAP et al., 2002) and CCHCs must always promote their implementation. However, many ECE programs may have problems fully adhering to the basic Community Care Licensing regulations (State of California, 2002) or other required regulations such as Title 5, OSHA, or ADA and may ask for your help or for guidance. Assist programs in their understanding about the regulations they must follow.

WHAT THE CCHC NEEDS TO DO

Follow Clinical Practice Guidelines

In order to provide the best information and avoid liability, CCHCs should practice as they would in a clinical setting:

- Read and understand the policy briefs (*Handouts: Liability Exposure and Child Care Health Consultants* and *Continuum of Liability Exposure for Child Care Health Consultants*) from the Child Care Law Center.
- Stay within the scope of practice.
- Be consistent with their job description.
- Know when to refer to other specialists.
- Advise only recognized best practice.
- Adhere to research-based recommendations.
- Document clearly.

Practice Sound Business Skills

This means having written contracts and clear, mutual expectations. Strive to meet the needs of the program—not only your needs. Go the extra mile when you can and expect that your agenda may need to change on a minute’s notice.

Do Your Homework

You will need to constantly find and update resources for programs and families. Make contact with resources so they understand the needs of the ECE community and are familiar with how to best assist them.

Minimize Liability

CCHCs who do provide direct clinical services should minimize their liability and maximize their credibility. Get consents, provide written guidelines, document

the service, and provide the best possible care.

Build Bridges Between Resources and ECE Programs

Invite staff from other service agencies to accompany you on a site visit so you promote local linkages among agencies. ECE providers will be more likely to initiate future contact if they have a personal relationship with someone from the agency.

Provide Consultation that Is Culturally Competent

Provide culturally competent care, as appropriate. California has an ethnically diverse population and health care consultation needs to be culturally-accessible and relevant for each population. If you think you cannot meet the cultural or linguistic needs of the program’s population, collaborate with an agency or person who can help you meet these needs.

WAYS TO WORK WITH CCHAS

CCHCs can help CCHAs understand their job description and encourage CCHAs to only work within the job description. It is important for CCHAs to know how and when to make referrals and CCHCs are in a good position to help CCHAs gain this knowledge. CCHAs can facilitate referrals and help the families in the process. CCHCs can model professional behavior and can show CCHAs how to clearly document their work and referrals.

ACTIVITY: CONTINUUM OF LIABILITY

Review both *Handout: Continuum of Liability* and the activities discussed in the Spectrum of Prevention activity. Discuss and identify which activities would fall under the categories of liability exposure.

NATIONAL STANDARDS

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

- 1.040 Use of Child Care Health Consultants
- 1.041 Knowledge and Skills of Child Care Health Consultants
- 1.043 Frequency of Child Care Health Consultant Visits
- 3.003 Routine Health Supervision
- 9.033 Support for Consultants to Provide Technical Assistance to Facilities
- 9.034 Development of List of Providers of Services to Facilities
- 9.040 Provision of Training to Facilities by Health Agencies

All of Chapter 5 refers to standards related to Facilities, Supplies, Equipment, and Transportation.

RESOURCES

Organizations and Resources	
Organization and Contact Information	Description of Resources
<p>American Academy of Pediatrics Committee on Early Childhood, Adoption, and Dependent Care Elk Grove Village, Illinois (800) 433-9016 www.aap.org</p>	<p>Pediatricians involved in child care health collaborate on projects, policies, etc.</p> <p>Medical Homes Initiatives for children with Special Needs. (n.d.) <i>Integrating surveillance and screening with the medical home</i>. Retrieved November 10, 2004, from www.medicalhomeinfo.org/screening.</p> <p>American Academy of Pediatrics, The National Center of Medical Home Initiatives for Children with Special Needs (n.d.) <i>Every child deserves a medical home training program</i>. Retrieved November 10, 2004, from www.medicalhomeinfo.org/training/survindex.html.</p> <p>American Academy of Pediatrics, Healthy Child Care America Campaign www.healthychildcare.org.</p>
<p>California Childcare Health Program 1333 Broadway, Suite 1010 Oakland, CA 94612-1926 (510) 839-1195 www.ucsfchildcarehealth.org</p>	<p>The Child Care Healthline, at (800) 333-3212, provides health and safety information to ECE providers, the families they serve, and related professionals in California using a toll-free telephone line. The Healthline team of specialists consults on issues such as infectious disease, health promotion, behavioral health, serving children with disabilities and special needs, nutrition, infant-toddler development, car seat safety, lead poisoning prevention and more.</p> <p>The Child Care Health Linkages Project, funded by the California Children and Families Commission, created child care health consultation services in 20 counties, staffed by trained CCHCs and CCHAs.</p> <p>Child Care Inclusion Services work to expand access to consultation and support for ECE providers working with children with disabilities and other special needs in early care and education programs, including working with families, managing difficult behavior, and accessing needed assessments and services. Our vision is a California in which all children have full access to quality inclusive ECE programs that welcome families and support providers.</p> <p><i>The Child Care Health Connections Newsletter</i>, a bimonthly publication disseminated statewide, provides current and emerging health and safety information for the ECE community. Articles are designed to be copied by programs and broadly distributed to direct service providers and parents.</p> <p>Other publications include Health and Safety Notes and Fact Sheets for Families, available in both English and Spanish.</p>

Organization and Contact Information	Description of Resources
California Community Care Licensing www.cclid.ca.gov	On-line information includes an overview of licensing issues, county office numbers, Title 22 regulations and Evaluator Manual and Assessment Guides in various languages on such topics as Safe Food Handling, Disasters Guides, and How to Make Your Center Safe.
Child Care Bureau US. Department of Health and Human Services, Administration on Children, Youth, & Families (ACYF), Washington, D.C. (202) 690-5641	Information on Child Care and Development Block Grant, links to other ACYF sites and child care sites; <i>Healthy Child Care America - Blueprint for Action</i> ; Compiled by the National Center for Education in Maternal and Child Health US Govt. Printing Office; 1996 –719-428.
Child Care Law Center San Francisco, CA (415) 495-5498 www.childcarelaw.org	A national nonprofit legal services organization that uses legal tools to make high quality, affordable child care available to every child, every family, and every community. The only organization in the country devoted exclusively to the complex legal issues that affect child care. The agency's diverse substantive work encompasses public benefits, civil rights, housing, economic development, family violence, regulation and licensing, and land use. Quarterly newsletter, <i>Legal Update</i> .
Early Childhood Education Linkage System www.paaap.org	Pennsylvania's AAP chapter created the ECELS program and provides information, guidelines, manual, checklists for health consultants. Resource library, training materials, and workshops available.
National Association for Family Child Care Des Moines, Iowa (515) 282-8192 www.nafcc.org	Provides technical assistance for family child care organizations, biannual conferences, quarterly newsletter. Accreditation provided for family child care.
National Association for the Education of Young Children (NAEYC) Washington, D.C. (800) 424-2460 www.naeyc.org	Publishes books, established accreditation process for centers. Aronson (2002). <i>Healthy young children. Fourth Edition</i> . Aronson (2002). <i>Model Child Care Health Policies. Fourth Edition</i> .
National Association of Child Care Resource and Referral Agencies Washington, D.C (202) 393-5501 www.naccra.net	Publishes directory of local resource and referral agencies, checklist for choosing quality child care.

Organization and Contact Information	Description of Resources
<p>National Association of Pediatric Nurse Associates and Practitioners Cherry Hill, New Jersey (609) 667-1773 www.napnap.org</p>	<p>Professional organization of Pediatric Nurse Practitioners (PNP) involved in child care health. <i>Child Care Special Interest Group News</i>; published four times per year</p>
<p>National Child Care Information Center Vienna, VA (800) 616-2242 http://nccic.org</p>	<p>Maintains central database for child care related information. Bi-monthly newsletter, <i>Child Care Bulletin</i>.</p>
<p>National Resource Center for Health and Safety in Child Care University of Colorado Health Sciences Center; School of Nursing Denver, Colorado (800) 598-KIDS www.nrc.uchsc.edu</p>	<p>Links to child care Web sites (e.g. organizations, conferences, child care training, research study results), lists states' child care regulations, and APHA and AAP's <i>National Health and Safety Performance Standards</i>. The National Resource Center is located at the University of Colorado Health Sciences Center in Denver, Colorado, and is funded by the Maternal and Child Health Bureau, U.S. Department of Health & Human Services, HRSA. The NRC's primary mission is to promote health and safety in early care and education programs throughout the nation.</p>
<p>National Training Institute for Child Care Health Consultants Department of Maternal and Child Health University of N.Carolina Chapel Hill, NC (919) 966-5976</p>	<p>Supports the health and safety of young children in ECE programs through the development of a national child care health consultant training program. Developed and implemented a standardized national training program for Child Care Health Consultants that includes both face-to-face and self-study components.</p>
<p>Washington State Department of Health www.doh.wa.gov</p>	<p>Public Health Consultation in Child Care www.doh.wa.gov/cfh/OralHealth/manuals/Public_Health_Manual/consult.html</p>

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HANDOUTS FOR FIELD OF CHILD CARE HEALTH CONSULTATION MODULE

Page Handout Title

History and Evolution of Child Care Health Consultation

29 *Healthy Child Care America Blueprint for Action*

31 *California Childcare Health Program Order Form*

Models and Scope of Practice

35 *Liability Exposure and Child Care Health Consultation*

42 *Continuum of Liability Exposure for Child Care Health Consultants*

43 *Child Care Health Consultant Job Description*

44 *Sample Activities of a Child Care Health Consultant*

45 *Child Care Health Advocate Job Description*

46 *Sample Activities of a Child Care Health Advocate*

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.

Sponsored by the U.S. Department of Health and Human Services,
Child Care Bureau, Administration for Children and Families
Maternal and Child Health Bureau, Health Resources Services Administration
Retrieved from the Healthy Child Care America Web site www.aap.org 11/9/04

Publications

CALIFORNIA CHILDCARE HEALTH PROGRAM

CURRICULUMS

POSTERS

NEWSLETTERS

**HEALTH & SAFETY
NOTES**

ILLNESS SHEETS

**FACT SHEETS
FOR FAMILIES**

CCHP's user-friendly educational resources are developed for child care providers, instructors, Child Care Health Consultants, Child Care Health Advocates and the families they serve.



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. CCHP is a community-based program of the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing.

510.281.7938

www.ucsfchildcarehealth.org

Healthline 800.333.3212

Health and Safety in the Child Care Setting: Prevention of Infectious Disease

This curriculum will help early care and education providers create healthy environments and teach healthy habits to the children in their programs. Covers the content of the Emergency Medical Services Authority 7-hour Child Care Preventive Health and Safety Training. 2nd ed. (2001).

\$25

Health and Safety in the Child Care Setting: Prevention of Injuries

This curriculum will help early care and education providers understand how injuries happen, and how by planning ahead and taking simple precautions, most injuries can be avoided. Covers the content of the Emergency Medical Services Authority 7-hour Child Care Preventive Health and Safety Training. 2nd ed. (2001).

\$15

Health and Safety in the Child Care Setting: Prevention of Infectious Disease and Injuries: Student Edition

This special student edition provides trainers with the complete set of handouts from *Health and Safety in the Child Care Setting: A Curriculum for the Training of Child Care Providers* for reproducing and distributing to students.

\$15 per CD Available in English or Spanish on CD in PDF format only

Child Care Health Connections Newsletter

Provides up-to-date child health and safety information for the early care and education community. The newsletter is published six times per year. Articles may be copied by programs and broadly distributed to providers and parents.

\$25 Six issues per year

Survival Tips Posters

These color laminated 8-1/2" x 11" mini-posters on the prevention of communicable diseases and prevention of injuries in early care and education are suitable for posting in high-traffic areas such as above changing tables or near the front door.

\$10 per set Available in English and Spanish

Stop Disease Set

- Prevention of Communicable Diseases
- Wash Your Hands Properly
- Disinfecting Solution
- Cleaning and Disinfecting
- Important Rules About Diapering
- Diapering Procedures with Diagrams
- Morning Health Check
- Head Lice: A Common Problem
- Gloving

Stop Injuries Set

- Keep Children Safe from Burns
- Prevent Drowning
- Medication Administration
- Safe Playground Habits
- Prevent Poisoning
- Sun Protection

Illness Sheets

This set of 33 illness fact sheets are suitable for distribution to staff or families.

\$15 per set Available in English and Spanish

- Amebiasis
- Campylobacter
- Chickenpox
- Common Cold (Upper Respiratory Infections)
- Conjunctivitis (Pink Eye)
- Cytomegalovirus (CMV)
- Ear Infections (Otitis Media)
- Fifth Disease (Slapped Cheek Disease)
- German Measles (Rubella)
- Giardiasis (Giardia)
- Haemophilus Influenzae Infections
- Hand-Foot-and-Mouth Disease (Coxsackie Virus A16)
- Head Lice (Pediculosis)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Herpes ("Cold Sores" or "Fever Blisters")
- HIV/AIDS
- Impetigo
- Influenza
- Kawasaki Disease
- Measles
- Meningitis
- Monilia (Candida) or Yeast Infections (Thrush)
- Pinworms
- Ringworm (Tinea)
- Roseola (Sixth Disease)
- Rotavirus Infections
- RSV
- Salmonella
- Scabies
- Shigellosis
- Strep Throat and Scarlet Fever
- Tuberculosis (TB)
- Whooping Cough (Pertussis)

Health and Safety Notes

Health and Safety Notes cover a wide range of issues pertaining to child care settings. See below for complete list of topics included in the set. For individual *Health and Safety Notes*, call Healthline at (800) 333-3212.

\$25 per set Available in English and Spanish

Allergies

- Allergies
- Latex Allergy and Sensitivity in the Child Care Setting

Brain and Behavior

- Biting in the Child Care Setting
- Building Baby's Intelligence: Why Infant Stimulation Is So Important
- Caring for the Spirited Child
- Sleepwetting in the Child Care Setting
- Stimulating Language Development
- Temperament and Regularity
- Thumb, Finger or Pacifier Sucking
- Toilet Learning in Child Care
- The Value of Play
- When the Baby Won't Stop Crying
- Young Children and Transition

Healthy Environment

- Active Outdoor Play
- Electronic Media and Young Children
- Exposure to Communicable Disease
- Good Hygiene
- Indoor Air Quality
- Is It Safe to Play Outdoors in Winter?

- Keeping Children Safe from Pests and Pesticides
- Maintaining Health Records in the Child Care Setting
- Pets in the Child Care Setting
- Recommendations for Cleaning, Sanitizing and Disinfecting
- Smart Fun in the Sun
- Standard and Universal Precautions in the Child Care Setting
- Unimmunized Children in the Child Care Setting
- Use of Insect Repellent by Child Care Programs
- Young Children and Disasters
- Hand-Foot-and-Mouth Disease (Coxsackie A) in the Child Care Setting
- Head Lice: Background and Treatment
- Head Lice: Strategies for Success
- Influenza and You—What You Need to Know
- Respiratory Syncytial Virus (RSV) in the Child Care Setting
- Runny Nose in the Child Care Setting (The Snuffly Child or Green Gooky Nose)
- West Nile Virus: What You Should Know

Illnesses and Conditions

- Asthma in Child Care Settings
- The Common Cold
- Croup in the Child Care Setting
- Cytomegalovirus (CMV) in the Child Care Setting
- Diabetes in the Child Care Setting
- Ear Infections (Otitis Media) and Hearing Loss in Young Children
- Excluding Children Due to Illness
- Fever: What You Need to Know
- Fifth Disease or "Slapped Cheek" in the Child Care Setting
- General Recommendations Regarding Diarrhea

Inclusion of Children with Special Needs

- G-Tubes in Child Care
- Hearing Evaluations in Young Children
- How to Get a Child Tested: Guidelines for Special Education Assessment
- Including Children with Special Needs: Tips for Child Care Providers
- Oral Health for Children with Disabilities and Special Needs
- Understanding and Caring for the Child with AD/HD

Injury Prevention

- Child Abuse Prevention
- Field Trip Safety Tips
- Prevent Drowning
- Reporting Injuries
- Summer Safety

Miscellaneous

- Maintaining Confidentiality in Child Care Settings
- Supporting Families Experiencing Domestic Violence

Nutrition

- Healthy School Lunch Ideas
- Healthy Snacks for Toddlers and Preschoolers
- Infant Feeding in Child Care
- Supporting Breastfeeding Families
- Types of Vegetarian Diets

Poisoning Prevention

- Anemia, Lead Poisoning and Child Care
- Lead in Keys

Fact Sheets for Families

Information sheets on a wide range of health and safety issues for distribution to families. See below for complete list of topics included in the set. For individual *Fact Sheets for Families*, call Healthline at (800) 333-3212.

\$20 per set Available in English and Spanish

Allergies

- Food Allergies

Brain and Behavior

- Biting
- Children and Sexuality
- Good Sleep
- Teething

Healthy Environment

- Computers and Young Children
- Communicating with Your Child Care Provider
- Microwave Ovens and Your Health
- Tooth and Mouth Care
- Toothbrushing Is Important

Illnesses and Conditions

- Bronchitis and Pneumonia
- Childhood Obesity
- Fever
- Food-Borne Illness
- Hepatitis
- High Blood Pressure
- Meningitis
- Oral Health and Pregnancy
- Overweight and Obesity
- Tooth Decay in Young Children

Injury Prevention

- Child Abuse and Neglect
- Drowning
- Falls
- Fire and Burn Injuries
- Never Shake a Baby!
- Nursemaid's Elbow
- Safe and Healthy Travel

Nutrition and Medications

- Acetaminophen Safety
- Alternative Medicine
- Breastfeeding and Child Care
- Do Not Use Ipecac
- Good Nutrition and Healthy Smiles
- New Dietary Guidelines
- Nutrition in Children Six Years and Older

- Medications and Food Interaction
- Over-the-Counter Drugs

Parents' Health

- Parents with AD/HD
- Vaccines Aren't Just for Children

Poisoning Prevention

- Beware of Poisonous Houseplants
- Lead in Keys
- Poisoning

Special Needs

- Learning Disabilities

California Childcare Health Program Publication Order Form

BILL TO

SHIP TO (if different from billing address)

NAME _____

AGENCY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____

EMAIL _____

NAME _____

AGENCY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____

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LIABILITY EXPOSURE AND CHILD CARE HEALTH CONSULTATION



Prepared by Abby J. Cohen, JD, under contract with the Child Care Law Center, for the California Child Care Health Program, Child Care Health Linkages Project. Funding was provided by the California Children and Families Commission.

The California Child Care Health Program is a community-based organization affiliated with the University of California, San Francisco School of Nursing Department of Family Health Care Nursing



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LIABILITY EXPOSURE AND CHILD CARE HEALTH CONSULTATION

BACKGROUND

A new profession is emerging out of an identified need to link the public health and child care fields together. As of yet, there exists some movement, but no definitive consensus on the scope of this work or the standards of care that are expected of those who engage in the work. Indeed, the individuals who currently identify themselves as child care health consultants and who are developing the field will have a significant influence on the shape of liability exposure by creating the standards of care and expectations on the part of their consumer public (primarily child care programs and families).

There currently exists no statutory basis for the profession. Instead, there are pilot projects and funded positions. Within what is emerging there is wide variation in:

(1) who is engaging in this function (although the California Child Care Health Program strongly recommends that the individual be a registered nurse with a certificate in public health); (2) whom they are employed by (public or private agency); (3) the activities they perform; (4) and the procedures and systems they employ to do their jobs. All of these factors contribute to differences in potential liability exposure. After extensive review, it appears that at this time, no health consultant has been sued for her/his work in child care settings and there exists no judicial guidance directly on point. Instead one can only rely on what we know from general legal principles and rather imperfect analogous situations.

In the presence of this new profession and in the absence of definitive consensus and case law, the best we can do at this juncture is to describe the most significant methods available for minimizing liability exposure. In the longer term, the emerging field might explore several possibilities. One is to undertake a consideration of statutory immunity. Such laws can relieve liability in whole

or in part typically premised on the overriding need for the service and a concern about the financial and potentially chilling effect liability has on the service. However, any kind of statutory immunity probably would not even be an option to consider unless and until a statutory basis for the profession is enacted. And even then, depending on what activities the health consultant undertakes, such an approach would undoubtedly be difficult, because such laws are not generally favored, particularly if they are not accompanied by some sort of compensation fund. Nonetheless, they do exist. Another approach would be the development of a specific malpractice policy or rider to existing malpractice policies. The purpose here would be to address specifically the liability concerns of this new profession and/or address any identified gaps or inadequacies of current malpractice policies.

At this point, it is important to remember that providing health consultation is an important service. Fear of liability, particularly when there have been no known lawsuits, should not paralyze consultants from engaging in this work. If the steps described below are taken to minimize liability exposure, health consulting in child care should continue to grow and thrive.

METHODS FOR MINIMIZING LIABILITY EXPOSURE IN CALIFORNIA

Liability is very fact specific and involves the consideration of a multitude of factors. Consequently, the list below can only be a general guide to how one can minimize liability exposure. The focus of these methods is to minimize liability for lawsuits based on negligence, violations of confidentiality and failures to obtain consent. For specific guidance on how to minimize liability exposure in your *particular* program, consult with an attorney.

Establish job qualifications in terms of professional training and credentials that allow for confidence in expertise and judgment.

As initiatives develop to offer health consultation in child care settings of various types, designers of these programs must be certain that the professional qualifications required of consultants be appropriate for the job they are being asked to perform. While no one would expect a car mechanic to perform heart surgery, that is the easy case. Given the porous and shifting borders of various health/mental health professionals, the *professionalization* of certain formerly “lay” activities and the *de-professionalization* of formerly professional activities, the ability to make an appropriate determination of who should perform the health consulting task may be far more difficult. That of course, in turn, depends on what exactly the job involves (see below). Nonetheless, given the current contours of the work, (as developed by the Child Care Health Program—see job description, Attachment 1) designers would minimize liability exposure by requiring that, at a minimum, the health consultants be registered nurses, and preferably have training and/or credentials in public health and/or pediatrics and/or early childhood development.

Recognize that different standards of care are imposed on different health professionals.

Each health professional is held to a standard of care reasonable for that particular profession. The law recognizes a different duty of care depending on whether one is a registered nurse, vocational nurse, physician, physical therapist, dietician, psychologist or other health/allied health professional. Each health consultant undertaking the work should be knowledgeable about the standards of care they are expected to meet under current state law. When viewed by courts, “standard of care” tends to be a composite of what has been learned in formal training,

advisories or guidance emanating from the licensing board of that particular profession and continuing education required or offered to that particular discipline. Additionally, further guidance may be gleaned from court cases.

Recognize that the job responsibilities which might be required are on a continuum of potential liability exposure and therefore job responsibilities ought to be chosen with care and forethought.

Currently, health consultants undertake a wide variety of activities, from sending out information on infectious diseases, to training parents on car seat safety, to promoting adherence to licensing requirements and/or best practices, to doing individualized assessments of children’s development. Any activity carries with it the possibility of liability exposure, but there is general agreement that some activities are more likely to be the focus of lawsuits and some activities are more likely to actually result in liability. For example, activities that are more general to the program are less likely to be the source of liability exposure than child specific activities. (Keep in mind however, that even this statement is not absolute; it is quite possible that a general program activity could result in greater liability than a child specific activity.) Similarly, informational activities are less likely to be a source of liability exposure than activities of a diagnostic or clinical nature. This does not mean that activities with higher potential exposure cannot be done. It is to suggest, however, that one should make that determination with an awareness of the higher exposure one is taking on and with the realization that additional steps might be required to try to minimize the additional potential liability exposure one would be taking on.

Once chosen, job responsibilities should be as clear as possible with standardized methods developed for these responsibilities.

Job descriptions should be detailed and clear. Individual health consultants should have clear

guidance as to what activities they should and should not undertake. Within any particular activity undertaken, the scope of responsibility should also be clear. As new potential responsibilities emerge, consultants should exercise caution before jumping in. When appropriate, standardized methods and procedures for undertaking responsibilities should be developed, not only to ensure appropriate follow-up when necessary, but also to ensure that when there are multiple consultants, that there is a common approach and consistency in operations.

Perform only those job responsibilities permitted by one's scope of practice and for which one has the professional expertise.

Every health professional not only has professional training and a license to practice, but each profession operates under a statute, for example the California Nursing Practice Act (California Business and Professions Code Section 2700 and following) that outlines the “scope of practice.” Accordingly, one may not go beyond what the state law permits.

These same statutes also describe those duties that may be delegated to others; importantly, even when such duties are delegated, the health professional remains accountable. Delegation will not likely be relevant in most situations involving child care health consulting because the role tends to be neither clinical nor supervisory in an ongoing way, as a nurse would be in a clinical setting, potentially supervising unlicensed assistive personnel. However, some of the considerations in determining whether to delegate are relevant when determining the appropriateness of training child care providers about how to perform certain procedures. The primary consideration is the health, safety and well being of the child. Determining whether such delegation/training should occur depends on making an assessment of a number of factors. These include the nature, frequency and complexity of the specific task; the education, training and skills of the caregiver being trained; the po-

tential harm that could occur if the procedure was done improperly and the availability of adequate supervision/consultation.

It is imperative that professionals be familiar with scope of practice laws and any interpretive guidance that is available from professional licensing boards. In the case of the Nursing Practice Act, the California Board of Registered Nursing has issued an advisory entitled “An Explanation of the Scope of RN Practice Including Standardized Procedures,” as well as other advisories and publications of relevance. Additionally, one can look to Attorney General Opinions that have also concerned scope of practice and delegation issues.

Finally, when providing advice or direct services involving a specific child, it is critical to obtain consent (see below) as well as to coordinate with the child's treating health care professional to clarify roles and responsibilities.

Recognize and understand the variability in liability exposure as the result of who employs the health consultant.

Generally speaking, the health consultant employed by public entities, as an employee, will have several factors operating in his/her favor to minimize liability exposure which may not be as true of those employed by private programs, whether child care support organizations or child care providers. First, depending on the fact situation, there may be some limitations on the liability of the public entity and/or its employees. Secondly, if the public entity is the public health department, there may be greater opportunities for appropriate supervision and discussion of complicated and difficult issues that could benefit from collegial brainstorming on a routine basis. Finally, there may be greater access to legal counsel on an as needed basis. Depending on the situation, these factors may or may not be available to independent contractors who contract with local public health departments. To the extent that consultants locate at particular child

care sites, this may have the effect of increasing exposure as such consultants may be seen in a different light if communication about their roles is not clear, and they may in fact be more involved in the direct operations of programs.

Develop and disseminate clear brochures and agreements, where appropriate, which specifically outline the functions of the health consultant.

In large measure, liability depends on the expectations which have been created in those who come to depend on the services being offered, whether the program or the families. Being clear about what the health consultant does, and does not do, to any and all who will be affected by the services will help to ensure that expectations comport with reality. Exercise care when communicating with providers and families that the child care health consultant is not a guarantor or certifier of the health and safety of the facility but simply a promoter of improved health and safety. Making a misrepresentation, such as saying that the health consultant ensures safety could become a misrepresentation that is relied on, with resulting liability. Being clear about what child care health consultants do and do not do could help not only to protect against standard legal claims, but would also help minimize more atypical *claims such as those by third persons* (persons not typically considered when entering into the consulting arrangement—such as a child not attending the child care program claiming he/she was infected by a neighbor child who did attend a child care program, (with the infection resulting from poor infection control at the program) and *claims of any duty to protect against third parties* (such as a failure to notify and/or warn families of the potential presence of a violent sex offender).

Keep current with health and legal information.

In addition to keeping current with the laws related to scope of practice and delegation as mentioned above, health consultants should en-

sure that they keep up to date with the content of their work. This will require keeping up with literature, current recommendations from governmental and professional bodies, attending continuing education, communicating with others engaged in this work and the like. In effect, this is to ensure that one can maintain the appropriate standard of care.

Health consultants should also be familiar with certain legal information, ranging from the legal requirements of universal precautions (See e.g. 29 CFR Section 1910.1030) to issues of confidentiality and consent (see below) and any laws which may require reporting, such as child abuse laws (California Penal Code Section 11165 and following) or reportable disease laws (17 California Code of Regulations Section 2500). Because these laws set out specific requirements, they in effect spell out very clearly the proper standard of care. Failure to meet these requirements could result in what the law calls negligence *per se*—an automatic finding of negligence because of failure to comply with a law intended to prevent the harm that occurred.

Maintain good documentation.

It is always critically important to maintain good documentation to defend against successful lawsuits. There should be both documentation of systems and procedures at the operational level; documentation of service, including what services are provided; what, if any, follow up has been completed, signed consent forms, and so forth.

Documentation should be current, objective, and sufficient, the latter of course requiring judgment as to what is at stake. It is certainly to the advantage of health consultants who are registered nurses that they have training in documentation of this nature, in keeping logs and records. Records should be dated, include the names of any individuals provided service, reasons for consultation, advice given and actions taken.

Obtain consent from families and staff.

To the extent health consultants will be reviewing medical records kept by the child care program and engaging in assessments of individual children it is critically important that proper legal consents be obtained. Health consultants working with programs should require the programs they work with to inform staff and parents of the health consultant's presence and the nature of the work they will be undertaking. Health consultants must also work with programs to obtain legal consent from parents to review medical records and other confidential information held by the program (See 22 Cal. Code of Regulations Section 101221(c) concerning the confidentiality of information held by licensed child care programs). They will also need consent for requests for additional information/contact/records held by a physician or school district and/or for undertaking individualized assessments/screenings/observations/ diagnosis and treatment.

Maintain the confidentiality of health information.

Health consultants may be involved in both creating health/medical information and reviewing existing information. In both instances, consultants must recognize that such information is confidential. The California Confidentiality of Medical Information Act (CMIA) indicates that medical information should not be released without the express consent of the patient or his/her representative (parent/guardian). This should be in writing. Furthermore, the law requires health care providers who create, maintain, preserve, store, abandon or destroy medical records to do so in a manner that preserves the information's confidentiality.

Information about children held by child care providers, including, but not limited to their medical assessment, is also confidential under licensing requirements. (22 Cal Code of Regulations Section 101221(c)). Medical information maintained in personnel records must also be

kept confidential. Once the health consultant has gained access to confidential information, such information should not be shared with other parties not appearing on the initial consent unless an additional release is obtained.

Carefully consider the use of disclaimers/waivers.

California cases present a mixed picture of whether a waiver eliminating future liability would be upheld. On the one hand, the courts look with disfavor on waivers that concern the public interest, but at least one California case has ruled that a parent can sign a contract with a disclaimer on it on behalf of a child. Other states specifically have refused to allow a waiver by a parent to bar a child's cause of action.

A disclaimer that does not waive liability but simply indicates that information is general and not specific to a situation and that the particularized advice of health professional should be sought may have some value in minimizing liability exposure. However, the absence of judicial interpretation on this point precludes any guarantee of protection. Nonetheless, there appears to be little in the way of any downside for adding such disclaimers to written materials so that they are indeed recommended. However, and importantly, they should not create a sense of security so that appropriate precautions are not implemented.

Consider carrying malpractice insurance.

Health consultants employed by local public health departments are typically covered for any claims by the local government through self-insurance*. However, some consultants employed by public agencies also carry their own malpractice insurance, as do those working outside of government. Generally speaking, one's only certainty about whether one would be covered under a malpractice policy for activities undertaken as a consultant would be to write a letter outlining these responsibilities and request

confirmation that such activities are covered, an explanation of any restrictions, and a description of any additional coverage which might be necessary. Given the relatively inexpensive cost of malpractice insurance for registered nurses, such a policy would be a worthwhile investment. Ensure that the malpractice policy covers legal defense in addition to the cost of the claim. As increasing numbers of health consultants begin working in child care and the contours of such services becomes clearer, it may be necessary and/or advantageous for consultants as a group to approach malpractice insurance carriers to develop a specialized policy or rider.

CONCLUSION

An understanding and use of each of the methods described above may serve to minimize the liability of those deciding to undertake the important work of a child care health consultant. In addition to these methods, it is also important to realize that there exist certain statutory immunities for certain activities, and certain realities that may also limit exposure. For example, depending on the facts of the situation, it may be very hard to prove that the acts or omissions of the consultant were the legal cause of an injury or to demonstrate that the consultant owed any duty to the party injured, two of the essential

elements to a finding of negligence. These in themselves may be significant hurdles to overcome in trying to place liability on a child care health consultant.

It is always difficult to deal with the knowledge that while what has been described here may minimize liability there are no ironclad guarantees. Unless and until we have more experience with this work and the issues it raises we will have to live with a level of uncertainty. Nonetheless, the importance of this work suggest that it be supported to continue and that we share with each other our issues, concerns, experiences and learning as we move forward. Hopefully in this way we can fashion other methods or refine what has been described to better protect the child care health consultant in successfully engaging in his/her work.

It is also important to once again underscore that this paper is written not in response to a huge increase in lawsuits; indeed we are aware of none. While the purpose of the paper is to prevent problems in the future it may result in engendering a greater sense of risk than is warranted at this time. So the bottom line is to carefully review and implement methods for reducing liability exposure—but keep the possibility of liability exposure in perspective!

*In California, for example, there is statutory immunity for persons administering vaccines as required by law or as part of an outreach program Cal. Health & Safety Code Section 120455) as well as Good Samaritan provisions for rendering care in an emergency without compensation (Cal. Business & Professions Code Section 2727.5). However, importantly, this immunity is limited to persons rendering care outside both the place and course of that persons' employment.



CONTINUUM OF LIABILITY EXPOSURE FOR CHILD CARE HEALTH CONSULTANTS

Child care health consultants engage in a variety of activities and each presents a possibility of liability exposure. Based on general legal principles and experience, some types of activities pose a greater degree of exposure than others. Simply stating that a particular activity may have a higher risk of liability exposure does not mean that liability will definitely occur; nor does it mean that the activity should be avoided. Instead, the purpose of this list is to give consultants a sense of relative exposure resulting from the varied activities in which consultants might engage. Activities with higher liability exposure should be carefully considered, and any and all actions should be taken which might serve to minimize exposure if it is determined that such activities will be undertaken (see CCHP document entitled “Liability Exposure and Child Care Health Consultation”).

In general, the more child specific and less program general the activity is, the greater the liability exposure. Activities seen as “clinical” rather than “educational” would also be seen as presenting greater liability exposure. Finally, those activities which take place under emergency conditions and which are not covered by Good Samaritan laws would also result in greater liability exposure.

Activities with Lesser Exposure

1. Providing referrals to community resources, including assistance with enrollment for health insurance
2. Providing current written health and safety information with disclaimers; development of health care reference manuals
3. Operation of a health information lending library
4. Offering health education on topics to staff, parents, children
5. Developing surveillance systems, reporting forms

Activities with Moderate to Greater Exposure

1. Creating, updating, modifying health policies and procedures
2. Undertaking health and safety assessments, ranging from providing improvement plans to reduce risk to identifying and correcting imminent health hazards
3. Vision, hearing, or speech screenings; developmental assessments
4. Implementing an individualized care plan
5. Training staff in specific procedures using specific equipment

Activities with Greater Exposure

1. Training staff in specific procedures using specific equipment which are complex, could result in significant injury if performed incorrectly, etc.
2. Case management
3. Development of individualized care plans
4. Diagnosis and/or treatment of individual children/staff
5. Advice given in a specific situation concerning particular children, especially in an emergency (if not covered by Good Samaritan statutes)
6. Immunizations (if not given as part of a program covered by statutory immunity provisions or not required by law)

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www.ucsfchildcarehealth.org



CHILD CARE HEALTH CONSULTANT JOB DESCRIPTION

Adapted from Healthy Child Care America, American Academy of Pediatrics

Background Information

Each early care and education (ECE) program should have access to a Child Care Health Consultant (CCHC) who can provide consultation and technical assistance on child health issues. This consultant should have expertise in child health and development, knowledge about the special needs of children in ECE programs, and the ability to link with public health resources.

Basic Functions

The CCHC's basic function is to enhance the quality of ECE programs by promoting optimal health and safety standards. The CCHC should seek to establish a relationship with ECE providers; identify, implement and evaluate strategies to achieve quality ECE programs; establish basic health and safety operational guidelines and plans of the ECE program and provider; and serve in a liaison capacity to other health professionals and community organizations. The CCHC service can range from providing information over the telephone to more extensive services on-site. The CCHC must work closely with the local public health and child care resource and referral agencies.

Education, Expertise and Abilities

Optimally, the CCHC should be a pediatrician, pediatric nurse practitioner, pediatric or community health nurse with expertise in mental health, nutrition, health education, oral health, environmental health, cultural diversity and/or emergency management. Familiarity with ECE regulations and community resources is essential. Knowledge and experience related to early brain and child development, and ECE health and safety issues are preferred. The ability to work as a program consultant and strong written, verbal and interpersonal communication skills are necessary.

Duties and Responsibilities

The CCHC can:

- Underscore the importance of a primary health care provider to serve as the “medical home” for each child.
- Link staff, families and children with community health resources.
- Ensure a system for communication among the ECE provider, parent and primary health care provider, and consult when health issues arise.
- Perform on-site assessments of the ECE environment and/or program operations.
- Assist ECE providers in developing general policy statements and an annual plan for the ECE program (e.g. management of infectious diseases, fevers, use of medications, exclusion policies, injury prevention and nutrition guidelines).
- Provide telephone consultation to ECE providers as health and safety issues arise concerning specific policies and procedures.
- Help ECE providers obtain, understand and use information about the health status of individual children and staff.
- Educate children, their families and ECE providers about child development, mental and physical health, safety, nutrition and oral health issues.
- Help identify and implement health and safety improvement plans.
- Educate and collaborate with Community Care Licensing staff and policymakers to improve regulations, inspections, resources and policies that promote inclusive, safe and healthy ECE programs.

SAMPLE ACTIVITIES OF A CHILD CARE HEALTH CONSULTANT

Adapted from Healthy Child Care America, American Academy of Pediatrics

1. Increase interactions that promote brain development.

Environment: Discuss the importance and availability of interactive play equipment.

Operations: Identify/enhance strategies to maintain adult:child ratios and recruit and retain competent staff.

2. Decrease the incidence of injuries.

Environment: Check for proper surfacing under and around playground equipment.

Operations: Ensure adequate supervision during active play.

3. Decrease the spread of infection.

Environment: Make sure adequate hand washing equipment and supplies are provided (i.e., soap, sinks, and lidded trash cans).

Operations: Teach children and staff about proper hand washing times and techniques.

4. Facilitate well-child preventive care.

Environment: Evaluate the information on the child health forms and set up a tickler system to identify children who are due for immunizations, well-child examinations, or other routine care.

Operations: Assist staff in learning how to interpret information on child health records as they receive them, facilitate implementation of a tickler system, and make appropriate referrals.

5. Encourage the inclusion of children with special needs.

Environment: Identify necessary changes that can be made to the physical environment and to program policies, practices and procedures

to accommodate children, family members, and staff with special needs.

Operations: Help develop an individualized care plan or specific guidelines for injuries or conditions of any child with special needs.

6. Facilitate communication between families and staff about health and safety concerns.

Environment: Identify ways to incorporate health and safety information into the daily interactions (i.e., bulletin boards, log books, newsletters, parent meetings).

Operations: Teach administrators and staff to observe and document concerns, and to engage family support in developing a plan of action to address concerns.

7. Increase the monitoring and tracking of health and safety practices.

Environment: Develop schedules for routine assessments and activities that ensure a healthy and safe environment (i.e., fire drills, checking first aid supplies, refrigerator temperatures, CPR and first aid training for staff).

Operations: Train and work with Child Care Health Advocates (CCHAs) who dedicate a portion of their teaching hours each week to serve as the point person on health issues in their program, and to perform health and safety quality assurance activities.

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.

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 Community Care 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