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# Community and Family Resources



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California Childcare Health Program  
Administered by the University of California, San Francisco School of Nursing,  
Department of Family Health Care Nursing  
(510) 839-1195 • (800) 333-3212 Healthline  
[www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)



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

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

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We wish to credit the following people for their contributions of time and expertise to the development and review of this curriculum since 2000.

The names are listed in alphabetical order:

### Main Contributors

Abbey Alkon, RN, PhD  
Jane Bernzweig, PhD  
Lynda Boyer-Chu, RN, MPH  
Judy Calder, RN, MS  
Lyn Dailey, RN, PHN  
Joanna Farrer, BA, MPP  
Robert Frank, MS  
Lauren Heim Goldstein, PhD  
Gail D. Gonzalez, RN  
Jan Gross, BSN, RN  
Susan Jensen, RN, MSN, PNP  
Judith Kunitz, MA  
Mardi Lucich, MA  
Cheryl Oku, BA  
Tina Paul, MPH, CHES  
Pamm Shaw, MS, EdD  
Marsha Sherman, MA, MFCC  
Kim To, MHS  
Eileen Walsh, RN, MPH  
Sharon Douglass Ware, RN, EdD  
Mimi Wolff, MSW  
Rahman Zamani, MD, MPH

### Editor

Catherine Cao, MFA

### CCHP Staff

Ellen Bepp, Robin Calo, Sara Evinger, Krishna Gopalan, Maleya Joseph, Cathy Miller, Dara Nelson, Bobbie Rose, Griselda Thomas

### Graphic Designers

Edi Berton (2006)  
Eva Guralnick (2001-2005)

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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 gain an understanding of family and community-based resources available to early care and education (ECE) programs and the families they serve.

To identify three ways a Child Care Health Advocate (CCHA) can educate ECE staff about community resources.

To make referrals in a supportive, professional manner.

## **RATIONALE**

An important role of the CCHA is to link families and ECE programs to community resources and services. There are many kinds of community resources and services available to families. Families may need help with employment, education, domestic violence, substance abuse, literacy, medical care or housing. Often, parents are uncomfortable looking for services that can help their families, or do not know how to locate them. There also may be language and cultural barriers that make it difficult for families and ECE staff to access services they need. CCHAs have a unique role in helping to connect families with the services and resources they need.

# WHAT A CCHA NEEDS TO KNOW ABOUT COMMUNITY AND FAMILY RESOURCES

ECE programs, especially those that receive funding from the state or federal government, may have large numbers of children in their care who have social, emotional and physical needs. These needs can make themselves known through behavior problems, frequent absences or chronic health problems; sometimes, families may have problems staying qualified for the child care subsidy as well (Young-Marquardt, 2005). ECE staff are often the first to notice developmental delays, special needs, suspected child abuse, domestic violence, effects of homelessness, lack of medical insurance and many other challenges that families can face. Since ECE staff see families every day, they are often trusted by families and are in a good position to help them when they are in need of programs and services. CCHAs are responsible for finding community-based resources for ECE program staff and parents. A simple referral from a CCHA may empower a family to start down the road to improving the quality of life for their children.

CCHAs must have a good grasp of local community resources in order to make appropriate referrals for children, families and staff in need of a variety of services (Young-Marquardt, 2005). The CCHA should be aware of new resources as they become available, as well as noting when agencies and programs close, which can happen frequently. It is particularly important for CCHAs to have up-to-date lists of resources, as families—especially those that are not used to asking for help—can become frustrated or discouraged if they are referred to programs that are not appropriate or that have closed.

## Resource and referral agencies

Choosing child care is an important decision families make, but often families rely on word-of-mouth to make this decision. Local child care resource and referral (CCR&R) organizations help parents take the guesswork out of choosing care by giving them referrals to local ECE providers, information on state licensing requirements, information on the

availability of child care subsidies and other useful information. CCR&Rs provide guidance by phone, in person or online that is tailored to meeting the needs of individual families. Through workshops, hotlines and newsletters, CCR&Rs reach out to parents with local information that helps them to make informed choices.

CCR&Rs work with local and state government and the private sector to make use of available resources for increasing and maintaining the supply of quality child care. CCR&Rs provide a range of services to ECE providers and staff, including serving as an entry point to the ECE field, helping providers meet licensing requirements, offering low-cost or free training, offering ongoing professional development opportunities, supporting accreditation programs, helping to create financial incentives for education and promoting better pay for providers.

CCR&Rs are also a major source of information about the local supply and cost of child care. CCR&Rs are able to track trends about the changing child care needs of families, providing Child Care Health Consultants (CCHCs) and CCHAs with information that will allow them to better plan for the needs of the ECE community.

## Local health departments

While health departments across California vary in their ability to address the specific needs of child care, they all have excellent health promotion materials and certain key roles. In some ways, health departments are the “resource and referral agencies” (R&Rs) of health in communities. Health departments monitor the health of the communities in which ECE programs and the families who use them are located. Health departments are the experts on a variety of health issues, often including nutrition, oral health and environmental health.

The CCHA’s connection to local health departments is important for improving the health of children, families and staff in ECE programs. Every health department in California works differently. For example, rural health departments with small staffs often have one person doing several duties, while the health department of a big city may have several staff members doing a single duty, such as coordinating

immunizations. Despite differences, all health departments offer some basic services such as immunization and communicable disease tracking.

The CCHA can educate ECE staff and families about the importance of having a consistent health care provider (medical home) and can help individuals find a health care provider if they do not have one (American Academy of Pediatrics [AAP], American Public Health Association & National Resource Center for Health and Safety in Child Care, 2002). One way may be to use a prepared directory of health and dental care providers who serve low-income families. Families should be linked with a well-child clinic, public health department, private physician and dental clinic.

## WHAT A CCHA NEEDS TO DO ABOUT COMMUNITY AND FAMILY RESOURCES

The CCHA should establish a link between the ECE program and local community resources. The CCHA should be familiar with the agency workers and, if possible, have met them in person because this makes it easier to access services. For example, if the CCHA knows an intake person by name, it may make a nervous parent more comfortable seeking help. Also, agency staff may make the process run more smoothly if they know who made the referral.

It is important for the CCHA to take on a leadership role with the referral process and to keep up-to-date directories available for parents and staff. CCHAs must form partnerships with the families as well as partnerships with community agencies. It is through these partnerships that families' risks are reduced and the likelihood of improving the quality of life is increased.

While CCHAs focus on increasing the access children and their families have to health services, it is important that they also be aware of the broader system delivering services to children and families in their communities. CCHAs should take advantage of their relationships with families and ECE providers by sharing information about education and social service opportunities. Families may be unable

to address an urgent health or safety issue until other basic survival issues, such as employment, domestic violence, substance abuse, literacy or housing are resolved. Then, CCHAs can begin to address health and safety needs.

## Putting Together a Resource Directory

All ECE programs, including family child care homes, should provide parents with a community resource file or directory (AAP et al., 2002; Young-Marquardt, 2005). The information should be printed in the parents' home language. This file should include information about eligibility criteria for services, hours of operation, costs of services, insurance coverage and languages spoken by agency staff (AAP et al., 2002). The CCHA's role should include creating and maintaining a resource directory of the most-used resources for child care health and safety, family services, and public and community-based resources. The CCHA should keep in mind that the means of researching services or resources in one state, city or county might not work in another.

During the research, a CCHA should check first with places in his or her community that might already have an established network of services or resources for families and children, such as the local or state resource and referral agency, libraries, schools, churches, synagogues, health clinics and community centers. Often, communities publish a resource directory that CCHAs can use, which will prevent the CCHA from "reinventing the wheel." CCHAs can help ECE programs improve community resource files by reviewing the information for accuracy and by contacting agencies and other sources annually to update the file. CCHAs can also provide training or orientations for parents and staff on the resources available and on how to best access services needed.

It is also the CCHA's role as a leader to encourage strong communication, cooperation and the sharing of information among agencies and community partners to improve the delivery of services to children and families in accordance with the ECE program's confidentiality policies (see *Handout: Health and Safety Notes: Maintaining Confidentiality in Child Care Settings*).



Center-based staff tend to be more aware of community resources than family child care staff because center-based programs often have higher funding levels and more involvement with the network of community support provided by R&Rs. Family child care providers, on the other hand, are less likely to take advantage of these resources. Their knowledge of existing community resources and their relationships with other professionals tend to be more limited. Also, they may not have the necessary experience for finding services for the children and families with whom they work. For this reason, the CCHA should monitor this activity with particular attention to the needs of family child care programs.

CCHAs can also maintain parent bulletin boards with flyers which include information on services from the following agencies:

### **Resource and referral agencies (R&Rs)**

R&Rs can help provide information to parents, ECE providers, CCHCs and CCHAs about community-based resources and services. R&Rs can also help coordinate services if a family cannot advocate for itself.

### **County social services programs**

These programs, which are usually part of a county social services department, include Medi-Cal, Department of Social Services, Temporary Assistance to Needy Families (TANF), CalWORKs and Food Stamps. Each of these programs can help families in need of cash, food, health insurance and job training or placement.

### **California early start family resource centers and networks**

Early start intervention programs assist parents in the referral process for special services and help them understand their rights to services. Infants and toddlers from birth to 36 months may be eligible for early intervention services if, through documented evaluation and assessment, they meet one of the criteria listed below:

1. Have a developmental delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development, including vision and hearing.

2. Have risk conditions with a known cause and a high chance of resulting in delayed development.
3. Are at high risk of having a significant developmental disability due to a combination of risk factors.

### **Public health departments**

There are health programs available, often through the local public health department, to help families. These include Women, Infants, and Children (WIC); mental health services; lead prevention programs; and Child Health and Disability Prevention (CHDP). Services are available to help mothers of newborns with well-baby checks, nutrition, diapers and free formula if their income is eligible, or to assist families with children for well-checks and periodic health screening services.

### **Public housing agencies**

Public housing agencies can help families with Section 8 programs or match families to vacancies in income-eligible housing developments. Every county and some cities have funding for low-income public housing programs with a residency requirement.

### **Child protection services (CPS)**

Child protection services (CPS) helps families in need by providing counseling, parent education, assistance with reuniting children with their parents, and anger management classes, and by providing safety to children who are in immediate danger.

### **Adult education**

A variety of agencies assist adults in continuing their education, including community colleges, Regional Occupational Program (ROP) and adult vocational schools.

### **Agencies serving children with special needs**

These agencies assist families with children who may have developmental delays, handicapping conditions, speech delays or who may need assessment. The agencies include Family Resource Centers, Special Education Local Plan Areas (SELPA), Regional Centers, county offices of education and school districts.

## Homeless shelters

Shelters are designed for families who have lost their home and who need temporary housing and assistance from social services. Homeless shelters are provided by churches, county social services and private non-profit agencies.

## Community action program (CAP) agencies

Community action program (CAP) agencies are nonprofit private and public organizations that help people to help themselves become self-sufficient. Some of the services that may be provided include the following: child care, education and energy assistance. CAP agencies can help families use energy more efficiently to decrease their energy bills.

## Food pantries and soup kitchens

Most communities have food banks or pantries where food is given out, either to be taken home or eaten there. These services are often provided by churches, community-based agencies or CAP agencies.

# WHAT A CCHA NEEDS TO KNOW ABOUT MAKING REFERRALS

ECE providers are often the first to notice a child who appears to be developing or behaving differently than his or her peers. If the ECE provider, CCHA or CCHC is concerned about a child's behavior, growth or development, he or she can "make a referral" by recommending that the family seek outside help from a health care professional or therapist, or by asking directly for help with the family's permission. It is important to remember that to make a referral, you must talk with the child's parents first, and before you can seek outside help, the parents must give their written permission. If parents decide to seek outside help themselves, they are *self-referring*. Children who are referred to a particular agency or whose parents seek help with a self-referral do not necessarily have an identified, or even suspected, special need.

Before making a referral, the CCHA can work with the child in the ECE program. The CCHC can work with the CCHA to make careful observations

and recommend strategies to work effectively with a particular child. If these strategies do not seem to be meeting the child's needs, it may be time to seek outside help to support the child in the ECE program. This help can come from the family, child's pediatrician or health care provider, therapist or another specialist. A CCHA can provide valuable information and support during this process.

# WHAT A CCHA NEEDS TO DO TO MAKE REFERRALS

## Steps to Making a Referral

- 1) Document your concerns.
- 2) Discuss your concerns with the CCHC and ECE program director.
- 3) Talk with parents.
- 4) Provide family with support.

## Document your concerns

It is important to document your observations thoroughly and objectively. Observations should be made over at least a 3-day period at different times of the day. These observations can be done by the CCHA and ECE staff. More than one person should document observations to get a full picture of the child. Notes should include the date, time and place of the observation. All observations need to be clear, concise and objective descriptions of the child's actions, with no interpretation. For instance, writing that the child is tired is an interpretation. Documenting that the child came to the ECE program rubbing his or her eyes and yawning, and sat without talking is an objective observation.

## Discuss your concerns with the CCHC and ECE program director

During the process of making a referral, it is important to communicate clearly with the CCHC and the ECE program director about your observations and concerns. The CCHC or ECE program director may make the referral directly.

## Talk with parents

Communicating your concerns about a child to his or her parents can be difficult. Plan ahead of time and think about what you will say to the parents about your concerns for their child. The communication techniques you use for parent-teacher conferences can also be used in this situation. The discussion with the family should take place in a private place, and there should be enough time. Start by asking the family how they see their child and share the positive qualities you have observed. Let the family know that you are also sharing your concerns because you would like to support their child's development and gather some ideas about how to best meet the child's needs. Be clear and report your observations of the child, and do not jump to conclusions or pass judgment. Share that some of what you have seen has made you curious, caused you to wonder or just seemed a little different from what you usually see. Be open to the family's perspective of their child if it differs from yours. Ask questions, gather information and offer to be their partner in meeting the needs of their child. When done respectfully, this communication can lead to a better exchange of ideas and ultimately be of most help to the child.

*Remember, CCHAs cannot make a diagnosis, but can report what has been observed and any questions or concerns.* For instance, rather than saying that a child is "behaving badly and bothering other children," give specific examples—let the parents know that you have observed and documented that their child has a harder time sitting still than other children, does not cope well with transitions and has hit other children five times during the last week. Share observations, not your opinion. Never label or diagnose a child's behavior. In most cases, neither the CCHC nor the CCHA has the expertise to diagnose or label a child's condition. If you were to suggest a possible diagnosis or label, it might raise a barrier to providing resources, referrals and support to the family. By sharing your concrete observations, you will be able to help the family clarify their questions about their child and what a referral will accomplish. Your specific observations and descriptions of what is happening will be helpful to any specialists that may become involved.

## Provide family with support

Support the family in getting help. Families may be concerned that their child will be rejected if extra help is needed. When the family is ready to be referred to the early intervention program, local school district, or pediatrician or health care provider, let the family take the lead. It is often a good idea for a referral to be made to the pediatrician or health care provider at the same time that one is made to the local early intervention program or special education services. This is because the referral process takes time and referring only to one system may delay getting into another system. Since many families will want to take action, be prepared to talk with them about the resources in your community for getting further assessment or possible services. You should also have information about the services available within your program and other community resources that could support the child and family.

Calling resource agencies ahead of time to get information for the parents can be very helpful. However, you cannot guarantee to a family that they will be eligible for or receive services from another agency. Rather, describe what might happen after the referral, based on what you have learned. Parents must give permission for you to talk about their child with an outside source, so you will want to carefully respect the family's confidentiality and be sure that you have clear consent beforehand (see *Handout: Health and Safety Notes: Maintaining Confidentiality in Child Care Settings*). You can also let the family know that you can be a source of information for those who are receiving the referral. The California Childcare Health Program (CCHP) has a toll-free number, the Child Care Healthline at (800) 333-3212, that helps ECE providers and families to connect with special service providers.

When the family wants to access additional resources, it is important for the CCHA to be aware of potential barriers. Some barriers include the following: issues of insurance, language, cultural practices, transportation and discomfort or previous negative experiences. Rather than feeling responsible for overcoming barriers, the CCHA can focus on supporting the family if they come across any obstacles. Finding and supporting ways the family can meet their child's needs will serve the family and the child best in the long term.



## Resources for Families: Health and Medical Service Systems

In many cases, it is appropriate to have a family talk about their concerns with their primary health care provider. Some issues faced by children are medical in nature and will require careful follow-up by a health care provider. Some health care providers specialize in working with children with developmental issues, while others may have little knowledge of the assessment and service issues. Parents and providers must be proactive to make sure that there is a good match between child and primary health care provider.

### When the Family Chooses Not to Access Resources

Sometimes the family may not choose to access resources when you first share your concerns, or they may be open to information yet not take action immediately. Rather than label them as being “in denial,” remember that everyone moves at a different pace and accepts information differently. The family’s emotional response will affect what they are able to hear and understand. Processing and integrating this information will take varying amounts of time. The reality that life may have to change—that their child may be different than other children—can be very difficult for a family to understand. Unless behavior or other issues, such as medical urgency, will prevent you from caring for the child without assistance, allow the family to move according to their own timeline. Be prepared to support them in understanding what you have shared, repeating the information whenever necessary. Let them know that there is resource information available whenever they want it. If you find that your own judgment or emotions get in the way of your ability to respect the family as the decision-maker, seek support for yourself, and do not be afraid to suggest that the family discuss this with someone else as well. However, if you believe that not seeking help is an issue of neglect or abuse, then you need to be clear with the family that you are a mandated reporter and must legally make a referral.

## Follow-Up

Once a referral is received, staff from those agencies will talk with the family and may schedule an assessment to see if the child qualifies for services. Parents must give written permission for the child to be tested and receive services. All services are confidential and should be provided at low or no cost to the family. Remember that the ECE program cannot give out any information to any other agency without the parent’s written consent.

## Cultural Implications

In many areas of the world, self-reliance is highly valued, and dependency upon systems for help is frowned upon. These values are linked with specific cultures and ethnic groups and will vary depending upon the makeup of the ECE program. Some families wait much longer than others before they ask for needed help. This is why an ECE program plays such an important role for families once they are ready. In addition, the ECE program should refer families to community-based agencies and social services agencies that are sensitive to the languages and cultures of the children and families in the ECE program.

## Implications for Children and Families

Some families may not place a high priority on using community resources or social services to improve the quality of life for their family. Also, it may take years to convince some families to use preventive measures before their problems become too big to manage. CCHAs and ECE providers can work together with families to help them access the services they need to improve their child’s health and safety.

## Implications for ECE Providers

ECE providers will appreciate having a community resource directory and a parent bulletin board in their programs to help educate families and staff. Educating ECE providers about the various resources and services available in the community will also benefit families and staff.

## ACTIVITY 1: AGENCY RESOURCES

Find one or more agencies that may help you with the following issues:

1. medical insurance for low-income families
2. conferences for ECE staff
3. specific resources for infants and toddlers
4. a legal issue affecting an ECE program
5. locating an R&R in a small, rural California county
6. verifying a licensing regulation

## ACTIVITY 2: BRAINSTORM

Brainstorm the categories of services that should be included in a resource list for ECE programs. What differences might there be for ECE programs in urban areas compared to rural areas?

## ACTIVITY 3: COMMUNITY AND FAMILY RESOURCES SCENARIOS

Divide into small groups and discuss the situations described below. Spend 3 minutes presenting your situation and solutions to the large group.

1. Two-year-old Jeremy has just entered the ECE program where you work as a CCHA. The ECE program director has asked you to review the child's health records, which include the Physician's Report (CCL Form 701) and the Parent's Report (CCL Form 702). The doctor has indicated that the child is anemic and overweight. The parent indicates that he does not like solid food and loves his bottle so much that he drinks about six times during the day and once at night. What do you think this parent needs? What evidence do you have? What resources and routines in the center or community could improve the situation? How do you present your recommendations to the parent?
2. The Physician's Report also indicates that Jeremy has cavities in his baby teeth. What do you think the problem is? What routines or resources do you have in your center or community to help this situation? How do you present your recommendation to the parent?
3. The Physician's Report indicates frequent ear infections and possible speech problems. The Parent's Report states that Jeremy acts as if he does not hear his mother sometimes. What action do you need to take to address the concern? Where could you refer the family if the doctor confirms a hearing loss?
4. The parent reports feeling overwhelmed with all of her child's health needs, since she is also 3 months pregnant and her husband just lost his job and the health insurance that came with it. She has to work while she can, and he needs to look for a job. What can you say to find out if she is under medical care for her pregnancy and for her 2-year-old? What can you say to her about her smoking? How can you help her find the support she needs?
5. The Physician's Report indicates Jeremy has a food allergy and asthma. The parent states that sometimes he has serious wheezing. What information do you need about these conditions and where can you get it?
6. Jeremy has been in care for 6 months and his speech has not improved. His behavior is also causing problems since he often bites, scratches and hits other children, and has frequent temper tantrums. His mother has difficulty managing his behavior at home and has no solutions to managing his behavior. His mother confides that there is a lot of "fighting" in the house, as her husband is still out of work. What are your concerns with this child and family? What help can you provide to address the concerns?

## **NATIONAL STANDARDS**

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

2.056, 8.075, 9.046.

## **CALIFORNIA REGULATIONS**

There are no standards from the *Manual of Policies and Procedures for Community Care Licensing Division*

# RESOURCES

## Organizations and Resources

Organization and Contact Information	Description of Resources
<p>100% Campaign 212 Broadway, 5th Floor Oakland, CA 94612 Tel: (510) 763-2444 Fax: (510) 763-1974 www.100percentcampaign.org</p>	<p>100% Campaign has primary funding from the California Endowment to make sure that all children receive the health care and health insurance that they need to grow and develop.</p>
<p>The American Academy of Pediatrics (AAP) 141 Northwest Point Boulevard Elk Grove Village, IL 60007-1098 Tel: (847) 228-5005 Fax: (847) 228-5097 www.aap.org</p>	<p>The AAP is made up of pediatricians involved in child care health who collaborate on projects, policies and other activities.</p>
<p>California Childcare Health Program (CCHP) 1333 Broadway, Suite 1010 Oakland, CA 94612-1926 Tel: (510) 839-1195 Healthline: (800) 333-3212 www.ucsfchildcarehealth.org</p>	<p>Established in 1987, the California Childcare Health Program is a community-based program of the University of California, San Francisco (UCSF) School of Nursing, Department of Family Health Care Nursing. CCHP staffs a toll-free Child Care Healthline, trains professionals on health and safety issues related to ECE programs and conducts research. CCHP produces materials on health and safety in ECE programs for professionals and families.</p> <p>The Child Care Healthline provides health and safety information to ECE providers, the families they serve and related professionals in California through the toll-free telephone line (800) 333-3212. 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 and lead poisoning prevention.</p> <p><i>The Child Care Health Connections Newsletter</i>, a bimonthly publication distributed 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. Other publications include Health and Safety Notes and Fact Sheets for Families, available in both English and Spanish.</p>
<p>California Child Care Resource &amp; Referral Network 111 New Montgomery Street, 7th Floor San Francisco, CA 94105 Tel: (415) 882-0234 Fax: (415) 882-6233 In California: (800) 543-7793 TrustLine: (800) 822-8490 www.rrnetwork.org</p>	<p>The California Child Care Resource &amp; Referral Network provides an entry to the child care field, helping providers to get licensed, and meeting the urgent need for infant-toddler, bilingual and special needs care.</p> <p>The California Child Care Resource &amp; Referral Network administers TrustLine, which is endorsed by the California Academy of Pediatrics. TrustLine is a database of nannies and baby-sitters who have cleared criminal background checks in California. It is the only authorized screening program of in-homecaregivers in the state with access to fingerprint records at the California Department of Justice and the FBI. To check if a provider is registered with TrustLine, call (800) 822-8490.</p>



<b>Organization and Contact Information</b>	<b>Description of Resources</b>
<p>California Department of Education 1430 N Street Sacramento, California 95814 <a href="http://www.cde.ca.gov/index.html">www.cde.ca.gov/index.html</a></p>	<p>The official site of the California Department of Education includes press releases, recent reports, parent and teacher resources, budget and performance data, educational demographics data and other information.</p>
<p>California Department of Social Services (CDSS) Community Care Licensing Division 744 P Street, MS 19-50 Sacramento, CA 95814 Tel: (916) 323-3952 Fax: (916) 323-8352 <a href="http://www.cclcd.ca.gov">www.cclcd.ca.gov</a></p>	<p>The Community Care Licensing Division licenses and monitors family child care homes and child care programs to make sure that they provide a safe and healthy environment for children who are in child care.</p>
<p>California Early Start Program Tel: (800) 515-2229 <a href="http://www.dds.ca.gov/EarlyStart/ESHome.cfm">www.dds.ca.gov/EarlyStart/ESHome.cfm</a></p>	<p>The California Department of Developmental Services offers early intervention services through the California Early Start Program. Infants and toddlers from birth to 36 months may be eligible for early intervention services if through documented evaluation and testing they are found to be developmentally delayed or physically or mentally disabled.</p>
<p>CalWORKs <a href="http://www.dss.cahwnet.gov/cdssweb/California_169.htm">www.dss.cahwnet.gov/cdssweb/California_169.htm</a></p>	<p>CalWORKs is a welfare program that gives cash aid and services to eligible needy California families. The program serves all 58 counties in the state, is run locally by county welfare departments and is administered by CDSS. If a family has little or no cash and needs housing, food, utilities, clothing or medical care, they may be eligible to receive immediate short-term help.</p>
<p>Centers for Disease Control and Prevention (CDC) <a href="http://www.cdc.gov">www.cdc.gov</a></p>	<p>CDC strives to protect people's health and safety, provide reliable health information, and improve health through strong partnerships in the United States and throughout the world.</p>
<p>Child Care Aware Tel: (800) 424-2246 <a href="http://www.childcareaware.org">www.childcareaware.org</a></p>	<p>Child Care Aware is a nonprofit initiative committed to helping parents find information on quality child care and child care resources in their community.</p>
<p>Child Care Bureau U.S. Department of Health and Human Services, Administration for Children, Youth, and Families Aerospace Building 370 L'Enfant Promenade SW Washington, DC 20447 Tel: (202) 690-6782 <a href="http://www.acf.hhs.gov/programs/ccb/index.htm">www.acf.hhs.gov/programs/ccb/index.htm</a></p>	<p>The Child Care Bureau is dedicated to improving the quality, affordability and availability of child care for all families. The Child Care Bureau administers federal funds to states, territories and tribes to help low-income families access quality child care for children when parents work or participate in education or training.</p>

<b>Organization and Contact Information</b>	<b>Description of Resources</b>
<p>Child Care Law Center            22 Second Street, 5th Floor            San Francisco, CA 94105            Tel: (415) 495-5498            Fax: (415) 495-6734  <a href="http://www.childcarelaw.org">www.childcarelaw.org</a></p>	<p>The Child Care Law Center is a national, nonprofit legal services organization that uses legal tools to make high-quality, affordable child care available to every child, family and community. This is the only organization in the country devoted exclusively to the complex legal issues that affect child care. The agency's diverse work includes public benefits, civil rights, housing, economic development, family violence, regulation and licensing, and land use. The Child Care Law Center also publishes a quarterly newsletter, <i>Legal Update</i>.</p>
<p>California Department of Social Services (CDSS)            Community Care Licensing Division            744 P Street, MS 19-50            Sacramento, CA 95814            Tel: (916) 323-3952            Fax: (916) 323-8352  <a href="http://www.cclcd.ca.gov">www.cclcd.ca.gov</a></p>	<p>The Community Care Licensing Division licenses and monitors family child care homes and child care programs to make sure that they provide a safe and healthy environment for children who are in child care.</p>
<p>Child Health Alert            P.O. Box 610228            Newton Highlands, MA 02161            Tel: (800) 239-1762  <a href="http://www.childhealthalert.com">www.childhealthalert.com</a></p>	<p>The Child Health Alert commits to the health and well-being of all kids by helping parents, teachers and health professionals understand and make sense of health news that affect children. This organization publishes an independent newsletter 10 times per year.</p>
<p>Children and Adult Care Food Program (CACFP) <a href="http://www.fns.usda.gov/cnd/Care/CACFP/aboutcacfp.htm">www.fns.usda.gov/cnd/Care/CACFP/aboutcacfp.htm</a></p>	<p>The U.S. Department of Agriculture's (USDA) CACFP plays an important role in improving the quality of child care and making it more affordable for many low-income families. Each day, 2.6 million children receive nutritious meals and snacks through CACFP.</p>
<p>Children's Defense Fund (CDF)            25 E Street, NW            Washington, DC 20001            Tel: (202) 628-8787  <a href="http://www.childrensdefense.org">www.childrensdefense.org</a></p>	<p>Begun in 1973, the CDF is a private, nonprofit organization supported by foundation and corporate grants. The mission of the CDF is to Leave No Child Behind; to make sure every child has a Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start in life; and to support the child's successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective voice for all the children of America who cannot vote, lobby or speak for themselves. CDF focuses particular attention on the needs of poor, minority children and children with disabilities.</p>
<p>Children's Health Insurance Program (CHIP) <a href="http://www.cms.hhs.gov/schip/consumers_default.asp">www.cms.hhs.gov/schip/consumers_default.asp</a></p> <p>CHIP eligibility guidelines: <a href="http://www.ibx.com/health_plans/individuals/low_income/chip/eligibility.html">www.ibx.com/health_plans/individuals/low_income/chip/eligibility.html</a></p>	<p>CHIP is a state- and federally-funded health insurance program that provides health insurance coverage to uninsured children who meet eligibility guidelines.</p>

Organization and Contact Information	Description of Resources
Commodity Supplemental Food Program (CSFP) <a href="http://www.fns.usda.gov/fdd/programs/csfp">www.fns.usda.gov/fdd/programs/csfp</a>	CSFP, funded by the USDA, works to improve the health of low-income pregnant and breastfeeding women, other new mothers up to 1 year postpartum, infants, children up to age 6 and elderly people at least 60 years of age. CSFP provides states with food and administrative funds to supplement the diets of these groups with nutritious USDA commodity foods.
Early Childhood Education Linkage System (ECELS) Pennsylvania Chapter, American Academy of Pediatrics Tel: (800) 24-ECELS (PA only) Tel: (610) 520-9123 Fax: (610) 520-9177 <a href="http://www.ecels-healthychildcarepa.org">www.ecels-healthychildcarepa.org</a>	Pennsylvania's AAP chapter created the ECELS program and provides information, guidelines, manuals and checklists for health consultants. A resource library, training materials and workshops are also available.
Food Stamp Program <a href="http://www.fns.usda.gov/fsp">www.fns.usda.gov/fsp</a>	The Food Stamp Program, funded by the USDA, serves as the first line of defense against hunger. It enables low-income families to buy nutritious food with coupons.
healthfinder® <a href="http://www.healthfinder.gov">www.healthfinder.gov</a>	healthfinder® is an award-winning federal Web site for consumers, developed by the U.S. Department of Health and Human Services (HHS) together with other federal agencies. Since 1997, healthfinder® has been recognized as a key resource for finding the best government and nonprofit health and human services information on the Internet. healthfinder® links to carefully selected information and Web sites from over 1,500 health-related organizations. It also has an online health library.
Healthy Childcare Healthy Child Publications P.O. Box 624 Harbor Springs, MI 49740 Tel: (616) 526-6342 <a href="http://www.healthychild.net">www.healthychild.net</a>	<i>Healthy Childcare</i> ® is a bimonthly publication for childcare programs devoted to health and safety issues. Each issue includes information on health, safety, medicines, staff health, health education activities, illnesses and more. Every issue includes reproducible parent information sheets and miniposters.
Healthy People 2010 <a href="http://www.healthypeople.gov">www.healthypeople.gov</a>	Healthy People 2010 is a set of health goals for the nation to achieve over the first decade of the new century.
Immunization Action Coalition 1573 Selby Avenue, Ste. 234 St. Paul, MN 55104 Tel: (651) 647-9009 Fax: (651) 647-9131 <a href="http://immunize.org">http://immunize.org</a>	The Immunization Action Coalition is a nonprofit organization that works to increase immunization rates and prevent disease by creating and distributing educational materials for health professionals and the public. These publications promote the delivery of safe and effective immunization services.
Medi-Cal <a href="http://www.chcf.org/topics/medi-cal/index.cfm">www.chcf.org/topics/medi-cal/index.cfm</a>	Medi-Cal provides health and long-term insurance coverage to 6.5 million low-income children, their parents, the elderly and disabled Californians.

Organization and Contact Information	Description of Resources
<p>National Academy of Sciences (NAS) www.nationalacademies.org</p>	<p>NAS is a private, nonprofit society of scholars who are involved in scientific and engineering research, and who are dedicated to improving science and technology and their use for the general welfare.</p>
<p>National Association for Child Care Resource and Referral Agencies (NACCRRA) 1319 F Street, NW, Suite 810 Washington, DC 2004-1106 Tel: (202) 393-5501 Fax: (202) 393-1109 www.naccrra.org</p>	<p>NACCRRA is the national network of more than 850 child care resource and referral (CRR&amp;R) centers found in every state and most communities across the nation. CCR&amp;R centers help families, child care providers and communities find, provide and plan for affordable, quality child care. CCR&amp;R centers publish a directory of local resource and referral agencies and a checklist for choosing quality child care.</p>
<p>National Association for the Education of Young Children (NAEYC) 1509 16th Street, NW Washington, DC 20036 Tel: (202) 232-8777 or (800) 424-2460 Fax: (202) 328-1846 www.naeyc.org</p>	<p>The NAEYC's mission is to serve and act on behalf of the needs, rights and well-being of all young children. The NAEYC publishes books and is an established accreditation process for ECE programs.</p> <p>Publications: Aronson (2002). <i>Healthy young children. Fourth Edition.</i> Aronson (2002). <i>Model child care health policies. Fourth Edition.</i></p>
<p>National Association for Family Child Care (NAFCC) 206 - 6th Avenue, Suite 900 Des Moines, Iowa 50309-4018 Tel: (515) 282-8192 Fax: (515) 282-9117 www.nafcc.org</p>	<p>The NAFCC provides technical assistance for family child care organizations, conducts biannual conferences, publishes a quarterly newsletter and provides accreditation for family child care programs.</p>
<p>National Association of Pediatric Nurse Practitioners (NAPNAP) 1101 Kings Highway North, Suite 206 Cherry Hill, New Jersey 08034-1912 Tel: (609) 667-1773 Fax: (609) 667-7187 www.napnap.org</p>	<p>NAPNAP is a professional organization of Pediatric Nurse Practitioners (PNP) involved in child care health. <i>Child Care Special Interest Group News</i> is a newsletter published four times per year.</p>
<p>National Center for Complementary and Alternative Medicine (NCCAM) www.nccam.nih.gov</p>	<p>NCCAM is one of the 27 institutes and centers that make up the National Institutes of Health (NIH). NIH is one of eight agencies under the Public Health Service (PHS) in HHS. NCCAM is dedicated to exploring complementary and alternative healing practices in the context of rigorous science, training complementary and alternative medicine (CAM) researchers and distributing reliable information to the public and professionals.</p>

Organization and Contact Information	Description of Resources
<p>National Center for Education in Maternal and Child Health 2000 15th Street, North, Suite 701 Arlington, VA 22201-2617 Tel: (703) 524-7802 Fax: (703) 524-9335 www.ncemch.org</p>	<p>The National Center for Education in Maternal and Child Health provides national leadership to the maternal and child health community in three key areas—program development, education and state-of-the-art knowledge—to improve the health and well-being of the nation’s children and families. The program is administered through Georgetown University.</p>
<p>National Child Care Information Center (NCCIC) 10530 Rosehaven St., Suite 400 Fairfax, VA 22030 Tel: (800) 616-2242 Fax: (800) 716-2242 http://nccic.org</p>	<p>NCCIC, a service of the Child Care Bureau, is a national clearinghouse and technical assistance center that links parents, providers, policymakers, researchers and the public to early care and education information. NCCIC also maintains a central database for child care-related information and publishes a bimonthly newsletter, <i>Child Care Bulletin</i>.</p>
<p>National Resource Center for Health &amp; Safety in Child Care (NRC) Campus Mail Stop F541 P.O. Box 6508 Aurora, CO 80045-0508 Tel: (800) 598-KIDS Fax: (303) 724-0960 http://nrc.uchsc.edu</p>	<p>The NRC links to child care Web sites (e.g., organizations, conferences, child care training, research study results), lists states’ child care regulations, and the American Public Health Association (APHA) and AAP’s <i>National Health and Safety Performance Standards</i>. The NRC’s primary mission is to promote health and safety in ECE programs throughout the nation. The NRC is located at the University of Colorado Health Sciences Center in Denver, Colorado and is funded by the Maternal and Child Health Bureau, HHS, Health Resources and Services Administration (HRSA).</p>
<p>U.S. Consumer Product Safety Commission (CPSC) 4330 East-West Highway Bethesda, Maryland 20814-4408 Tel: (800) 638-2772 Fax: (301) 504-0124 www.cpsc.gov</p>	<p>The CPSC protects the public from unreasonable risks of serious injury or death from more than 15,000 types of consumer products. The CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical or mechanical hazard or that can injure children. They publish a list of toys that are recalled because they are unsafe.</p>
<p>Women, Infants, and Children (WIC) www.fns.usda.gov/wic</p>	<p>The WIC has a Special Supplemental Nutrition Program that serves to protect the health of low-income women, infants and children up to age 5 who are at nutritional risk. The Program provides nutritious foods to supplement diets, information on healthy eating and referrals to health care. WIC is administered at the federal level by the Food and Nutrition Service (FNS).</p>
<p>Zero to Three National Center for Clinical Infant Programs 2000 14th Street North, Suite 380 Arlington, VA 22201-2500 Tel: (800) 544-0155 www.zerotothree.org</p>	<p>Zero to Three’s mission is to promote the healthy development of the nation’s infants and toddlers by supporting and strengthening families, communities and those who work on their behalf.</p>



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Aronson, S. (2002). *Model Child Care Health Policies*. 4th edition. Washington, D.C.: National Association for the Education of Young Children.

California Childcare Health Program. (2001). *Health and Safety in the Child Care Setting: Prevention of Infectious Disease, A Curriculum for the Training of Child Care Providers*, Second Edition. Oakland, CA: Author.

California Department of Education. (1995). *Keeping Kids Healthy*. Sacramento, CA: Author.

Centers for Disease Control and Prevention, U.S. Public Health Service (1996). *The ABCs of Safe and Healthy Child Care: A Handbook for Child Care Providers*. Washington, D.C.: Department of Health and Human Services. To order, contact: Public Health Foundation <http://www.cdc.gov/ncidod/hip/abc/abc.htm>.

Kendrick, A.S., Kaufman, R., & Messenger, K., Eds. (1995). *Healthy Young Children: A Manual for Programs*. Washington, D.C.: National Association for the Education of Young Children.

National Center for Education in Maternal and Child Health (1997). *Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Performance Standards*. Arlington, VA: Author.

Robertson, C. (2003). *Safety, Nutrition and Health in Early Education*. Second Edition. Florence, KY: Thomas Delmar Learning, Inc.

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (1999). *Improving the Quality of Out-of-Home Child Care*. Aurora, CO: Author.

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

## Audio/Visual

*Caring for Our Children: National Health and Safety Performance Standards for Out-of-Home Child Care Programs*. This audiovisual resource consists of six 30-minute video cassettes and a companion manual that shows how to follow various guidelines. To order, contact American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927 or call (800) 433-9016. Cost: Six videos for \$75 plus \$8.95 shipping and handling.

*Keeping Kids Healthy: Preventing and Managing Communicable Disease in Child Care (1994)*. This manual, which is available in English and Spanish, is designed for use in child care settings with children from birth to 5 years old. It is divided into chapters on understanding, preventing, recognizing and managing communicable diseases. It also contains a list of resources. To order, contact the California Department of Education Bureau of Publications, Sales Unit (800) 995-4099. Cost \$17.50 plus shipping.

*Bears, Blocks & Blue Cards: Immunization Requirements for Family Child Care*. This video is a guide to the California School Immunization Law and the responsibilities of family child care providers. The video was produced by the San Diego County Infant Immunization Initiative. For more information, call the California State Department of Health Services, Immunization Branch at (510) 540-2964.

## REFERENCES

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

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

# HANDOUTS FOR THE COMMUNITY AND FAMILY RESOURCES MODULE

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

Page Handout Title

21 *Health and Safety Notes: Maintaining Confidentiality in Child Care Settings*





# Maintaining Confidentiality in Child Care Settings

## What is confidential information?

Confidential information is personal details from our lives which we may not want to share with others. It can include our address, phone number, birth date, employment history or other personal information. It may also include information about our past or present health and development. Individuals have the right to keep information of this type private.

Child care programs routinely handle confidential information about enrolled children, families and staff. When managing sensitive information, it is important for child care directors, administrators and staff to be aware of their ethical and legal responsibility to protect the privacy of individuals and families.

## Legal requirements

California Community Care Licensing (CCL) Regulations for Child Care Centers require that licensed providers ensure the confidentiality of all records pertaining to enrolled children (CCL, 2002). Files containing confidential information should be accessible only to program staff who must know the information in order to care for the children. Each child's records must also be made available to that individual child's parent/guardian, CCL personnel, or police officers upon request. CCL further requires that programs must inform the parents/guardians of enrolled children that their information will be kept confidential. Programs must explain to enrolled families that their records will be shared only as described above, unless the family gives the program written consent to disclose specific information to others (CCL, 2002).

## Confidential contents of records in child care settings

Programs keep individual files for each enrolled child, including but not limited to the following:

- enrollment forms
- family's health insurance information

- health screenings and records, including immunization records
- emergency contact information
- contact information for those authorized to pick up child
- emergency care consent forms
- consent forms (permission slips) for outings or special activities
- names of regular medical or dental providers who know the child
- nutritional restrictions
- progress reports
- child observation logs
- parent conference logs
- medication logs
- documentation of medical, behavioral or developmental evaluations, referrals or follow-ups, addressing issues relevant to the child's participation in the program
- documentation of any injury occurring at the program site and the steps taken to address the situation

## How can child care programs ensure confidentiality?

*Caring for Our Children, National Health and Safety Performance Standards* (2002) recommends that programs create and abide by a written policy which describes how confidential information should be documented, stored and handled. All staff should be familiar with this policy, which should cover all of the specific types of confidential information kept at the program site. Below are some examples of how a program can protect confidential information while providing quality care.

**Notification of communicable illnesses.** When any child in care is diagnosed with a communicable illness or condition, such as chicken pox, impetigo, head lice and many others, programs are required to



notify the program staff and the families of any children who may have been exposed. Notified families should be instructed to monitor their own children for the development of any symptoms, and to seek medical attention if symptoms do occur. This type of notification can and should be done without mentioning the identity of the diagnosed child.

**Children with special needs.** Enrolled children may have special needs due to disabilities or chronic health conditions. To ensure their safety, programs often institute policies that have an effect on all of the families in the program. A common example of such a policy is one that prohibits families from bringing some types of food to the program site, to accommodate the restricted diet of another child. A program may institute a peanut-free policy, to protect a child with a life-threatening reaction to peanuts. Or, a program may create a policy prohibiting sugar-laden cakes and cookies at birthday celebrations, to accommodate a child with diabetes, for whom such foods are dangerous.

When creating such policies and notifying other families, keep the affected child's right to confidentiality in mind. Notifications of policies should explain that there is a child in the program whose serious health condition makes the policy necessary. The notification need not mention the affected child by name.

## When is it appropriate to disclose personal information?

While the rights and desires of families to keep their personal details private are important, there are also some circumstances under which identifying information should be shared.

**Program staff and the "need to know."** To ensure the health and safety of children with special needs, teachers, caregivers, and other program staff who interact with the children should be informed of the identities of children with special health concerns on a "need to know" basis (AAP, 2002).

For example, staff who prepare and serve food should be fully aware of which children have food allergies and what each affected child is allergic to. Staff members who monitor the children in the playground should be aware if any children are allergic to bee stings, or if any children have a chronic

condition which warrants especially close monitoring during play (such as poorly controlled epilepsy, or diabetes treated by insulin injection). Primary caregivers and back-up staff need to know if any children in care have been prescribed medications, for what reasons, and what the possible side effects are, since they are likely to be administering the medications and monitoring the reaction. Program directors and teachers need to know if there are any un- or under-immunized children in care, so that appropriate measures can be taken in the event of exposure to a vaccine-preventable illness.

**Outbreaks of reportable illness.** Community Care Licensing Regulations provide a list of certain serious infectious diseases which are reportable in California (CCL, 2005). This means that a child care program *must* report to both the local Public Health Department and to Community Care Licensing whenever there is a known or suspected outbreak of any of these illnesses. During such reporting, identifying information about the affected child, including name, age, and how to contact the family, should be reported.

**Known or suspected child abuse.** Licensed child care providers are mandated reporters of child abuse. If a child in your care shows evidence of abuse or neglect, you must call Child Protective Services and report the situation. The CPS intake process requires disclosure of the child's name, address, parents or guardian's names, and possible additional details. In this situation, the child's safety and welfare come before the family's right to confidentiality.

## References and resources

California Department of Social Services, Community Care Licensing (2004). *Title 22 Regulations for Child Care Centers*. Accessed May 6, 2005 at [www.dss.cahwnet.gov/ord/CCRTitle22\\_715.htm](http://www.dss.cahwnet.gov/ord/CCRTitle22_715.htm).

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by Eileen Walsh, RN, MPH (06/05)

California Childcare Health Program • 1333 Broadway, Suite 1010 • Oakland, CA 94612-1926  
Telephone 510-839-1195 • Fax 510-839-0339 • Healthline 1-800-333-3212 • [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)