
INSTRUCTOR'S GUIDE

Quality in Early Care and Education



First Edition, 2006



California Childcare Health Program
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This *Instructor's Guide* is a supplement for trainers of the California Training Institute's curriculum for Child Care Health Advocates.

INTRODUCTION TO THE QUALITY IN EARLY CARE AND EDUCATION MODULE

This *Instructor's Guide* provides trainers with an outline for the teaching of the *Quality in Early Care and Education* module. Participants will be introduced to the ways that they can, as Child Care Health Advocates (CCHAs), assess, monitor and improve quality in their early care and education (ECE) programs. Participants will learn the components of quality and the importance of these components. They will become familiar with a standardized assessment tool, practice ways to improve routines that commonly occur in ECE settings and identify community resources. As CCHAs, they play a critical role in the improvement of the quality of child care, and this curriculum introduces them to the scope and range of this role.

Learning Objectives:

1. To describe the critical components of quality in ECE programs.
2. To identify possible barriers to quality improvement.
3. To describe how to enhance quality through three commonly occurring routines in ECE programs.
4. To identify funding opportunities for quality improvement.
5. To utilize health and safety assessment tools in ECE programs.

Primary Messages:

1. Young children spend much of their time in ECE programs, and the quality of those programs can have a significant impact on their lives.
2. Experiences in ECE affect the emotional, social and regulatory development of all children.
3. The single most important factor in quality is the relationship between the child and the caregiver.
4. Some important components of quality are consistent caregiving, continuous monitoring of all aspects of the ECE program, professional training, and health and safety regulations and standards.
5. CCHAs can play a critical role in improving the quality of ECE programs.
6. Standardized assessment tools can help identify ECE health and safety needs, and help target interventions.
7. It is important for CCHAs to become familiar with the various federal, state and local programs that exist both to make it easier for people to have access to information important for quality improvement and to fund opportunities for quality improvement.

Materials and Equipment Needed:

1. Copy of module: *Quality in Early Care and Education*
2. Copy of *Instructor's Guide: Quality in Early Care and Education*
3. Flip chart/whiteboard and markers, or chalkboard and chalk
4. Masking tape for posting flip chart paper
5. TV and DVD player with speakers
6. DVD *Health and Safety Consultation in Child Care* (can be ordered from the American Academy of Pediatrics [AAP] Web site: http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=4069&CatID=132)
7. LCD projector or overhead projector
8. Computer for PowerPoint slides
9. CDs of slides or transparencies
10. Handouts
 - a. Handouts in the *Quality in Early Care and Education* module
 - i. Handouts from California Childcare Health Program (CCHP), Oakland, CA

Handout Title	Page Number in Module
<i>CCHP Health and Safety Checklist: Revised</i> (handed out as a booklet separate from the <i>Quality in Early Care and Education</i> module)	—
<i>Child Health Record Review</i>	23
<i>Child Health Record Review: Guidelines for Completion of Form</i>	25
<i>Child Health Record Review: Spreadsheet for Determining Child's Age in Months</i>	29
<i>Health and Safety Notes: Latex Allergy and Sensitivity in the Child Care Setting</i>	31
<i>Health and Safety Notes: Supporting Breastfeeding Families</i>	33
<i>Types of Out-of-Home Child Care Facilities</i>	35

- ii. Handout from Child Care R&R Network

Handout Title	Page Number in Module
<i>The 2005 California Child Care Portfolio</i>	37

- b. Handouts in the *Instructor's Guide*

Appendix Title	Appendix Number
<i>CCHP Health and Safety Policies Checklist: Revised</i> (handed out as a booklet separate from the <i>Instructor's Guide</i>)	2A
<i>Three Commonly Occurring Routines in ECE Programs</i>	2B
<i>Using the Quality in Early Care and Education Module</i>	2C

SUGGESTED TRAINING OUTLINE

Outline	Method	Time (Minutes)
I. Introduction to the Quality in Early Care and Education Module	—	10–15
A. Assessment of Group Knowledge	Questioning	2
B. Introduction/Rationale to Quality in Early Care and Education	Lecture	5
C. The Role of the CCHA in Improving Quality	Lecture and Discussion	3
<i>D. Optional: Child Care in California</i>	<i>Lecture and Discussion</i>	5
II. The Components of Quality and Their Importance in ECE Programs	—	10
A. The Components of Quality	Lecture	8
B. The School Readiness Connection	Lecture	2
III. Assessing Quality	—	30–50
A. CCHP Health and Safety Checklist–Revised	Handout Review and Small Group Activity	30
<i>B. Optional: Health and Safety Policies Checklist</i>	<i>Handout Review</i>	10
<i>C. Optional: Child Health Record Review</i>	<i>Handout Review and Small Group Activity</i>	10
IV. Improving Quality	—	20–45
A. Three Commonly Occurring Routines	Small Group Activity	15
B. Community Resources	Brainstorm	5
<i>C. Optional: Health and Safety Consultation in Child Care</i>	<i>DVD and Large Group Activity</i>	25
V. Summary and Closure	—	10–15
<i>A. Optional: Using the Quality in Early Care and Education Module</i>	<i>Small Group Activity</i>	5
B. Next Steps for the CCHA	Large Group Discussion	5
C. Summary and Closure	Brief Closing Activity	5

Total time: 80–135 minutes

OUTLINE AND INSTRUCTIONS

Quality in Early Care and Education

I. Introduction to the Quality in Early Care and Education Module

A. **Topic:** Assessment of Group Knowledge

Method: Questioning

Instructions:

1. Ask participants several of the following questions, choosing questions most appropriate for your participants. Ask them to raise their hand if they:
 - Are currently in the role of the CCHA.
 - Emphasize strengthening the relationship between providers and children in their setting.
 - Are currently promoting health and safety in their programs.
 - Are involved in assessing quality.
 - Are involved in professional training.
 - Are familiar with community resources that improve quality in ECE programs.
2. Ask participants to state some activities that they are presently engaged in, both in and out of the classroom, that promote the health and safety of children in their setting or that improve the quality of the care they are providing.

B. **Topic:** Introduction/Rationale to Quality in Early Care and Education

Method: Lecture

Instructions:

1. Give participants the following information:
 - a. High quality in ECE enables children to develop socially, cognitively, physically and emotionally. Eighty-three percent of children with working parents in California spend an average of 35 hours per week in nonparental child care (Public Policy Institute of California, 2003). With so many children spending so much time in the care of those other than their parents, assuring the high quality of care is essential to the well-being of a huge percentage of children in our state. The CCHA plays a significant role in influencing quality in ECE programs.
 - b. There is a lack of high quality in many ECE programs. Unfortunately, research has shown that the quality of ECE programs in the United States is mediocre, such that 80% of children spend their days—up to 50 hours a week—in poor or mediocre ECE settings (Cost, Quality & Child Outcomes Study Team, 1995). Infant and toddler care is especially poor, with 40% of the studied programs rated as low quality (Helburn & Howes, 1996).
 - c. This module introduces participants to their role as advocates, enabling them to not only understand the components of quality, but to promote it in their individual ECE settings.

C. **Topic:** The Role of the CCHA in Improving Quality

Method: Lecture and Discussion

Instructions:

1. Open the discussion by stating that ECE providers are on the frontline of promoting

quality in the ECE setting. They work with providers, parents and children—which gives them the opportunity to influence the ECE setting and the homes children return to at the end of the day. The CCHA role includes the following: understanding the components of quality, how to assess for these components and how to improve them. The CCHA looks for and creates opportunities to improve quality on a daily basis.

2. Briefly state that it is the role of the CCHA to:
 - a. Recognize the signs of quality care, health and safety in the ECE setting.
 - b. Prioritize which aspects of quality to improve and identify ways to improve them.
 - c. Know about the greater community’s ECE needs, programs and resources.
 - d. Work with a Child Care Health Consultant (CCHC) responsive to the ECE program’s needs and develop a custom-made plan for the site.
 - e. Attend or conduct workshops at local or regional ECE meetings to improve the CCHA’s knowledge and skills and to make linkages with colleagues and resources.
 - f. Work together with other CCHAs to improve community resources for high-quality child care.

D. *Optional Topic: Child Care in California*

Method: *Lecture and Discussion*

Instructions:

1. *Review Handout: The 2005 California Child Care Portfolio on page 37 of the module. Discuss the tremendous need for child care in California. Emphasize the important trends and needs in California (page 38 in module). Ask each participant to find one fact to share with the group.*

II. The Components of Quality and Their Importance in ECE Programs

A. **Topic: The Components of Quality**

Method: Lecture

Instructions:

1. Ask participants what they think the most important determinants of high quality in ECE programs are. Take a few answers, thank each participant as they answer and indicate when their answers are correct. The determinants of high quality are:
 - a. **Caring Relationships:** A warm relationship between the child and ECE provider is the most important factor in quality. Children who receive warm and sensitive care are more likely to trust others, to enter school ready and eager to learn, and to get along well with other children (Carnegie Task Force on Meeting the Needs of Young Children, 1994). Additionally, high-quality ECE programs create environments that promote warm and positive relationships between children and staff.
 - b. **Routines and Structured Activities:** After caring relationships, routines and predictable, structured activities are also important. Feeding, napping and toileting are opportunities to spend individual and responsive one-on-one time with children, who need familiar routines to feel safe and secure.
 - c. **ECE Provider Qualifications:** ECE programs that are of a higher quality have teachers with more specialized training and education than programs of lower quality (Whitebrook, 1995).
 - d. **Adult-to-Child Ratio:** The fewer the children for each adult, the better the quality of the ECE program and the more attention each child will receive (Fiene, 2002).

- e. **Small Group Size:** Research suggests that children in groups of 12 to 14 with two caregivers are more cooperative and compliant and show more creative play than children in groups of 24 to 28 with four caregivers. Children in smaller groups also have better social skills than children in larger groups (Clarke-Stewart, Gruber & Fitzgerald, 1994). Staff-to-child ratios and small group size influence many other health and safety issues, such as the spread of infection.

B. Topic: The School Readiness Connection

Method: Lecture

Instructions:

1. Give participants the following information:
 - a. High-quality programs have a positive influence on the social, emotional and cognitive development of children (Vandell, 1996). School readiness depends on a child's physical well-being and motor development; social and emotional development; language development; cognition; and general knowledge. Thus, a high-quality ECE program prepares children to be ready for kindergarten.
 - b. Research suggests that high-quality care is especially beneficial for low-income families (Burchinal, Landesman-Ramey, Reid & Jaccard, 1995). Children in good to excellent ECE programs score higher than children in mediocre to poor programs in cooperation, compliance and behavior; relations with peers; and cognitive and language development (Cost, Quality & Child Outcomes Study Team, 1995).
 - c. Summarize by saying that now that participants know the components of quality, and how quality child care plays a significant role in school readiness, they will now look at specific examples of ways that the CCHA can assess quality in the ECE program.

III. Assessing Quality

A. Topic: CCHP Health and Safety Checklist-Revised

Method: Handout Review and Small Group Activity

Instructions:

1. Introduce the topic of the assessment by asking participants what quality assessment tools they use (if any) in their programs—for overall quality, for health and safety, and for individual child assessments. Do they find them easy to use? Are there follow-up policies when improvement or referral is needed? Are parents involved in any of the assessments? The answers will give you some sense of whether participants are familiar with quality assessment tools.
2. Distribute a copy of the *California Childcare Health Program Health and Safety Checklist-Revised (CCHP H & S Checklist-R)* to each participant and direct participants to the activity on page 12 of the module. Divide participants into nine groups and assign each group one subscale of the *CCHP H & S Checklist-R* for discussion. Instruct participants to:
 - a. Review the subscale items and refer to the *CCHP Health and Safety Checklist User's Manual: Question-by-Question Specifications* to complete the item.
 - b. Designate a reporter and be prepared to report back to the larger group, answering the questions on page 12 of the module.
3. After allowing 10 minutes for the review, reassemble as a whole group, and then proceed through the *CCHP H & S Checklist-R* with each group reporting in order.
4. *Optional: Ask participants what was both useful and challenging about using the checklist. Ask them to describe how the checklist will be useful in their setting.*

B. *Optional Topic: Health and Safety Policies Checklist*

Method: Handout Review

Instructions:

1. Direct participants to Appendix 2A (handed out as a booklet separate from the Instructor's Guide). Ask them to review which policies they have in place in their setting and which ones they perceive would be beneficial.

C. *Optional Topic: Child Health Record Review*

Method: Handout Review and Small Group Activity

Instructions:

1. Ask participants to review Handout: Child Health Record Review, beginning on page 23 of the module. Ask them to review the areas monitored on this form (beginning with the complete emergency contact information, and moving to the right, all the way to developmental screenings on the right-hand side). Ask participants how many are currently monitoring and assessing these categories, and what they would need to do to increase the health assessments that their site conducts. Group together participants who work in the same setting so they may discuss using the Child Health Record Review in their own ECE setting.

IV. Improving Quality

A. *Topic: Three Commonly Occurring Routines*

Method: Small Group Activity

Instructions:

1. Introduce the Topic: State that there are three commonly occurring routines that define how a large part of the day is spent in ECE settings: toileting/diapering, feeding and napping. All children in ECE programs need attention in these areas. How these routines are handled and how safety and health procedures are followed during these routines are important determinants of quality of care. Therefore, the CCHA can play a role in improving the quality of care, health and safety in these three routines.
2. Divide the group into three groups. Assign each group one of the routines: toileting/diapering, feeding and napping. Have them answer the questions in *Appendix 2B*. Have them complete the handout as a group and be prepared to report back to the whole group.

B. *Topic: Community Resources*

Method: Brainstorm

Instructions:

1. Brainstorm with participants about the resources available for improving quality. As they call out their ideas, sort the resources into categories (e.g., state/local/federal or regulatory/accreditation/training organizations). For a list of possible resources, go to pages 7 to 8 of the module. You can provide prompts for the answers if participants need help by asking such questions as: What regulatory agencies could be a resource? What accreditation bodies? Where can you go to seek professional training?

C. *Optional Topic: Health and Safety Consultation in Child Care*

Method: DVD and Large Group Activity

Instructions:

1. *If Trainer Has the DVD* Health and Safety Consultation in Child Care: *The DVD is a two-disc interactive DVD training tool. It includes Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second*

Edition; Model Child Health Policies; and other valuable resources. If showing the DVD from a laptop, speakers will be required to amplify the voices. The DVD can be ordered from the AAP Web site: http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=4069&CatID=132.

2. *Preparation: The DVD is marked with different standards and observations. The trainer should select which sections of the DVD to show. Recommended observations include: toileting, food preparation, active play and staff health.*
3. *Explain to the participants that they will view a natural child care setting and observe specific health and safety standards. Double-click on the observation intended for the group and show the DVD.*
4. *After each observation, the individual writes down the strengths of the observation and the areas for improvement. Then the instructor asks the group to discuss together the strengths and areas for improvement, and lists them on the flip chart.*
5. *This activity is repeated for two or three observations.*
6. *Summarize by saying that now that participants have identified how to assess quality, have learned the particular aspects of quality to evaluate and have become familiar with the CCHP H & S Checklist-R, they are on their way to deciding what to prioritize and where to start as a CCHA. The group will now discuss specific ways to improve the quality of the care in their ECE programs.*

If you have experienced CCHAs in the room, do one or more of the following:

1. Group them in separate groups and ask them to share with each other their successes and challenges.
2. Ask them to discuss their preferred assessment tools and to describe why they like them.
3. Pair them up with nonexperienced participants and instruct the nonexperienced to ask questions of the experienced CCHAs.

V. Summary and Closure

*A. **Optional Topic:** Using the Quality in Early Care and Education Module*

***Method:** Small Group Activity*

Instructions:

1. *Explain to the participants that the curriculum is a rich resource for them and encourage them to become familiar with it. Towards this end, spend a few minutes looking through it together. Explain that participants will work in pairs to go through the module to find the answers to these questions.*
2. *Hand out Appendix 2C. Tell the participants they have 5 to 10 minutes to locate the answers.*
3. *Note to Trainer: Participants may feel that this is “busy work.” Let them know that our goal is to use our time today to give them new tools and resources, and the curriculum is one such resource. Explain that becoming familiar with the curriculum is one way to help them determine how they will improve quality in their setting.*

B. Topic: Next Steps for the CCHA

Method: Large Group Discussion

Instructions:

1. State that participants have learned about many aspects of the CCHA role and about how to improve quality in the ECE setting. As has been discussed, it is the role of the CCHA

to improve quality, health and safety. Review the list of CCHA responsibilities in Section IC of the outline. Direct participants to think about some possible areas of improvement in their setting and about possible next steps. Ask them to call out possibilities to the whole group.

C. **Topic:** Summary and Closure

Method: Brief Closing Activity

Instructions:

1. Summarize the key points shared by participants. Review the components of high-quality ECE programs and the importance of high-quality child care (Section II of outline).
2. Next Steps: Direct participants to write down what their next steps for improving quality in their settings will be. Ask participants to share these with the group.

APPENDIX 2A

CCHP Health and Safety Policies Checklist: Revised

The *CCHP Health and Safety Policies Checklist: Revised* is a booklet that is handed out separate from the *Instructor's Guide*.

APPENDIX 2B

Three Commonly Occurring Routines in ECE Programs

Instructions: Divide into groups. Each group is responsible for discussing one of the following routines: toileting/diapering, feeding and napping. Each group will answer all three questions for their designated routine.

1. What are some of the ways that your ECE program can improve the safety of this routine as it currently takes place in your program? What procedures or practices would need to be followed?
2. What are the ways that your program can improve the healthiness of this routine, and use this routine as an opportunity for modeling and teaching healthy behaviors?
3. What are the ways that staff can be warm and caring to children during this routine? How can this routine be used as an opportunity for individualized attention to each child?

APPENDIX 2C

Using the Quality in Early Care and Education Module

Topic: Using the Quality in Early Care and Education Module

Method: Small Group Activity

Instructions: Review the module and find the answers to the following questions.

According to the module:

1. What are the names of five assessment tools? What specifically does each tool assess?
2. What are some possible resources for additional training for ECE providers?
3. What are some barriers to quality in ECE programs?
4. What are the names of five organizations and resources that support the work of ECE providers?