

BASTYR UNIVERSITY
MASTER OF PUBLIC HEALTH

DEVELOPING A TRAINING PROGRAM FOR CHILD CARE HEALTH CONSULTANTS
IN WASHINGTON STATE

A capstone submitted in partial fulfillment
Of the requirements of the degree of
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Executive Summary

This paper provides an overview of the development of a training program for Child Care Health Consultants in Washington State. The program was designed in partnership with the Department for Children, Youth, and Families whose mission is to protect children and strengthen families so they flourish (“Mission, Vision and Values | Washington State Department of Children, Youth, and Families,” n.d.). The aim of this project was to develop a training program that will help nurses provide a consistently high-quality service to every child care center.

Approximately 80,000 children are served in licensed child cares in Washington State. Approximately 86 percent of these children were in licensed centers and 14 percent were in licensed family child care homes, according to a 2018 market rate survey conducted by the Washington State Department of Early Learning (Learning, 2018). It is required that licensed child care providers who serve infants are visited regularly by a nurse, referred to as a Child Care Health Consultant.

In order to select topics for training, national competencies, survey data, and the existing training were examined. The topics desired by current CCHCs were in alignment with national competencies as defined by the Early Childhood Learning and Knowledge Center. The general areas of expertise required for the provision of CCHC services, as according to the Early

Childhood Learning and Knowledge Center (ECLKC), are consultation skills; quality health, safety, and wellness practices; policy development and implementation; health education; and resource and referral. The ECLKC lists subject matter areas of expertise as illness and infectious disease; children with special health care needs; medication administration; safety and injury prevention; emergency preparedness, response, and recovery; infant and child social and emotional wellbeing; child abuse and neglect; nutrition and physical activity; oral health; environmental health; and staff health and wellness. These competencies became the main topics of the training, with specific subtopics included from the CCHC survey such as safe sleep.

Further research should focus on standardizing training and expectations for CCHCs in Washington State in order to give the program a strong foundation. It would be advised that the DCYF conduct an evaluation of this training with both new and existing CCHCs. This would allow for a determination if this training is meeting the specific needs of CCHCs in Washington State.

Overall, this project recognizes the importance for there to be standardized training for CCHCs. Designing training programs for CCHCs that align with the needs of the community has potential to improve health outcomes for child care providers and the children and families that they serve.

Introduction and Background

Approximately 80,000 children are served in licensed child cares in Washington State each year (Learning, 2018). Washington State requires that licensed daycare providers who serve infants are visited regularly by a nurse in order to develop and improve health and safety practices and policies (“Child Care Health Consultants | Washington State Department of Children, Youth, and Families,” n.d.). This program is called Child Care Health Consultation (CCHC) and is regulated by Washington Administrative Code (WAC) 110-300-0275. As of August 2019, the WAC requires that nurses visit the center each month and report their visits to the Department of Children, Youth, and Families (DCYF). The current role of the nurse, also referred to as a health consultant, is to provide services to the child care centers in Washington through monthly visits to infant rooms. They share health and developmental expertise; conduct needs assessments specific to child, family, and staff health needs; and make referrals to community resources as necessary. While some states offer CCHC training with continuing education units, college credit and/or a certificate upon successful completion, Washington does not currently have an official or state-sanctioned training program. Washington also does not currently provide a common checklist to guide the consultants’ visits.

Washington State Department of Children, Youth, and Families’ mission is to protect children and strengthen families so they flourish. Their vision is that “All Washington’s children and youth grow up safe and healthy—thriving physically, emotionally, and educationally, nurtured by family and community.” Their target population is children, youth, and families in Washington State. The DCYF is Washington State’s newest agency, overseeing services previously offered through the Department of Social and Health Services (DSHS) and the Department of Early Learning (DEL). It was created in 2017 to restructure how the state serves

at-risk children and youth. The DCYF is a cabinet level agency that leads state-funded services that support children and families. The programs they are involved with include all programs from the Children's Administration in DSHS, such as Child Protective Services. They also oversee all DEL services such as Early Childhood Education and Assistance program for preschoolers, Working Connections Child Care, and Home Visiting. CCHC administration sits within the Family Supports Division and the regulation within the Child Care Licensing Division. DCYF also administers programs offered by the Juvenile Rehabilitation division in DSHS, including juvenile rehabilitation institutions, facilities, and parole services. The development of a CCHC training program as part of this capstone is in line with the Department's vision of helping infants to thrive physically and grow up healthy.

Child Care Health Consultants (CCHCs) provide health and safety consultation services to early childcare education centers. In Washington State, CCHCs are Registered Nurses (RNs), but other states use consultants with other backgrounds varying from MDs to community health workers (California ChildCare Health Program, 2006; Lucarelli, 2002). The field of child care health consulting is an emerging field developed in response to emerging social trends: increasing numbers of women in the workforce and the resulting increase of children in early childhood education (ECE) programs, increasing numbers of children with special health care concerns and behavioral concerns, and low pay and lack of health specific educational opportunities of child care providers (Lucarelli, 2002). According to a publication by the California Childcare Health Program, Early Childcare Education programs frequently don't know how to utilize the services of a CCHC (California ChildCare Health Program, 2006). The same source mentions that there is no national framework for CCHC but there is interest in

establishing a professional certification or other form of official recognition of child care health consulting as a specialty field.

Child care health consultation varies by state according to funding, regulations, support, and training (Alkon et al., 2008). Alkon et al. (2008) describe that few states have published descriptions of their child care health consultation programs, the services provided by CCHCs, or the training requirements associated with the role. While all 50 states have a CCHC program, they vary so greatly that they are nearly incomparable while still achieving the same end goal of safety and health in childcare settings (Alkon et al., 2008). Regulations vary state to state. Crowley and Kulikowich (2009) mention that while 26 states require health care consultation, 6 require it only for centers caring for mildly ill children. Only 6 states (Colorado, Connecticut, Illinois, Minnesota, Rhode Island, and Washington) mandate on-site visits by CCHCs (Crowley & Kulikowich, 2009; Ramler, Nakatsukasa-Ono, Loe, & Harris, 2006).

Children in child care centers have higher rates of infection illnesses than children cared for at home (Crowley & Kulikowich, 2009). However, despite these associated health risks, group care also offers opportunities for health promotion and an increased access to health and developmental services (Ramler et al., 2006). Child Care Health Consultants can provide guidance on environmental safety improvements, safe sleep improvements, developmental screening and information, nutritional support for children with allergies, assistance with failure to thrive babies, breastfeeding support, support of new classroom staff especially those working with infants or children with special health care concerns, behavior support for children with challenging behaviors, help introducing new foods to infants, and immunization compliance (Crowley & Kulikowich, 2009).

History

In 1976, a report to congress recommended the development of national health and safety standards for child care in association with the Federal Interagency Day Care Requirements (FIDCR) (California ChildCare Health Program, 2006). Much of the early recognition and research in the field of child care health consultation as done in Minnesota and California. In 1992, the Caring for our Children (CFOC) guide was published by the American Public Health Association and the American Academy of Pediatrics. The CFOC is a collection of national standards representing best practices in the child care setting that is maintained by the National Resource Center for Health and Safety in Child Care and Early Education (California Childcare Health Program, 2006).

The National Center on Early Childhood and Wellness identifies 16 competencies, generally reflecting best practices, for CCHCs working with early care and education programs (ECE). These competencies provide a detailed view of how CCHCs working in any childcare setting can apply their knowledge and skills in the workplace to improve health, safety, and wellness outcomes. Their general areas of expertise are consultation skills; quality health, safety, and wellness practices; policy development and implementation; health education; and resource and referral. The subject matter areas of expertise are illness and infectious disease; children with special health care needs; medication administration; safety and injury prevention; emergency preparedness, response, and recovery; infant and child social and emotional wellbeing; child abuse and neglect; nutrition and physical activity; oral health; environmental health; and staff health and wellness (Center On Early Childhood Health, n.d.).

In 1997, the National Training Institute for Child Care Health Consultants at the University of North Carolina at Chapel Hill made a training available to trainers of CCHCs .

This training is recognized nationally as a strong resource for CCHC programs. While it is a strong resource, there is no national training standardized for CCHCs.

More than half of all states, including Washington, recommend the use of CCHCs for at least some types of early education facilities (California ChildCare Health Program, 2006).

Consultants assume different roles and responsibilities depending on their training and professional background, ECE program needs, administrative support, and the health needs of the children at their assigned center (Farrer, Alkon, & To, 2007).

Head Start centers are required to have a health consultant, called a health coordinator, to help provide “comprehensive interdisciplinary services in the areas of physical and dental health, mental health, nutrition, education, and parent involvement” to the children they serve. Head Start and Early Head Start programs are free, federally funded programs that have been designed to promote school readiness for children ages 0-5 from low income families. These programs link children and families to many services within the community and encourage parent involvement through regular visits to the child’s home, opportunities for parent involvement in the program, and special activities. Because health and physical development are crucial for early learning, Head Start provides health screenings and programs that connect families with medical, dental, and mental health services (“Head Start Services | The Administration for Children and Families,” n.d.). The coordinators arrange for health services to be provided to children, work with families, help families locate services, and provide health education. They ensure that preventive care needs of the children are met and they help arrange for health screenings. While Head Start centers usually employ a health coordinator and are mandated to provide certain health services to the children they serve, recommended health services are not offered in all early education and early care settings nationwide (Hanna et al., 2012).

The quality of early childhood care has a lifelong impact on children's physical, developmental, and social-emotional wellbeing. Quality early education and child care have been shown to be associated with lifelong benefits (Donoghue et al., 2017). Many published articles confirm that child care health consultation is an effective approach to improving health and safety compliance with national child care standards (Crowley & Kulikowich, 2009; Dooling & Ulione, 2000; Johnston, DelConte, Ungvary, Fiene, & Aronson, 2017; Ramler et al., 2006). For instance, an evaluation of health consultants in North Carolina found that when CCHCs were used, health-related policies and health behaviors improved (Hanna et al., 2012).

Literature Review

Much of the existing literature examines the importance and value of having Child Care Health Consultants as part of the child care team (Dooling & Ulione, 2000; Evers, 2002; Hanna et al., 2012; Honigfeld, Pascoe, Macary, & Crowley, 2017; Johnston et al., 2017; Lucarelli, 2002; Ramler et al., 2006). While this literature acknowledges the importance and successes associated with this partnership, few studies examine what training is necessary for a CCHC to be successful and effective.

A study conducted by Farrer, et al in 2007 examining barriers to child care health consultation programs found that CCHCs in multiple states listed 'needing more training' as a barrier. The responses of the participants noted that they sometimes felt unprepared and may encounter unanticipated obstacles in their work. Preparing CCHCs for potential barriers could help make their work more effective and more enjoyable. This study recommended that training programs include information on issues identified by focus groups, in this case cultural competence, the field of early care and education, and community and family resources (Farrer et al., 2007).

Crowly and Kulikowich (2009) evaluated a pilot training program for Child Care Health Consultants in order to assess the effect of the training on the nurses' and directors' perceptions of the role the nurses' role, knowledge, and practice as health consultants. The program consisted of 5 days of training offered one day per month and was offered at no cost. The training consisted of 12 modules created by the National Training Institute for Child Care Health Consultants at the University of North Carolina Chapel Hill: hand washing, communicable disease, medication administration, diapering/toileting, food service/nutrition/preparation, emergency preparedness, play-outdoor/indoor, health/safety/nutrition policies, cleaning/sanitizing, records, lead/toxic substances, child care health consultant, developmentally appropriate practice, children-special health care needs, physical structure, pest management, transportation, staff health, and child behavior/development. An additional module focusing on health promotion consisted of content from the American Academy of Pediatrics on the importance of well child visits, continuity of care, and recommended health screenings as well as health insurance.

The pilot program was evaluated by a pre/post-test. The results demonstrated a significant increase in the number and types of activities the CCHCs performed during and after the training. Based on multiple participant evaluations and pre/post test data this pilot training was considered to be effective. The participant evaluations indicated a high level of satisfaction and they demonstrated significant knowledge gains in the majority of the modules. They suggest that the training strengthened the capacity of health professionals to provide effective consultation. The training influenced their roles during and after the training as they demonstrated increases in new and continuing activities. Most of the new activities incorporated national health and safety standards (Crowley & Kulikowich, 2009).

Wold, Gaines, and Leary (2006) conducted an evaluation of a training program in Georgia focusing on foundational competencies of public health practice. This training was offered to public health nurses who have foundational knowledge in direct services to children and families but little experience in offering health services in childcare programs and to populations in the consultant role. This training provided online resources for remedial learning in child and family health but focused its workshops on development of the CCHC role and enhancing skills in population-based competencies. The training program was evaluated through post-training surveys. All participants reported satisfaction with the training and increased knowledge that strengthened their population-based practice. They concluded that training for public health nurses strengthens their abilities to provide population-based services (Wold, Gaines, & Leary, 2006).

Materials and Methods

The goal of this project was to identify training needs for the CCHC program in Washington State and develop an online training. The scope of this project was narrowed to include developing a training for the CCHCs that could be shared in an approximately 30-minute time span, in addition to a handout on a health topic for the CCHCs to share with childcare sites. The Health Analyst for the DCYF, Jennifer Helseth, mentioned that the training for new CCHCs currently consists of about a 30-minute onboarding phone call. The existing training material is in written format with no electronic version. This makes it challenging to update and share. Many of the resources listed to access for additional information were outdated websites or addresses of organizations to write to. Ms. Helseth's recommendation was to design a concise training material to be introduced during the initial 30-minute onboarding phone call for new CCHCs and shared as a resource upon request for existing CCHCs. The topics selected for this training were based on topics included in the existing training, nationally recognized CCHC competencies (see Introduction and Background), and survey results from nurses currently working as CCHCs in Washington State. The national competencies were suggested as a resource to help guide the development of the training, as it was desired by the DCYF to have the training aligned with the national competencies.

A literature review was conducted to search for best practices for CCHC training. The search was conducted in PubMed and CINAHL using search terms such as "child care health consultant", "nurse consultant, childcare", "consultant, child care", "nurse, child care", and "nurse, early education".

The other deliverable item from this project was a brochure on a health topic for the CCHCs to use as a resource when visiting child care sites. The Washington Administrative Code

(WAC) has relatively new guidance that came out in August 2019 that all child care providers must provide an age appropriate toothbrushing activity each day for children in their care. For this reason, oral health was selected to be the topic for the brochure. Rather than completing a formal literature review, subject matter websites were consulted to build the handout containing evidence-based best practices in age appropriate toothbrushing, ideas on how to incorporate it into the school day, infection control suggestions, and current guidance on how to keep this a safe activity during the COVID-19 pandemic. The audience for this brochure are site staff in child care centers. Resources used to create this handout include the Journal of the American Dental Association (JADA) and Early Childhood Education and Assistance Program websites.

Survey data gathering and analysis

The Department of Children, Youth, and Families (DCYF) requires that all CCHCs that offer services in Washington State fill out a monthly survey. The survey used for the purpose of informing this training was the survey emailed to CCHCs in December 2019. The Health Team at DCYF developed and posted the survey online at: <https://www.dcyf.wa.gov/services/early-learning-providers/cchc>. The survey questions were:

1. What are the most common topics you cover?
2. What are some of the standout concerns you had this month?
3. What can we do to help your practice?
4. What do we need to know about your practice?
5. What questions should we be asking you?

The survey results were gathered through Survey Monkey and then compiled into an excel spreadsheet by the Health Team at DCYF. These results are analyzed on a quarterly basis. Their reasoning for conducting the survey is to gather information on the workforce currently completing this work and to gain ideas on how to better serve the CCHC population.

The data was provided to me entered into a spreadsheet utilizing Microsoft Excel. Each survey response was entered into the raw data tables by the Health Team at DCYF. The survey format allowed for open-ended responses. Accordingly, I conducted a secondary analysis of the data, using qualitative analysis methods. I began by reading each survey response, looking for recurring themes and categories mentioned by the Child Care Health Consultants. I highlighted key themes that I noticed. I grouped certain themes, or codes, together and added new codes as I encountered data that did not fit into an existing code. Once all survey results were coded, I was able to combine or categorize the codes. Lastly, I counted the number of times each code was used and ranked them in descending order to determine the top themes in the survey data.

For the survey responses to question 1 and 2, recurring themes and categories were identified during the coding process. I counted how many times each category or topic was mentioned by the nurses in the sample and recorded the frequency. I sorted them in descending order and compared them to preexisting training topics and the national CCHC competencies. Questions 1 and 2 were coded as they provided insight into which topics to include in the training itself. For the survey responses to questions 3, 4, and 5, I used deductive analysis. These specific questions were chosen as they provided insight into what resources were desired. Because the questions were open ended, a significant amount of the content provided was not relevant to my research question. I analyzed the responses looking specifically for desired training materials and desired

resources. Within those predefined categories, I looked for common themes in order to code responses.

After completing the data analysis, a table was created to compare the themes that rose from the survey results with the existing training topics and national CCHC competencies. Once the topics for the new training were finalized, the training material was compiled by outlining topics in line with the competencies, updating information under each topic to ensure it is current, and providing current websites to use as resources for additional information. Following each topic in the training, there is a list of website resources for CCHCs to reference if they are in need of additional information on that topic. To help streamline the training, each section was written to be a high-level overview of each topic and then include resources for the CCHC to use if looking for more information on a specific topic.

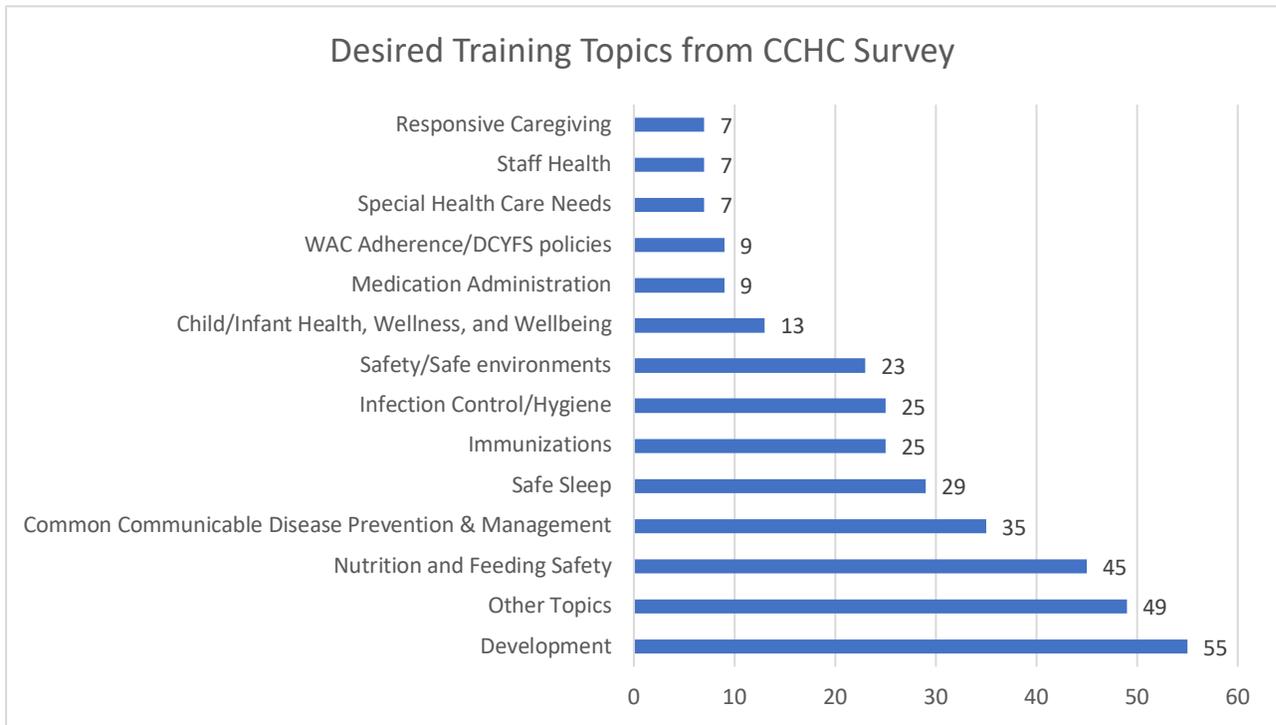
Results

This paper describes the process of creating a child care health consultant (CCHC) training program. The training was a PowerPoint presentation that will be used to onboard new CCHCs in Washington State, by the Department of Children, Youth, and Families. After conducting a literature review specific to training and skills needed by CCHCs, and collating the existing training with national competencies and survey data, it was determined that the training should be aligned with the national competencies. Popularly requested subtopics, such as safe sleep, were included under the broader national competencies.

Survey Results

The top themes identified as desired training topics by CCHCs were: development, feeding safety & nutrition, communicable disease prevention; safe sleep; immunizations; hygiene/diapering procedures/infection control; safety; child/infant health, wellness, and wellbeing; medication administration; Washington Administrative Code (WAC) adherence and DCYF policies; special healthcare needs and individual health plans; staff health; cue based caregiving; social and emotional wellbeing; community resources; current health issues; and emergency protocols and injury prevention. Some of the topics suggested fit under existing competencies, for example, safe sleep falling under safety and injury prevention. The most commonly listed topics fell under competencies which allowed for an easy alignment with the competencies as main topics for the training.

Figure 4.1. Desired Training Topics from CCHC Survey



The x-axis is actual counts from the survey responses. Other topics include: community resources, current health issues, emergency protocols/injury prevention, infants of concern, safety and physical layout, outdoor play for infants, car seat safety, dealing with difficult parents, congenital illness and progression, incident reports, CFOC topics, infant room concerns, rash/skin conditions, staffing, procedure development, wellness promotion, physical activity, tummy time, family health and safety, organization, parent concerns, hearing and vision screenings, teething, oral health, and brain stimulation.

Many of the topics that were mentioned in the survey results are aligned with the nationally recognized competencies; therefore, the competencies were used to guide the topics for the development of the training. Subtopics that were frequently mentioned by CCHC survey participants were included under the competencies, such as including safe sleep resources in the Safety and Injury Prevention section and including immunization and infection control resources in the Illness Prevention section. While some topics were not highly reported as desired topics

by CCHCs, such as child abuse and neglect, it was determined they would still be included as they were listed as a national competency.

Training Development

The existing training was reviewed in order to compare the current training topics with the specific training desires/needs of existing CCHCs and the nationally recognized competencies. The existing topics for training were: the consultant role; using NCAST's keys to CaregivinG™, growth and development, providing a safe and nurturing environment, infant and toddler nutrition, infant and toddler oral health, child care for infants and toddlers with special needs, preventing and managing illness in infants and toddlers, helping providers prepare for and handle emergencies, child abuse and neglect, and staff health. The training also included an appendix of assessment tools, reporting forms, and other resources. The majority of these topics fell under the existing national competencies so, again, it made sense to format the training under the main topics aligned with the national competencies.

Discussion and Conclusion

This capstone set out to update the current training for CCHCs in Washington State, under the supervision of the DCYF, which is the state agency that oversees the activity of CCHCs. As previously mentioned, the existing training is in written format and many of the resources for additional information are addresses to write for information or telephone numbers to call. Updating the training to align with national competencies, to be in electronic format, and to have current, online resources improves accessibility and allows for it to be kept current.

The CCHC survey also mentioned a desire for resources to share at the child care sites. However, the responses did not suggest specific topics for desired resources. Ms. Helseth and I determined that a resource would be created on a topic of my choosing. Oral Health was selected as the Washington Administrative Code (WAC) guideline for child care sites required to provide toothbrushing is relatively new and some sites have mentioned it difficult to determine what is necessary under the WAC and how to incorporate this into their daily schedule, especially in infant classrooms. While Head Start and Early Childhood Education and Assistance Program (ECEAP) programs had already incorporated toothbrushing into their daily routine, this was a new requirement for non-Head Start sites.

The limitations of the project were that the data collection had already been done, so an analysis of a pre-existing data set was collected rather than structuring the collection of the data itself. The literature review was limited in that there is not much research on the topic of training specific to the CCHC role. The majority of existing literature on the topic suggests that health, safety, and wellness are improved by having a CCHC involved at child care sites, however, there is little literature on what training or skillset makes the CCHC most effective. Another limitation of the literature review was much of the existing literature on the topic is web based, rather than

in published journals. Having a more systematic search of website resources to inform the training would have been helpful. Though the training was developed and delivered to the DCYF, there has not been a formal evaluation of the training.

The strengths of this project are accessibility, ease of updating, and its alignment with the nationally recognized competencies. It will be uploaded onto the DCYF website for ease of access for existing CCHCs. Because it is now in an electronic format, versus printed material, it is now accessible for DCYF staff to update when there are changes in applicable policies. The training caters to the needs and preferences of current CCHCs, which arguable increases satisfaction and enables them to better support the population they serve. The handout on toothbrushing addresses current changes in regulation and reduces insecurities associated with applying new guidance within the child care setting.

It would be advised that the DCYF conduct an evaluation of this training with both new and existing CCHCs. This would allow for a determination if this training is meeting the specific needs of CCHCs in Washington State. More research is need on the training needs of CCHCs and of the efficacy of existing training programs.

Overall, this project recognizes the importance for there to be standardized training for CCHCs. Designing training programs for CCHCs that align with the needs of the community has potential to improve health outcomes within the child care community. Further research should focus on standardizing training and expectations for CCHCs in Washington State.

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Appendix A: Final, Approved Capstone Proposal

Problem Statement:

Approximately 80,000 children are served in licensed child cares in Washington State. Washington State requires that licensed daycare providers who serve infants are visited regularly by a nurse. This program is called Child Care Health Consultation (CCHC) and is regulated by Washington Administrative Code 110-300-0275. As of August 2019, the WAC requires that nurses report their monthly visits to the Department of Children, Youth, and Families (DCYF). The current role of the nurse, also referred to as a health consultant, is to provide services to the child care centers in Washington through monthly visits to infant rooms. They share health and developmental expertise; conduct needs assessments specific to child, family, and staff health needs; and make referrals to community resources as necessary. While some states offer CCHC training with continuing education units, college credit and/or a certificate upon successful completion, Washington does not currently have an official or state-sanctioned training program. Washington also does not currently provide a common checklist to guide their visits.

Organization:

Washington State Department of Children, Youth, and Families' mission is to protect children and strengthen families so they flourish. Their vision is that "All Washington's children and youth grow up safe and healthy—thriving physically, emotionally, and educationally, nurtured by family and community." Their target population is children, youth, and families in Washington State. The DCYF is Washington State's newest agency, overseeing services previously offered through the Department of Social and Health Services and the Department of Early Learning. It was created in 2017 to restructure how the state serves at-risk children and youth. The Secretary of the Department, Ross Hunter, previously served as the Director of the Department of Early Learning. His experience includes serving as a State Representative and previous experience in the tech industry. The DCYF is a cabinet level agency that leads state-funded services that support children and families. The programs they are involved with include all programs from the Children's Administration in DSHS, such as Child Protective Services. They also oversee all DEL services such as Early Childhood Education and Assistance program for preschoolers, Working Connections Child Care, and Home Visiting. CCHC administration sits within the Family Supports Division and the regulation within the Child Care Licensing Division. DCYF also administers programs offered by the Juvenile Rehabilitation division in DSHS, including juvenile rehabilitation institutions, facilities, and parole services.

Rationale:

My goal is to develop a program that will help nurses provide a consistently high quality product to every childcare center. Washington does not currently have an official or state-sanctioned

training program. This is in line with the Department's vision of helping infants to thrive physically and grow up healthy.

Outcome:

Child care health consultation is an important part of keeping children in licensed child care healthy and safe. These visits to child cares serving infants are required by WAC but the program currently has no systemic supports or required trainings. While some states offer CCHC training with continuing education units, college credit and/or a certificate upon successful completion, Washington does not currently have an official or state-sanctioned training program.

My capstone project will be to design an education program for Child Care Health Consultants highlighting national competencies laid out by the Early Childhood Learning and Knowledge Center. This project will help guide and give structure to the existing program. The consultants currently submit month reports the Department for Children, Youth, and Families

Foundational and community health education competencies:

Public Health Foundational Competencies:

7. Assess population needs, assets and capacities that affect communities' health.

I will assess the needs of the childcare providers serving infants in Washington State.

9. Design a population-based policy, program, project, or intervention.

My project will be to design an education program for the Child Care Health Consultants, in order to best serve infants attending childcare.

19. Communicate audience-appropriate public health content, both in writing and through oral presentation.

My capstone project will be to develop audience-appropriate content to include in the educational programming.

Community Health Education Areas of Responsibility:

1. Students will assess needs, resources, and capacity for health education/promotion.

I will assess the needs, resources, and capacity for a CCHC training program.

2. Students will plan health education/promotion programs.

My capstone project will be to plan a health education program to be delivered to current CCHCs and to be available to train new CCHCs.

6. Students will serve as health education/promotion resource persons.

Goals and objectives:

Goal #1: Develop a training/education program for the CCHC program (Area of Responsibility II: Students will plan health education/promotion programs).

Objectives: By the end of the capstone, I will have:

- 1.1 Analyze information from stakeholders, through CCHC survey data and interviews, in order to develop meaningful programming (2.1).
- 1.2 Partnered with supervisor to develop goals and objectives for the education program (2.2).
- 1.3 Developed a written outline for the delivery of the educational programming (2.4).

Goal #2: Assess needs for an education program to support the nurse visitors (Area of Responsibility I: Assess needs, resources, and capacity for health education/promotion).

Objectives: By the end of the capstone, I will have:

- 2.1 Collected data specific to the needs of the programs from the existing CCHC survey (1.3)
- 2.2 Assessed social, environmental, political, and other factors that may impact this health education program and its delivery through a literature review and through existing CCHC survey data (1.6.4)

Goal #3: Develop skills and gain experience serving as a health education resource person for a training program (Area of Responsibility VI: Students will serve as health education/promotion resource persons).

Objectives: By the end of the capstone, I will have:

- 3.1 Developed a story board that can be used as a training tool, with the future plan of being used as an online training platform.
- 3.2 Assessed training needs of participants using existing CCHC survey data (6.2.1)
- 3.3 Developed a plan for conducting training of CCHC (6.2.2)

Goal #4: Develop skills and gain experience in assessing needs, assets and capacities that affect infant's health in a daycare setting (Foundational Competency 7: Assess population needs, assets, and capacities that affect communities' health).

Objectives: By the end of the capstone, I will have:

4.1 Conducted a comprehensive literature review to determine what affects this communities' health.

4.2 Ensured that the content in the training program is pertinent to the needs of this specific community by conducting a needs assessment.

Goal #5: I will design a program focused on improving infant's health in the child care setting (Foundational Competency 9: Design a population-based policy, program, project, or intervention).

Objectives: By the end of the capstone, I will have:

5.1 Conducted a literature review encompassing what CCHC training looks like in other states.

5.2 Designed a program that encompasses evidence-based best practices.

Goal #6: Develop skills and experience developing audience-appropriate training content for Child Care Health Consultants (Foundational Competency 19: Communicate audience-appropriate public health content, both in writing and through oral presentation).

Objectives: By the end of the capstone, I will have:

6.1 Compiled at least 1 audience-appropriate resource for the CCHCs to share during their child care visits.

6.2 Compiled audience-appropriate training content for current CCHCs and to be available to train new CCHCs.

Capstone timeline:

Proposal submitted by June 10th

First draft of literature review completed by June 21st

First draft of methods section completed by July 8th

Initial draft of capstone report completed July 15th

Final draft of capstone report submitted August 3rd

Evaluations completed by August 14th

All project deliverables completed and given to site supervisor by August 14th

Site Presentation completed by August 20th (virtual?)

Appendix B: Oral Health Handouts

Oral Health Tips & Tricks:

WAC Requirements:

At least once per day, an early learning provider must offer children an opportunity for developmentally appropriate tooth brushing activities.

(a) Tooth brushing activities must be safe, sanitary, and educational.

(b) Toothbrushes used in an early learning program must be stored in a manner that prevents cross contamination.

(c) The parent or guardian of a child may opt out of the daily tooth brushing activities by signing a written form.

Babies (Birth to 1):



- Each baby should have their own infant-sized, soft-bristled toothbrush labeled with their name
- Brush babies' teeth with a small smear (rice-sized) amount of fluoride toothpaste as soon as the first tooth comes into the mouth

Toddlers (Ages 1-3):



- Each child should have their own child-sized, soft-bristled toothbrush labeled with their name
- Age 1-2 should brush with a rice-sized smear of fluoride toothpaste, Age 3+ can use a pea-sized smear of toothpaste.
- After brushing, have children spit the remaining toothpaste into a cup, but do not have them rinse. Then have children wipe their mouth with a napkin and place the napkin inside the cup. The cups and napkins are thrown away.

Incorporating Toothbrushing into the day:

- "Circle brushing" refers to groups of children sitting in a circle (at a table, in their highchairs, or at circle time) brushing together.
- Can brush together for 2 minutes using a timer or a song that's about 2 minutes long
- YouTube is a great place to look for toothbrushing songs

Best Practices for Infection Control:

- Use a rack to store toothbrushes so that none of them are touching (sold on Amazon, School Health Supply, or Lakeshore Learning)
- Can provide each child with a smear of toothpaste on the edge of a paper cup or piece of wax paper so that the toothpaste tube doesn't touch the toothbrushes. Alternatively, each child could have their own tube of toothpaste labeled with their name.
- Wash hands with soap and water before and after brushing each child's teeth. Staff should wear a new pair of gloves for brushing each child's teeth. Only one pair is needed if circle/table brushing is done.



- Replace each child's toothbrush every 3-4 months or after an illness

COVID Precautions to consider:

If you are continuing toothbrushing please consider the following:

- *Staff should wear gloves while monitoring children during toothbrushing*
- *Having less children brush at a time*
- *Ensure children and staff wash hands after toothbrushing*
- *If toothbrushing occurs at circle time, consider further distance between children.*

When to consider temporary suspension of toothbrushing in the classroom:

- *If any of the above is not able to be in place for any reason.*
- *When warranted by family and/or staff concerns.*

If you choose to temporarily suspend toothbrushing for children, you will not be found out of compliance in meeting this requirement. DCYF understands that stopping this activity will help to decrease the spread of germs. Communicate any changes in the regular routine to families as soon as possible, sharing what the change is and how you are accommodating it.

From DCYF Website, May 2021

WAC Toothbrushing Requirements

At least once per day, an early learning provider must offer children an opportunity for developmentally appropriate tooth brushing activities.

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References:

Cavity Free Kids | Oral health education for young children and their families. (n.d.). Retrieved June 5, 2021, from <https://cavityfreekids.org/>

Early Childhood Education and Assistance Program (ECEAP) | Washington State Department of Children, Youth, and Families. (n.d.) Checklist for Child Care Staff: Best Practices for Good Oral Health | ECLKC. (n.d.). Retrieved June 4, 2021, from <https://edkc.ohs.acf.hhs.gov/publication/checklist-child-care-staff-best-practices-good-oral-health>

Early Childhood Education and Assistance Program (ECEAP) | Washington State Department of Children, Youth, and Families. (n.d.). Retrieved June 4, 2021, from <https://www.dcyf.wa.gov/coronavirus-covid-19/eceap>

Fluoridated toothpaste: Fluoride toothpaste use for young children American dental association council on scientific affairs. (2014). *Journal of the American Dental Association*, 145(2), 190-191. <https://doi.org/10.14219/jada.2013.47>

WAC 110-300-0180: (n.d.). Retrieved June 5, 2021, from <https://app.leg.wa.gov/wac/default.aspx?cite=110-300-0180>

Oral Health Tips & Tricks

Babies (Birth to 1)

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- Brush babies' teeth with a small smear (rice-sized) amount of fluoride toothpaste as soon as the first tooth comes into the mouth

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- Each child should have their own child-sized, soft-bristled toothbrush labeled with their name
- Age 1-2 should brush with a rice-sized smear of fluoride toothpaste, Age 3+ can use a pea-sized smear of toothpaste.
- After brushing, have children spit the remaining toothpaste into a cup, but do not have them rinse. Then have children wipe their mouth with a napkin and place the napkin inside the cup. The cups and napkins are thrown away.

Incorporating Toothbrushing into the day:

- "Circle brushing" refers to groups of children sitting in a circle (at a table, in their highchairs, or at circle time) brushing together.
- Can brush together for 2 minutes using a timer or a song that's about 2 minutes [long](#)
- YouTube is a great place to look for toothbrushing songs

Best Practices for Infection Control:

- Use a rack to store toothbrushes so that none of them are touching (sold on Amazon, School Health Supply, or Lakeshore Learning)
- Can provide each child with a smear of toothpaste on the edge of a paper cup or piece of wax paper so that the toothpaste tube doesn't touch the toothbrushes. Alternatively, each child could have their own tube of toothpaste labeled with their name.
- Wash hands with soap and water before and after brushing each child's teeth. Staff should wear a new pair of gloves for brushing each child's teeth. Only one pair is needed if circle/table brushing is done.
- Replace each child's toothbrush every 3-4 months or after an illness



COVID-19 Precautions to Consider:

If you are continuing toothbrushing please consider the following:

- Staff should wear gloves while monitoring children during toothbrushing
- Having less children brush at a time
- Ensure children and staff wash hands after toothbrushing
- Utilize sanitation procedures found on the DOH websites for schools or child care:

If toothbrushing occurs at a circle time, consider further distance between children.

When to consider temporary suspension of toothbrushing in the classroom:

- If any of the above is not able to be in place for any reason.

When warranted by family and/or staff concerns.

If you choose to temporarily suspend toothbrushing for children, you will not be found out of compliance in meeting this requirement. DCYF understands that stopping this activity will help to decrease the spread of germs.

Communicate any changes in the regular routine to families as soon as possible, sharing what the change is and how you are accommodating it.

Appendix C: CCHC Training Powerpoint

Child Care Health Consultant Training

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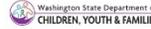


Welcome!

This training serves to provide high level guidance and resources, aligned with the 16 nationally recognized CCHC competencies

- Consultation Skills
- Quality Health, Safety, & Wellness Practices
- Policy Development & Implementation
- Health Education
- Resource & Referral
- Illness & Infectious Disease
- Children with Special Health Care Needs
- Medication Administration
- Safety and Injury Prevention
- Emergency Preparedness, Response, and Recovery
- Infant and Child Social and Emotional Wellbeing
- Child Abuse and Neglect
- Nutrition and Physical Activity
- Oral Health
- Environmental Health
- Staff Health & Wellness

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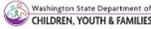
Consultation Skills

Job Description:
According to the American Academy of Pediatrics and the American Public Health Association in their publication *Caring for our Children*, the following are typical tasks performed as part of the CCHC role:

- Train childcare providers and parents in health, safety, and nutrition
- Assess and guide child care providers and parents about nutrition, health, and safety
- Provide resources and referrals for health services for providers, children, and parents
- Assist child care providers and parents in the management of care of children with special health care needs while in the child care setting
- Serve as a technical assistance resource, not a licensing inspector

Washington State requires that a CCHC be a registered nurse with recognized training and experience in the care of infants. Programs licensed for care must receive at least one monthly site visit when infants are present.

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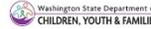


Additional Resources:

Description of role:
<https://nrckids.org/CFOC/Database/1.6.0.1>

Building relationships and consultation skills:
<https://eclkc.ohs.acf.hhs.gov/health-services-management/article/child-care-health-consultation-skill-building-modules>

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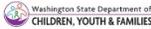
Quality Health, Safety, and Wellness Practices

Evidence-based instruments should be used to assess and improve the quality of health, safety, and wellness practices in ECE programs

The CCHC and ECE staff can use their mutual areas of expertise in developmentally appropriate health, safety, and wellness practices to identify and implement strategies to improve the quality of programs

Refer to <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/child-care-health-consultants.pdf> for additional resources

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Policy Development and Implementation

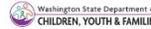
The CCHC may work with ECE programs to develop and review child care health policies. The CCHC helps programs develop policies that describe what they will do to promote health, safety, and wellness

The CCHC may also work with ECE programs to develop procedures that outline the specific steps required to implement child care health policies

The CCHC and ECE staff use their mutual areas of expertise in developmentally appropriate health, safety, and wellness practices to identify and implement strategies to improve the quality of programs.

Additional Resource:
<https://www.dcyf.wa.gov/practice/policy-laws-rules>

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Health Education

The CCHC identifies, designs, and implements health education. They also work with ECE programs to build staff and family health literacy.

Could focus on health education in areas such as:

- Safe Sleep
- Developmental Screening
- Oral Health



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Resource and Referral

From <https://healthychildcare.unc.edu/cchc-competencies-health-and-safety-topics/resource-and-referral/>

The CCHC connects programs with community resources and expertise to enhance health, safety, and wellness services.

A CCHC also:

- Helps programs access appropriate resources to meet program and family needs
- Facilitates communication between programs and qualified specialists in fields such as mental health, early childhood education, disabilities, and nutrition
- Helps programs maintain current records of contacts, agencies, and organizations in the community, state, or tribe that can support the health and wellness needs of the program and families served

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Resource and Referral

The CCHC plays a role in connecting families with community services, assistance programs, and resources to address their health, safety, and wellness needs.

A CCHC also:

- Identifies community service providers that can help families access health and social services
- Helps programs develop and maintain a current list of health care providers able to serve families
- Helps programs identify a staff member, consultant, or community resource to communicate with families whose preferred language is not English.

Additional Resource: <https://eclkc.ohs.acf.hhs.gov/publication/partner-cchc-improve-health-safety-tips-early-care-education-program>



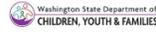
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Illness and Infectious Disease

Vaccines:

As of August 1, 2020 WAC requires medically verified proof of immunization status for child care entry

CCHC's are not responsible for assisting in the monitoring of vaccinations unless it is a negotiated task. Many CCHC's do offer to assist a center with their immunization support. An RN may access the Washington State Immunization Information System (WAIS) and can offer this access to a center as an added service. Some centers will be very excited to have this help and support for their whole center, but others will not need it.



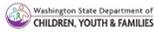
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Illness and Infectious Disease

Preventing the spread of illness:

Handwashing: encourage hand washing policies which include everyone washing hands when they arrive at the child care site, after sneezing/coughing, after wiping noses, after handling pets, and after diapering/toileting. All should wash hands before food preparation and meals.

Diapering/Toileting: Remind staff not to wash or rinse soiled diapers or clothing as it could increase the chance of germs spreading. All soiled clothing should be put in a plastic bag and sent home with the child.



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Illness and Infectious Disease

Guidelines for a diaper changing area:

- Use the area only for diapering
- Set up the area as far away as possible from any food handling areas
- Provide running water so hands can be washed immediately after a diaper is changed. Ideally, within an arm's reach of a sink
- Construct a flat surface for diapering high enough so that it doesn't place stress on caregivers' backs
- Surface should be clean, waterproof, and free of cracks
- Cover the surface with a disposable cover
- Keep all creams, lotions, and cleaning items out of reach of children but within the caregiver's reach
- Add a guard rail at least 3 inches high
- Do not allow family members to change diapers anywhere but the diapering area
- Ensure both staff and infants hands are washed after a diaper change

Additional Resource:
<https://www.doh.wa.gov/Portals/1/Documents/8330/130-082-DiaperCChm-en-L.pdf>



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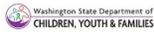
Illness and Infectious Disease

Cleaning toys:

- Toys should be cleaned and sanitized frequently.
- They can be placed in the dishwasher or washed with soap and water, rinsed, and sanitized with a bleach solution.
- After air drying, they can be returned to the play area.

Preparing, handling, and storing bottles/food:

- All child care providers should obtain a Washington State Food Worker Card
- Bottles of prepared formula or breast milk must be dated and labeled with the child's name and will not be used after 12 hours.
- Frozen breast milk can be stored at the child care site with the approval of the director.
- Many centers may have their own guidelines regarding breast milk. It's advised to inquire about the center's regulations in addition to state law.



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Additional Resources

General Health & Safety Resources:

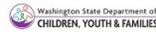
<https://www.healthchildren.org/english/health-issues/conditions/prevention/Pages/Prevention-in-Child-Care-or-School.aspx>
<https://www.healthchildren.org/english/safety-prevention/immunizations/Pages/default.aspx>

Immunization Resources:

<https://www.doh.wa.gov/YouandYourFamily/immunization/SchoolandChildcare/RuleChanges>
<https://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/HealthSafetyandDevelopment>

Furlough of Sick Children:

<https://kingcounty.gov/-/media/depts/health/child-teen-health/child-care-health/documents/posters/keep-me-home-if-I-need-it-3-11-2016.pdf>
<https://www.snohishd.org/DocumentCenter/View/502/Keep-Me-Home-If-Poster-PDF>
https://www.co.washington.or.us/HHS/EnvironmentalHealth/CHM_Care_Sanitation/upload/KeepMeHomeIf-Eng12122016.pdf



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Children with Special Health Care Needs

The CCHC may play several roles to assist programs to serve infants with special needs:

- Identify infants with special needs. You may be called up on to work with the provider and family to identify needs, assist with language to use with family, and refer for assessment and follow up
- Assist families and providers to identify appropriate care of an infant with special needs
- Work with families and providers to care for infants with special needs in child care including developing a care plan to ensure the child's needs are met



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Children with Special Health Care Needs

Legal issues

Nurses can provide health teaching and information but it is not within the scope of practice to delegate tasks (medication administration, feeding tubes, insulin injections, nebulizer treatments, etc.) to child care providers.

Nurses cannot teach procedures to child care providers, but parents may if they choose to. If a CCHC is asked, they can, with a parent present, assist in understanding the role that child care providers play in keeping the child safe in care.

If a nurse has a concern with how a procedure is being carried out, they should discuss this with the provider and the parent. They can work together to solve a center specific problem. (i.e. location, temperature, environment, staff comfort, etc.)

With parent present, they can, if asked, assist in understanding the role that child care providers play in keeping the child safe in care



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Children with Special Health Care Needs

ADA and Child Care

The ADA prohibits discrimination towards persons with disabilities in employment, public services, public accommodations, and transportation. Licensed child care programs, whether family child care providers or centers, are considered public accommodations under the law. Providers must make reasonable accommodations to meet the special needs of an infant with a disability. The ADA prohibits child care providers from charging a higher fee to care for an infant with special needs, however, Working Connections Child Care Subsidy program through Washington DSHS pays a 30% higher than normal rate for caring for children with special needs.

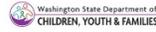


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Children with Special Health Care Needs

Early Intervention Services in Washington State

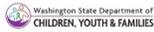
- DCYF and the Washington State Early Support for Infants & Toddlers (ESIT) direct the coordination of the statewide system of early intervention services.
- Families of eligible children will work with a variety of service providers to develop an Individualized Family Service Plan (IFSP) for children under age 3.
- Children over 3 years old who need specialized services will receive them through the development of an Individual Education Plan (IEP) with their local school district.



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Children with Special Health Care Needs

- These services can be offered in a clinic, the home, or the child care or school setting.
- If you feel like an infant could benefit from services and they are not currently being offered, you can talk about it with the provider.
- You would not be offering a diagnosis, which would be inappropriate, but rather an experienced set of eyes and professional guidance.



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Additional Resources

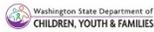
https://nrckids.org/CFOC/Special_Needs
<https://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/ChildrenwithSpecialHealthCareNeeds>



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Growth & Development

- The health consultant should be aware of normal growth and development and the early signs that may indicate a child's need for further assessment.
- Should be knowledgeable about early intervention systems in the state and community in order to make or assist in referrals
- May be asked for opinions regarding development. Parent/guardian permission must be obtained before a specific child's development can be assessed officially by a CCHC.
- Should have knowledge of typical child development and be aware of resources to assist in sharing this information with child care providers, as appropriate.
- Should be looking for certain markers that children are growing and developing normally.



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Additional Resources

<https://www.zerotothree.org/early-development>
<https://www.zerotothree.org/resources/1831-the-growing-brain-from-birth-to-5-years-old-a-training-curriculum-for-early-childhood-professionals>



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Medication Administration

The child care program's health policy must include:

- How the center will handle medication administration
- Safe medication storage
- Whether the child care chooses to give children medication to children in care. (However, the licensee and program staff must make reasonable accommodations and give medication if a child has a condition where the Americans with Disabilities Act (ADA) would apply.)

If they choose to give medication to children in care, their policy must include:

- How the giving of medications will be documented (medication log)
- Permission to give medications signed by the child's parent or guardian, and by a licensed medical professional when appropriate
- Staff must be trained and authorized by completing medication management training prior to giving medication to children



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Additional Resources

<https://apps.leg.wa.gov/WAC/default.aspx?cite=110-305-3315>
https://childcareta.acf.hhs.gov/sites/default/files/public/brief_2_administering_medication_final.pdf
<https://dcyftraining.com/courses/common/resources/DEL-Medication-Info-Sheet.pdf>



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Safety and Injury Prevention

Outdoor space:

Should include a variety of surfaces, textures, colors, places to be, pathways, barriers, and structures. You may be asked to review the safety. It should be free of sharp edges, protrusions, and broken equipment. Shade should be provided to provide protection from the sun. Surfaces should be well maintained. An added certification that a CCHC might be interested in would be the Certified Playground Safety Inspector. This is not a requirement but could be another service to offer: <https://www.nrpa.org/certification/CPSI/>)



Photo by [iStockphoto](https://www.flickr.com/photos/1234567890/)
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Safety and Injury Prevention

Car Seats:

Child care providers are in an excellent position to encourage parents to think about the use of car seats to keep their infants safe. By having community resources available, they can have a direct impact on the safety of the children in their care. If the provider wants to discuss proper use of a car seat with a family, suggest:

- Have a list of community programs that offer low cost car seats or free loaners
- Providers could share information in flyers, newsletters, or parent meetings with speakers from the community to talk about car seat safety
- Providers can consult with a certified child passenger safety technician about proper use of child safety seats.
- A CCHC could also become certified as a National Child Passenger Safety Inspector: <https://cert.safekids.org/>

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Safety and Injury Prevention

Poisoning:

Many exposures can be prevented by keeping toxic materials inaccessible to children by using them in a way that doesn't contaminate play surfaces or food, or by eliminating them from the child care environment.

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CHILDREN, YOUTH & FAMILIES

Safety and Injury Prevention

SIDS Prevention and Safe Sleep:

- SIDS is the sudden and unexplained death of an infant under one year of age. It's the main cause of death in infants from one month to one year of age.

Infants should be:

- Placed on their back for sleep on a firm mattress
- The crib should be as bare as possible--no pillows, toys, loose blankets, or stuffed animals.

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Additional Resources

Safe Sleep:

<https://safetosleep.nichd.nih.gov/>
<https://www.dcyf.wa.gov/safety/safe-sleep>

Toy Safety:

<https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/prevention/toy-safety/>
<https://www.cpsc.gov/safety-education/safety-guides/kids-and-babies/safe-nursery>

Safe Outdoor Environment:

<https://playgroundsafety.org/topics/topic/developmentally-appropriate-outdoor-learning-environments>

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Emergency Preparedness, Response, and Recovery

You may be called upon to help child care programs develop or critique plans for emergency situations. Familiarize yourself with planning and documentation requirements of child care licensing and state and local fire codes.

According to FEMA, the most prevalent disaster risks in Washington are earthquakes, floods, landslides, wildfires, and winter storms. Some areas of the state are also at risk of tsunamis.

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Emergency Preparedness, Response, and Recovery

Earthquake Preparedness:

Identify hazards that could contribute to risks. Advise providers to go through each room in the facility to complete a hazard assessment.

Wildfire Smoke:

If air quality is considered 'unhealthy for sensitive groups' or worse, children should not play outdoors

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Additional Resources

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/334-332.pdf>
https://www.pehsu.net/Library/facts/PEHSU_Protecting_Children_from_Wildfire_Smoke_and_Ash_FACT_SHEET.pdf
<https://info.childcareaware.org/blog/child-care-prepare-infant-toddler-emergency-evacuation>
<https://www.seattle.gov/emergency-management/prepare/childcare-provider#childcarepreparednesscurriculum>
https://www.dcyf.wa.gov/sites/default/files/pdf/el-license/Final_Child_Care_in_Emergencies_Plan_2019.pdf

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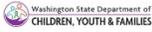
Infant and Child Social and Emotional Wellbeing

From <https://healthychildcare.unc.edu/cchc-competencies-health-and-safety-topics/infant-and-child-social-and-emotional-wellbeing/>.

CCHCs assist programs to support children's executive functioning, self-regulation, and developmentally appropriate relationships with other children and adults.

A CCHC also:

- Reviews written discipline policies and observes procedures to ensure they align with positive guidance principles
- Identifies factors that enhance children's social and emotional well-being
- Matches programs with community resources, including mental health consultation



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Infant and Child Social and Emotional Wellbeing

The CCHC connects programs to resources and strategies to assess and appropriately address social and emotional and behavioral concerns.

A CCHC also:

- Helps identify possible underlying health problems that contribute to social and emotional and behavioral issues and assists with appropriate referrals
- Works with staff to develop a method for observing and documenting information about social and emotional and behavioral concerns
- Supports staff in finding compassionate ways to share information about social and emotional and behavioral concerns with families
- Helps programs access mental health consultation to prevent suspension and expulsion of children with challenging behaviors
- Connects programs with mental health consultants who can address the effect of adverse childhood experiences (ACEs) on children's wellbeing and who can provide guidance on trauma-informed practices



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Additional Resources

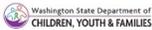
<https://healthychildcare.unc.edu/cchc-competencies-health-and-safety-topics/infant-and-child-social-and-emotional-wellbeing/>

<https://www.zerotothree.org>

<https://www.zerotothree.org/espanol/social-and-emotional-health>

<https://eclkc.ohs.acf.hhs.gov/mental-health/article/promoting-childrens-social-emotional-well-being>

<https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/development/infant-emotional-health/>



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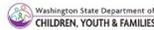
Child Abuse and Neglect

Washington State Child Abuse Mandatory Reporting Law

- Child care providers are required by law to report cases of known or suspected child abuse

The law states that:

- Child care providers are required to report suspected or known abuse. It's not their role to have proof or to investigate themselves
- If providers have a suspicion, and they report in good faith, they are immune from criminal liability if their suspicion is proven incorrect
- Child care providers are liable for a penalty if they fail to report. Not reporting child abuse is a gross misdemeanor under the law



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Child Abuse and Neglect

Cases of suspected or known child abuse should be reported to Child Protective Services.

If you suspect a child is being abused at home, consult with the director about how a report to CPS will be handled. If you suspect a child is being abused at the child care facility, discuss your concerns with the director and then make a report to CPS.

Signs of child abuse and neglect in infants: chronic, severe diaper rash, repeated episodes of infants arriving in soiled diapers or clothing, dental injuries, and chronic failure by the family to provide adequate bottles and/or medication to meet the needs of the child



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Child Abuse and Neglect

You can help prevent through education about:

- How to identify what infants need when they cry
- Appropriate caregiver responses to crying
- Appropriate ways for caregivers to handle the stress of caring for fussy infants
- Supporting the infants head
- The dangers of hard shaking and motions that cause the infant's head to whip back and forth



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Child Abuse and Neglect

The CFQC standards list recommendations that are especially important in stressful infant/toddler settings:

- Providers should be able to take breaks and find relief during stressful times. Washington State employment law requires that hourly employees receive a 10 minute break for every 4 hours worked and a 30 minute lunch break for every 5 hours worked.
- The physical layout should allow all areas to be visible by at least one other adult at all times, including isolated areas for infant/toddler dressing, diaper changing, and toileting.



Photo by Sabine Pflanz on Unsplash



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Additional Resources

<https://www.dcyf.wa.gov/safety/what-is-abuse>

<https://www.dcyf.wa.gov/safety/mandated-reporter>



Photo by Victor Bonzo on Unsplash

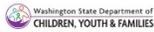


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Oral Health

CCHCs could guide and help structure a toothbrushing program

- Label toothbrushes with child's name
- Clean toothbrushes and allow to dry in between use
- Hand or store brushes separately so that cross contamination does not occur
- Children should be assisted with brushing
- Clean toothbrush holders often, but avoid exposing brushes to soap or cleaning chemicals
- Replace brushes every 3-4 months or after a child's illness to prevent reinfection



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Additional Resources:

<https://eclkc.ohs.acf.hhs.gov/publication/checklist-child-care-staff-best-practices-good-oral-health>

<https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

<https://www.mouthhealthy.org/en/babies-and-kids>

<https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Brushing-Up-on-Oral-Health-Never-Too-Early-to-Start.aspx>

<https://cavityfreekids.org/>

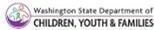


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Environmental Health

As a CCHC, you may be looked to as a resource regarding environmental health.

- Young children often have higher exposure to environmental chemicals in the home because of their higher breathing rate and natural activity of mouthing or sucking on household objects and surfaces.
- There are critical periods during early childhood development when small exposures to toxic chemicals can have permanent negative effects.
- Without efforts to protect children during early life, lifelong health can be negatively impacted.



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Environmental Health

- A CCHC can also provide center staff and families understand best practices for young children in times of heavy wildfire smoke
- See Emergency Preparedness section for additional resources
- Smoke or extreme temperatures could be topics that a CCHC can assist in creating policies or processes that can be practically followed.



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Additional Resources

https://nrckids.org/CFOC/Environmental_Health

<https://www.doh.wa.gov/communityandenvironment/schools/environmentalhealth>

<https://www.epa.gov/childcare/environmental-health-topics-child-care-providers>

<https://www.doh.wa.gov/dataandstatisticalreports/environmentalhealth/chemicalsandchildren>



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Staff Health and Wellness

Many infectious diseases affect child care staff as well as children in the child care environment. Some are more serious when contracted by adults, and others may have severe consequences for pregnant or immunocompromised staff members.

Cytomegalovirus (CMV) is of particular concern because it's a very common viral infection in infants. Exposure to CMV during pregnancy can affect the fetus, so it's recommended that pregnant staff should speak with their healthcare provider about potential risk and screening.

Recommended Immunizations for childcare workers: diphtheria, tetanus, measles, mumps, and rubella, flu, hep a, varicella if they haven't had chicken pox, and pneumonia. MMR is required by law, and many sites require Hepatitis B. Many sites may also require the COVID immunizations.



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Staff Health and Wellness

Mental Health:

- Infant and toddler settings can be stressful work environments
- Providers should be able to take breaks and find relief during stressful times
 - See Child Abuse and Neglect Section for more information regarding breaks
- CCHCs can help provide ideas for caregivers to manage stress in the child care setting



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Staff Health and Wellness

Injury risks:

Biting:

- Biting may be the result of many things
- Normal development
- Teething
- Frustration
- Anger
- Stress
- Lack of communication or coping skills
- Lack of socialization skills

CCHC can train caregivers on bite first aid



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Staff Health and Wellness



Ergonomics:
Use proper lifting techniques when lifting children off the floor, and to/from cribs, highchairs, changing tables, etc.

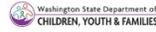


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Staff Health and Wellness

Exposure to toxic materials:

- Staff have frequent exposures to cleaning supplies and latex gloves that may cause irritation.
- Check composition of cleaning supplies and use only nontoxic materials. Irritation may be decreased if staff maintain good ventilation and use gloves while working with irritating substances.
- Staff can protect irritated skin with gloves--if a staff member has an allergy to latex, advise them to wear non-latex gloves



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Additional Resources

<https://eclkc.ohs.acf.hhs.gov/mental-health/article/promoting-staff-well-being>
https://cchp.ucsf.edu/sites/g/files/tksra181/f/SanitizeSafely_En0909.pdf
<http://www.snohd.org/261/Safety-Sanitation>



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Thank you!

Compiled by Lane Harmon, MPH Candidate, Bastyr University under the direction of Jennifer Helseth



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Appendix D: Triangulation of Results

National competencies for CCHC training	Topics addressed in existing training	Training needs/desired identified in CCHC survey	Websites informing new training
Consultation Skills	The Consultant Role		https://eclkc.ohs.acf.hhs.gov/health-services-management/article/child-care-health-consultation-skill-building-modules https://nrckids.org/CFOC/Database/1.6.0.1
	Using NCASTs Keys to Caregiving TM		N/A
Safety and Injury Prevention		<ul style="list-style-type: none"> • Safety /safe environments • Safe sleep 	https://www.nrpa.org/certification/CPSI/ https://cert.safekids.org/ https://playgroundsafety.org/topics/topic/developmentally-appropriate-outdoor-learning-environments https://safetosleep.nichd.nih.gov/ https://www.dcyf.wa.gov/safety/safe-sleep https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/prevention/toy-safety/ https://www.cpsc.gov/safety-education/safety-guides/kids-and-babies/safe-nursery

Nutrition and physical activity	Growth and Development	Development/ Developmental Milestones/Behavior	https://www.zerotothree.org/early-development https://www.zerotothree.org/resources/1831-the-growing-brain-from-birth-to-5-years-old-a-training-curriculum-for-early-childhood-professionals

<ul style="list-style-type: none"> • Quality Health, Safety, & Wellness Practices • Infant and Child Social and Emotional Wellbeing • Environmental Health 	Providing a Safe and Nurturing environment	<ul style="list-style-type: none"> • Child/infant health, wellness, and wellbeing • Cue-based caregiving/responsive caregiving • Social & emotional wellbeing 	https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/child-care-health-consultants.pdf https://healthychildcare.unc.edu/cchc-competencies-health-and-safety-topics/infant-and-child-social-and-emotional-wellbeing/ https://healthychildcare.unc.edu/cchc-competencies-health-and-safety-topics/infant-and-child-social-and-emotional-wellbeing/ https://www.zerotothree.org/espanol/social-and-emotional-health https://eclkc.ohs.acf.hhs.gov/mental-health/article/promoting-childrens-social-emotional-well-being https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/development/infant-emotional-health/ https://nrckids.org/CFOC/Environmental_Health https://www.doh.wa.gov/communityandenvironment/schools/environmentalhealth https://www.epa.gov/childcare/environmental-health-topics-child-care-providers https://www.doh.wa.gov/dataandstatisticalreports/environmentalhealth/chemicalsandchildren
Nutrition and Physical Activity	Infant and Toddler Nutrition	Feeding Safety & Nutrition	https://nrckids.org/CFOC/Database/3.1.3.1 https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Age-Specific-Content/Pages/Infant-Food-and-Feeding.aspx https://www.cdc.gov/nutrition/infantandtoddlernutrition/index.html

			<p>https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Starting-Solid-Foods.aspx</p> <p>https://www.nal.usda.gov/fnic/toddler-nutrition</p> <p>https://www.kingcounty.gov/depts/health/child-teen-health/child-care-health/~/media/depts/health/child-teen-health/child-care-health/documents/playing-outside-in-NW-weather.ashx</p> <p>https://nrckids.org/cfoc/database/3.1.3.1#:~:text=The%20total%20time%20allotted%20for,age%20group%20and%20weather%20conditions.&text=Outdoor%20play-.a.,duration%20of%20infants'%20outdoor%20play.</p>
Children with Special Health Care Needs	Child Care for Infants and Toddlers with Special Needs	Special Health Care Needs	<p>https://nrckids.org/CFOC/Special_Needs</p> <p>https://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/ChildrenwithSpecialHealthCareNeeds</p>
Oral Health	Infant and Toddler Oral Health		<p>https://eclkc.ohs.acf.hhs.gov/publication/checklist-child-care-staff-best-practices-good-oral-health</p> <p>https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html</p> <p>https://www.mouthhealthy.org/en/babies-and-kids</p> <p>https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Brushing-Up-on-Oral-Health-Never-Too-Early-to-Start.aspx</p> <p>https://cavityfreekids.org/</p>

Illness and Infectious Disease	Preventing and Managing Illness in Infants and Toddlers	<ul style="list-style-type: none"> • Communicable Diseases Prevention/ Common Childhood Illnesses • Immunizations • Hygiene/Diapering Procedures/ Hand washing 	<p>https://www.doh.wa.gov/Portals/1/Documents/8330/130-082-DiaperCCsm-en-L.pdf</p> <p>https://kingcounty.gov/~media/depts/health/child-teen-health/child-care-health/documents/posters/keep-me-home-if-EN.ashx?la=en</p> <p>https://www.snohd.org/DocumentCenter/View/402/Keep-Me-Home-If-Poster-PDF</p> <p>https://www.co.washington.or.us/HHS/EnvironmentalHealth/Child_Care_Sanitation/upload/KeepMeHomelf-Eng12122016.pdf</p> <p>https://www.doh.wa.gov/YouandYourFamily/Immunization/SchoolandChildCare/RuleChanges</p> <p>https://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/HealthSafetyandDevelopment</p> <p>https://www.healthychildren.org/English/health-issues/conditions/prevention/Pages/Prevention-In-Child-Care-or-School.aspx</p> <p>https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/default.aspx</p>
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Emergency Preparedness, Response, and Recovery	Helping Providers Prepare for and Handle Emergencies		https://www.doh.wa.gov/Portals/1/Documents/Pubs/334-332.pdf https://www.pehsu.net/Library/facts/PEHSU_Protecting_Children_from_Wildfire_Smoke_and_Ash_FACT_SHEET.pdf https://info.childcareaware.org/blog/child-care-prepare-infant-toddler-emergency-evacuation https://www.seattle.gov/emergency-management/prepare/childcare-provider#childcarepreparednesscurriculum https://www.dcyf.wa.gov/sites/default/files/pdf/el-license/Final_Child_Care_in_Emergencies_Plan_2019.pdf
Child Abuse and Neglect	Child Abuse and Neglect		https://www.dcyf.wa.gov/safety/what-is-abuse https://www.dcyf.wa.gov/safety/mandated-reporter
Staff Health and Wellness	Staff Health	Staff Health/Caregiver self care/Stress	https://eclkc.ohs.acf.hhs.gov/mental-health/article/promoting-staff-well-being https://cchp.ucsf.edu/sites/g/files/tkssra181/f/SanitizeSafely_En0909.pdf http://www.snohd.org/261/Safety-Sanitation
Policy Development and Implementation			https://www.dcyf.wa.gov/practice/policy-laws-rules
Health Education			

Resource and Referral		Community Resources	https://healthychildcare.unc.edu/cchc-competencies-health-and-safety-topics/resource-and-referral/ https://eclkc.ohs.acf.hhs.gov/publication/partner-cchc-improve-health-safety-tips-early-care-education-program
Medication Administration		Medication Administration	https://apps.leg.wa.gov/WAC/default.aspx?cite=110-305-3315 https://childcareta.acf.hhs.gov/sites/default/files/public/brief_2_administering_medication_final.pdf https://dcyftraining.com/courses/common/resources/DEL-Medication-Info-Sheet.pdf
		WAC Adherence/DC YF Policies	N/A

BASTYR UNIVERSITY

OFFICE OF RESEARCH INTEGRITY

David Hammond, MS
Director

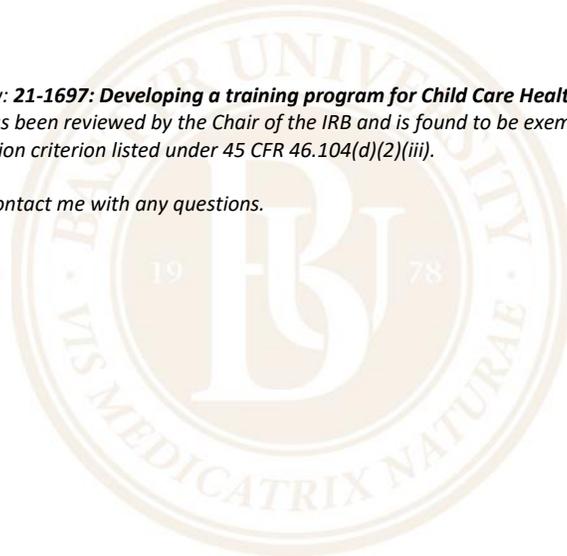
Date: June 22, 2021
To: Lane Harmon
From: David Hammond, MS
Re: 21-1697: Developing a training program for Child Care Health Consultants in Washington State

Dear Lane Harmon

Your proposed study: **21-1697: Developing a training program for Child Care Health Consultants in Washington State** as been reviewed by the Chair of the IRB and is found to be exempt from IRB review as it meets the exemption criterion listed under 45 CFR 46.104(d)(2)(iii).

Please feel free to contact me with any questions.

David Hammond



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