

# Telling the Healthy Child Care America Story

Making a Positive Difference in the Health of Children in Child Care

Summer 2004



The Healthy Child Care America (HCCA) campaign is making a positive difference in the health and safety of children in child care programs across the nation. Improving state child care regulations in such areas as risk reduction of SIDS, playground safety, assessment of children with health problems by child care health consultants, and linking families to medical homes are 4 of the many outcomes that have affected children in child care across the country. Federal funding of the HCCA campaign from the Maternal and Child Health Bureau and Child Care Bureau will conclude in 2005. We encourage state policy leaders, child care administrators, health administrators, and others to take the lead in finding ways to sustain and support the growth of the HCCA goals of: 1) adopting stronger state child care regulations based on national standards; 2) building stronger child care health consultant networks; and 3) increasing access to health insurance for all children. Read more about the improvements that have been made and the work that still needs to be done in order to have healthier children throughout America, in safe child care programs, prepared to enter school ready to learn.

## HCCA Strengthens State Licensing Regulations to Improve the Quality of Child Care

In August 2000, Healthy Child Care Indiana Project Coordinator Pat Cole produced a state-of-child-care report comparing Indiana's existing rules for child care with *Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Using *Stepping Stones* (see sidebar on p 7 for more information), Ms Cole determined the degree to which the national standards were included in the state's rules. The analysis provided information that helped the state address specific health and safety concerns related to licensing regulations.

The release of the report occurred at the same time a serious incident in a child care program made the news, which focused public attention on child care health and safety issues in Indiana.

"As a result," Ms Cole says, "I was invited to serve on the rules revisions committee when new child care regulations were drafted, to increase the number of

national health and safety standards included in state regulations."

Because of Healthy Child Care Indiana's participation, important improvements to state requirements were made, including more stringent record-keeping require-



ments, medication administration regulations, evacuation procedures, sleep positioning, and firearm policies.

With the passing of these regulations in 2003, 95% (up from less than 70% in 2000) of Indiana child care centers meet the national standards that were incorporated into the state regulations.

Ms Cole continues to promote the Healthy Child Care Indiana goal to improve the quality of child care in the state by providing copies of *Stepping Stones* "to all state legislators who have any involvement with promoting legislation for changes in child care," she says. "I also give it to the regulators who are meeting with center directors so they can explain the rationale behind the new regulations."

### New Jersey

At the start of the Healthy Child Care America (HCCA) program (see page 4 for a history of HCCA), Elaine Donoghue, MD, a New Jersey pediatrician, let it be known to Healthy Child Care staff in the state that doctors were being presented with numerous (and often complex) forms required for children's enrollment in child care or school.

In response, Judy Hall, project director of Healthy Child Care New Jersey, enlisted the help of Dr Donoghue and the state's  
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Across the country, HCCA is improving the quality of child care by building strong partnerships between child care and health systems. What started as a vision between federal health and child care agencies has become a reality as state HCCA programs forge strong health and safety standards, build statewide networks of child care health consultants, and provide access to medical homes. As federal support for this program comes to an end, state HCCA programs are reaching out to find partners to sustain the HCCA mission.

Phyllis Stubbs-Wynn, MD, MPH  
Chief, Infant and Child Health Branch, Maternal and Child Health Bureau



## Building Statewide Networks of Child Care Health Consultants

Lerene Caldwell, director of the EG Douglas Tubman Youth Ministries child care center in Chicago, was concerned. A young boy with diabetes would soon be in her care, and she had a number of questions on how to respond to his special health care needs. Did the child need special food? Did the center have to keep the boy away from sweets? How would the staff know if he was having a reaction to his medication?

Fortunately, Kathleen Cleary, a child care health consultant for the state of Illinois, had scheduled a visit to the center and was able to address Ms Caldwell's questions. As a health consultant, or nurse consultant, Ms Cleary advises child care providers on the health and safety of children. In this case, Ms Cleary reviewed the child's record, met with the child's mother, and trained the center's staff on the day-to-day care of a child with diabetes. All staff were alerted to the child's dietary needs and told about warning signs of problems.

The boy's mother was comforted to know that the center understood her child's special needs. During the 6 months that the child attended the center, he did not miss a single day and his diabetes was under control. Under the watchful eye of a well-informed staff, the child was able to join in all the center's activities.

Ms Cleary's work, and the work of child care health consultants across the country, is supported by the Healthy Child Care America (HCCA) program, a partnership between the federal Maternal and Child Health Bureau (MCHB) and the Child Care Bureau (CCB). One of the goals of the program is for each state to establish a network of child care health consultants, whose primary purpose is to build strong connections between health care professionals, child care providers, and families to support healthy and safe child care environments.

Consultants can provide a number of services, including staff-provider training; parent and child health education; assessment of health policies and

practices; assistance in developing health and safety policies and procedures; telephone and on-site consultation to providers, staff, and parents; and overall promotion of quality child care in the community.

To help train health professionals to become child care health consultants, the MCHB created the National Training Institute for Child Care Health Consult-



*"The National Training Institute for Child Care Health Consultants insists that trainers who participate in our workshops be recommended by HCCA grantees. This provides us with a reliable recommendation and assures us that our graduates will become part of a network coordinated by the HCCA grantee."*

*- Jonathan Kotch, MD, MPH, FAAP  
Director, National Training Institute  
for child care health consultants*

ants, or NTI, at the University of North Carolina at Chapel Hill. NTI has developed and implemented a state-of-the-art national train-the-trainers approach that includes both face-to-face and self-study components. As of August 2003, NTI has completed 22 training sessions

with 287 graduates, who have then gone back to their home states to train additional health consultants.

The HCCA grant offered states \$50,000 a year from 1996-2000, then \$100,000 annually for 3 years beginning in 2000; and has been used to facilitate coordination among the relevant child care and health and safety players in the state. In addition, the HCCA grant has been used in some states to leverage additional support and establish a state-wide infrastructure of child care health consultants. For instance, Illinois uses Child Care and Development Fund Quality Set-aside dollars and the state Maternal and Child Health Title V Block Grant to pay for the 25 active child care health consultants serving in the state's 22 service delivery areas.

Some states must rely on more creative funding to put in place and maintain a network of child care health consultants. California and Kentucky, for example, use money from tobacco taxes and settlements for this purpose.

### California

In California, Healthy Child Care money was used to establish the California Training Institute for Child Care Health Consultants, based on the NTI model but modified to address the demographics and health care needs of the state. These health consultants are then funded in 20 of the state's 58 counties with money raised from a tobacco tax and distributed through First 5 of California. Also known as the California Children and Families Commission, this group's goal is to improve the health and early education of children ages zero to five. First 5 money is also used to train child care providers how to become child care health advocates, so they are better qualified to perform health and safety checks themselves.

Additional Healthy Child Care funds, together with First 5 and Child Care and Development Fund Quality Set-aside dollars administered by the California Department of Education, are used to develop a monthly newsletter and run a



Web site with resources on child care health and safety. A toll-free number staffed by a nurse was also created with these dollars, so child care providers and health consultants can call with questions or for specific resources.

The 20 counties involved in the program currently are compiling data on the impact of child care health consultants in their communities and plan to release the data in the spring. Kern County, home to 660,000 in California's Central Valley, has already released some of its data. Among the findings:

- Since December 2000, 6,492 consultation visits have been made to 211 child care providers; 2,623 children and 487 families have received services.
- 403 children received a health or developmental assessment for a particular concern; 267 children were linked to a health care provider.
- 260 children were assessed for a behavioral health concern; 68 children were linked to mental health services.
- 242 children were assessed for special needs; 152 children have been referred to special education for further evaluation and intervention.

### Kentucky

Kentucky, like California, receives money to fund its child care health consultant network through tobacco funds, but instead of receiving funding through taxation, the state receives it through a 20-year plan dispensing money from a settlement with tobacco companies. The state pays for 85 child care health consultants across the state, based on the number of children ages 0-8 in the area.

Wendy Compton and Shannon Dunn are child care health consultant trainers paid for through HCCA money. Ms Compton says the rural nature of the state and the vast areas that some consultants must cover requires her and Ms Dunn to provide technical assistance to the network, which is also

funded through Healthy Child Care.

"Sometimes we have 1 consultant covering 7 counties," Ms Dunn says. "This requires a high level of assistance and perspective from the state level." This assistance comes in the form of newsletters (to keep consultants updated on the program), regional meetings, and resources highlighting the latest health information.



"Healthy Child Care America was an opportunity for us to push out in certain areas that we had thought about or initiated but didn't have the resources to continue. It also gave us the leverage to work with various players because it's a federal grant. It has enabled us to do more than we could have done otherwise."

- Susan Aronson, MD, FAAP  
Director of Healthy Child Care  
Pennsylvania

### Pennsylvania

Pennsylvania's Early Childhood Education Linkage System (ECELS) has been a successful model supporting the work of child care health consultants since 1988. Healthy Child Care Pennsylvania

has given the state additional opportunities to succeed.

"Healthy Child Care America was an opportunity for us to push out in certain areas that we had thought about or initiated but didn't have the resources to continue," says Susan Aronson, MD, director of Healthy Child Care Pennsylvania. "It also gave us the leverage to work with various players because it's a federal grant. It has enabled us to do more than we could have done otherwise."

For example, Dr Aronson says that, until this year, Pennsylvania had no way to pay for child care health consultants, who comprised a loosely based network of 1,200 health professionals who said they would be willing to assist in their communities if called upon. Using HCCA funds, Dr Aronson and her associates surveyed child care centers and homes in the state and found that a surprising number – around 50% – were paying for health consultation.

This information, coupled with a Governor's Association survey on the low environmental ratings found in the state's child care system, led to the funding of child care health consultants in the state, beginning this year. Now the Pennsylvania Department of Public Welfare supports consultation for infant-toddler programs with Child Care and Development Fund Quality Set-aside dollars. State-supported community health nurses are now able to conduct limited child care health consultation – 2 services per state health department office, or 144 units of service per year.

### Minnesota

Minnesota also had a system of child care health consultants in place before HCCA came about. However, a large number of consultants were "informal," such as health professionals with children in a child care program but no formal consultation training, says Michelle Hahn, coordinator of Healthy Child Care Minnesota. Ms Hahn says her goal was to "standardize the support that's out there."

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## Healthy Child Care America and the Medical Home

The American Academy of Pediatrics (AAP) has been actively working for access to medical homes for all children. One of the busiest areas has been with Healthy Child Care America (HCCA) activities on access through the creation of the Early Education and Child Care Special Interest Group (EECCSIG), a "home" within the Academy for pediatric health care providers interested in early education and child care.

Hundreds of pediatricians have become more involved in early care and education. These include the nearly 200 members of the EECCSIG as well as the AAP chapter child care contacts, the pediatricians in each state with interest and expertise in collaborating on health and early childhood.

Since its inception, HCCA has made access to a medical home for all children a priority. Step 3 of the HCCA Blueprint for Action is to "assist families in accessing key public and private health and social service programs." While any walk-in clinic or screening program may be a stopgap measure for a child in crisis, helping a family access a true medical home has always been the ideal.

A medical home is not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. It is a stable relationship between the pediatric health care provider and the child from infancy to young adulthood. In the medical home, all aspects of health, development, and well-being are managed or facilitated in coordination with the family. Children cared for in this way have a higher degree of health and well-being, and the overall cost of their health care is less because it is preventative and comprehensive (with less need for specialty referrals or emergency room use).

There are many barriers to this ideal, but there are also many ways access can happen. Early care and education providers can have resources available to help a family access a medical home. The trusting relationship between a family and their child's caregiver makes

this a natural way for families to receive this information. Early care and education providers can get information on the need for a medical home and help in accessing one through their child care health consultant.

With this Academy support, pediatricians around the country have collaborated on successful projects linking health and child care, including facilitating access to medical homes for more children. For example, California has a pediatrician in each of the state's 58 counties involved in directing local initiatives to support early childhood health and development, including many activities associated with early care and edu-



cation. With funding from a state tax on tobacco, the University of California San Francisco Child Care Health Program's Child Care Health Linkages Project has trained, funded, and provided technical assistance to child care health consultants in local counties who work with pediatricians to ensure medical homes for children in child care settings.

In San Diego, pediatricians partnered with the County of San Diego Health and Human Services Agency's San Diego Kids Health Assurance Network to establish a pool of pediatricians to provide free care to eligible children who have no other health care resource. In addition, there are numerous ongoing educational drives in the state through grand rounds, dinner meetings, and newsletter articles, nurturing pediatricians in their outreach to early care and education programs. Nearly every state has had some activities like this.

Washington used HCCA dollars to

sponsor a meeting of western states to focus on the pediatrician's role in early care and education, which included discussions about the medical home. HCCA also facilitated the distribution of the publication *The Pediatrician's Role in Promoting Health and Safety in Child Care*, which includes information on ensuring medical homes, to every member of the AAP Washington Chapter.

Health consultants in Washington receive training and technical assistance on the subject of medical homes, which they then pass on to early care and education providers. Healthy Child Care Washington is also considering the development of a stand-alone training module on the medical home for health consultants.

In Florida, the University of Miami/Jackson Memorial Hospital Residency program has "adopted" 5 child care centers for its Child Health Consultant program. A health consultant team, comprised of at least one pediatric resident, one attending physician, and one pediatric psychologist, works with a center to provide health and safety information to parents and staff. In monthly meetings each team provides information on topics such as the medical home, child behavior, nutrition, common pediatric illnesses, and other topics chosen by parents and staff.

In Montana, pediatricians worked with resource and referral agencies to address access to medical homes through the Montana Children's Health Insurance Program and provided workshops for child care health consultants.

New Jersey has implemented a model program, Educating Physicians in the Community—Child Care, and expanded the education of pediatric residents by facilitating visits to early care and education programs with health consultants.

As HCCA transitions into an integrated part of early childhood systems, child care health consultants, pediatric health care providers, and early care and education providers can continue to facilitate access to medical homes for all children. Through HCCA, the AAP will continue to promote and facilitate the pediatric health care role. 🍎



## Building Statewide Networks of Child Care Health Consultants (continued)

(Continued from page 3)

Ms Hahn and another public health nurse took the NTI training, and, in November, held the first child care health consultant training in the state, training 13 attendees from Head Start and private agencies. Ms Hahn says that training is planned for spring.

Ms Hahn is looking further into standardizing the state's child care health consultant structure by working with Minnesota's Child Care Resource and Referral Agency (CCR&R) as that organization goes through a restructuring. The CCR&R has proposed dividing the state into 7 "pods"; Ms Hahn would like to assign a health consultant to each of these areas and create a support system to other health consultants in that area, with funding from the CCR&R or the state department of health.

### Washington

Like Minnesota, Washington had child care health consultants working in the state prior to the HCCA campaign. But, says Healthy Child Care Washington (HCCW) manager Lorrie Grevstad, any work in this area was "sporadic, voluntary, and paid with local dollars."

Ms Grevstad leveraged the resources offered through HCCA to build partnerships between health and child care and create a consistent health consultant network throughout the state. Using funds from the initial \$50,000 grant, she hired Jan Gross, a public health nurse with 20 years experience in health and child care, to serve as the state consultant to local health jurisdictions, providing technical assistance to those wanting to become health consultants.

Next, Ms Grevstad worked with Rachel Langen, state child care administrator, to use the Child Care and Development Fund Infant-Toddler Quality Set-aside dollars to support HCCW. They decided to use a portion of those funds to train a child care health consultant coordinator for all 45 of the state's local health jurisdictions.

### Nevada

Due to the poor economic climate, however, most states are unable to secure such funding. Nevada, for instance, does not receive any state funds for its child care health consultant network. Instead, says Healthy Child Care Nevada project coordinator Crystal Swank, "we opted for a model that asks for partnerships with other agencies that had people doing this kind of work."



Ms Grevstad leveraged the resources offered through HCCA to build partnerships between health and child care and create a consistent health consultant network throughout the state.

Healthy Child Care America funds paid for Ms Swank and 3 others in Nevada to complete the NTI training; they have since trained 9 additional consultants from a variety of state agencies, including county health departments, Head Start, and the military. These professionals are then able to provide health consultation at


child care programs through their existing work.

Ms Swank says that while this model has been successful in the northern part of Nevada, she has had trouble establishing it in the south. "The economic climate is not as good," Ms Swank says. "The folks in the southern part of the state felt this model wouldn't work unless we had money to pay for new positions or offset the hours people spent in their roles as child care health consultants." Ms Swank remains determined, however, and continues to work with state agencies on how to overcome these barriers and perhaps generate some paid health consultant positions.

### Montana

Montana, like Nevada, receives no continuing state funding to support a child care health consultant network, save for 1 consultant in Missoula County, paid for through county block grant funding, whose position has existed since 1985. Montana used its Healthy Child Care funding to train 6 trainers through NTI and temporarily fund child care health consultants in 20 counties.

Additionally, the Early Childhood Services Bureau funded pilot child care health consultation services through the state's 12 resource and referral districts and supplied funding for a joint project to offer a distance learning course for consultants and child care programs in partnership with the University of Montana and the Healthy Child Care Montana grant.

In 2004, 6 of 20 counties funded in 2002 continue to offer some child care health consultant services funded by county public health departments, who identify them as MCH outreach services. Other counties maintain an informal link with the project and respond to child care programs' specific requests for child health information. One frontier county has also leveraged special funding through the Early Childhood Services Bureau to provide health and safety training for child care providers. 



## A Brief History of Healthy Child Care America

Healthy Child Care America (HCCA) is the product of a shared vision between Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) and the Administration for Children and Family's Child Care Bureau (CCB). That vision was to forge strong linkages between health and child care professionals in order to support the health and safety of children in child care settings. The HCCA campaign was launched in 1995 when more than 180 health and child care agencies, organizations, advocates, and parents were asked to assist the MCHB and CCB in developing the campaign's "Blueprint for Action." The blueprint provided communities with 5 goals and suggested 10 action steps they could take to pursue those goals.

The HCCA campaign became a true public-private partnership when the American Academy of Pediatrics (AAP) was designated the HCCA campaign coordinator in 1996. While working to promote the healthy development of young children in child care and increase access to preventive health services, safe physical environments, and medical homes, the AAP initiated the HCCA newsletter in 1997. The Academy continues to support and encourage pediatricians to become active in promoting health and safety in child care in their practices and their states.

Healthy Child Care America achieved significant popularity at the community level as communities across the country began to adopt the campaign's goals and initiate those Blueprint for Action steps they felt were most needed. Encouraged by the success of the campaign at the community level, the MCHB sought to find other ways of supporting linkages between health and child care professionals at the state level. The MCHB launched the Health Systems Development in Child Care-Community Integrated Service Systems (CISS) grants to support states in their development of a common vision for healthy and safe child care environ-

ments and to foster health and social services support systems consistent with that vision. In 1997, MCHB awarded 46 3-year grants proposing to utilize the child care environment as a focal point for state and community planning around integration of health and child care. Grantees were asked



"Healthy Child Care America is an important part of supporting quality child care across states. The partnerships between child care and health and other social services have served as the mechanism to assist states in addressing the health needs of young children. Through HCCA, child care administrators and programs have access to the supports needed to provide a safe and nurturing environment for all children in child care."

- Moniquin Huggins  
Child Care Bureau, Administration for  
Children and Families

to develop their program goals and objectives using the HCCA Blueprint for Action.

MCHB launched the HCCA 2000 grants program to continue the work of the Health Systems Development in

Child Care program. Healthy Child Care America 2000 addressed 3 component areas: quality assurance, infrastructure building, and access to health care for children in child care. The quality assurance component supported the dissemination, adoption, and use of *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* and *Stepping Stones to Using Caring for Our Children*, the definitive resource for information concerning this subject (see sidebar, page 7). The infrastructure building component supported the identification, training, and deployment of health professionals as health consultants to child care programs. The access to medical homes component supported use of the child care environment to provide access to health insurance and medical homes for children in child care.

In addition to the American Academy of Pediatrics, partners working closely in support of HCCA grantees have included the National Resource Center for Health and Safety in Child Care (NRC), the National Training Institute for Child Care Health Consultants (NTI), and the CISS Technical Assistance program.

### HCCA Partners

The MCHB developed the NRC in 1995 to enhance the quality of child care. The NRC's primary mission is to promote health and safety in out-of-home child care settings throughout the nation using *Caring for Our Children* as the definitive resource for information concerning this subject.

The MCHB created NTI, located at the University of North Carolina, in 1997, in response to the need for appropriately trained health consultants for child care programs. The NTI's goal is to improve the quality of child care through the development and implementation of state-based programs to train child care health consultants. To date, NTI has trained teams of health consultant trainers



from every state, in addition to Washington, DC, the US Virgin Islands, and Puerto Rico.

Training and technical assistance support (provided by Health Systems Research and John Snow Inc) has been a resource to both Health Systems Development in Child Care and HCCA grantees, in keeping with the CISS model of wrap-around technical assistance. Over the course of time, all of the above resources have come together, forging strong collaborations in support of HCCA grantees. The combined efforts of the NRC, NTI, AAP, and technical assistance partners have become known as the Healthy Child Care America Program.

### Transitioning HCCA

MCHB grant support for this effort has continued uninterrupted for 7 years.

As the HCCA grants neared their conclusion in 2003, the MCHB agreed to an additional 2-year "Transitioning Healthy Child Care America" (THCCA) grants program for the purpose of supporting the state HCCA grantees as they worked on securing ongoing sources of funding at the conclusion of the MCHB grants.

The MCHB also was interested in assuring that the HCCA program objectives (quality assurance, building statewide networks of child care health consultants, and using the child care environment to access health insurance and medical homes) had a strong state voice reflected in the early care and education component of the 2003 MCHB State Early Childhood Comprehensive Systems Development grants. THCCA grants must work to achieve sustainability of the HCCA program by securing other funding

sources and sustainability of the HCCA objectives through the development of a state plan that integrates the HCCA 2000 objectives into the state's Early Childhood Comprehensive Systems Development initiative.

Over a relatively short period of time, the HCCA *campaign* heightened the country's awareness of the vulnerability of children and the need for immediate action to secure their health and well-being. The HCCA *program* has afforded health and child care professionals a unique opportunity to broaden and define the scope and quality of services and integrate health and child care systems necessary to provide healthy and safe environments to children in child care. In that process, the HCCA program is working to ensure equity and consistency in health and social support services for all children in child care. 🌟

## HCCA Partners

### American Academy of Pediatrics

Web: [www.healthychildcare.org](http://www.healthychildcare.org)

Tel: 800/433-9016

e-mail: [childcare@aap.org](mailto:childcare@aap.org)

### Child Care Bureau

Web: [www.acf.dhhs.gov/programs/ccb](http://www.acf.dhhs.gov/programs/ccb)

Tel: 202/690-6782

### National Resource Center for Health and Safety in Child Care

Web: <http://nrc.uchsc.edu/>

Tel: 800/598-5437

e-mail: [natl.child.res.ctr@uchsc.edu](mailto:natl.child.res.ctr@uchsc.edu)

### National Training Institute for Child Care Health Consultants

Web: [www.sph.unc.edu/courses/childcare/](http://www.sph.unc.edu/courses/childcare/)

Tel: 919/966-6288

e-mail: [nticche@unc.edu](mailto:nticche@unc.edu)

### Maternal and Child Health Bureau

Web: <http://mchb.hrsa.gov/>

Tel: 301/443-2170

e-mail: [lbrown@hrsa.gov](mailto:lbrown@hrsa.gov)

## National Health and Safety Standards

Many Healthy Child Care America programs have used *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2<sup>nd</sup> Edition* and its complementary tool *Stepping Stones to Using Caring For Our Children, 2<sup>nd</sup> Edition* to enhance the health and safety of child care programs through the improvement of child care state regulations and the training of health consultants and providers.



*Caring for Our Children* contains a set of 659 health and safety standards with rationale on their purpose. These standards were developed by health and safety experts representing the American Academy of Pediatrics, the American Public Health Association, and the Maternal and Child Health Bureau. Developers of state regulations find the rationale especially helpful in drafting the reasons why a health and safety practice should be put in place.

*Stepping Stones* is particularly useful as it contains a selected subset of 233 standards from *Caring for Our Children* that trainers and providers can start with to help improve quality in child care programs. Health and child care experts have determined that implementation of these standards has the greatest impact on reducing disease, disability, and death in out-of-home child care.

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To download *Caring for Our Children*, *Stepping Stones*, and a checklist of *Stepping Stones* standards, visit <http://nrc.uchsc.edu>. For information on purchasing print copies, visit [www.aap.org/bookstorepubs.html](http://www.aap.org/bookstorepubs.html).



## Quality Assurance and State Standards (continued from front page)

Bureau of Licensing for Child Care Regulations to create the Universal Child Health Record, a 1-page form that lists the child's health history, including date of last physical (and any abnormal findings), immunization history, and any medical conditions. The record has been endorsed by the New Jersey Chapter of the AAP, the New Jersey Department of Health and Senior Services, and the New Jersey Academy of Family Physicians.

Ms Hall foresees the Universal Child Health Record going beyond child care and into the state's public school system. In fact, she says, 2 of the largest districts in the state – in Trenton and Newark – have implemented the health record for all children entering the universal pre-kindergarten and kindergarten programs. It has also been adopted by the state's Head Start program.

### Connecticut

In Connecticut, Grace Whitney, project director, credits Healthy Child Care Connecticut with stimulating the commitment of myriad groups to enact change at the state level. "Organizing all of this committee work takes an enormous amount of energy," Ms Whitney says. "Healthy Child Care has facilitated this in a number of ways, such as determining who needs to be at the table, organizing meetings, and summarizing findings and recommendations."

Starting with a Yale University School of Nursing report that compared *Stepping Stones* standards with Connecticut regulations, the Healthy Child Care Connecticut Core Committee (a group of 39 public and private organizations) ranked the standards in terms of risk to children's health and made recommendations on which standards should become state regulations and which should be developed as quality guide-

lines. The group identified 32 areas for consideration, including building and classroom wheelchair accessibility, staff certification in infant/child CPR, playground equipment safety, and inclusion of children with special health care needs.

Currently the group is reviewing the recommendations with the state Child Day Care Council, which is charged with reporting recommendations to the Department of Public Health. The recommendations will then pass through a public comment process and undergo revision into final form.



### Iowa

Iowa has also promulgated a number of rules that help align the state's child care regulations with those in *Stepping Stones*. Working to improve child care health and safety, Sally Clausen, Healthy Child Care Iowa coordinator, collaborated with a number of entities within the Iowa Department of Public Health to achieve these outcomes.

Healthy Child Care Iowa recommendations that became regulations include: placing infants younger than 1

year of age on their backs to sleep, testing water from private wells for bacteria and nitrates, and requiring family home providers to comply with Environmental Protection Commission rules for private sewer systems. When making the case for changes in regulations, the Iowa representatives learned that the cost implications for providers must be addressed to assure buy-in from the child care community.

Overall, Ms Clausen reports significant Healthy Child Care Iowa progress with the successful passage of a number of quality improvements, including water quality, lead inspection, and sleep positioning.

### Nevada

Healthy Child Care Nevada is taking a deliberate approach to strengthening regulations. "Our goal here," says Coordinator Crystal Swank, "is to help raise awareness as to where the Nevada regulations stand and to compare the minimum requirements mandated by law against best practices. We're taking a slow approach, letting people know we're not here to criticize anybody or generate a report card. We're looking for places where we may be endangering children, and then we'll act on that."

Ms Swank's first step was to compare Nevada's child care regulations with *Stepping Stones* standards. She presented her findings to a team of "raters": 1 child care health consultant, 4 licensing representatives, and the state fire marshal, who served as a rater for the regulations dealing with fire safety and building codes. In a joint effort with the Nevada Bureau of Child Care Licensing, this group will soon release a comparison study that Ms Swank hopes will lead to the creation of new regulatory language and strengthened state regulations. 🍓

Healthy Child Care America and the National Resource Center for Health and Safety in Child Care (NRC) work in partnership to improve the quality of child care. HCCA and its network of child care health consultants practice excellence in educating child care providers, parents, and state policymakers about the importance of incorporating national health and safety standards in child care settings to protect children from harm. The NRC is committed to improve information and resources to support our combined efforts with HCCA to promote children's optimum development and preparation for achievement in early education.

Marilyn J. Krajceck, Ed.D., RN, FAAN

Director, National Resource Center for Health and Safety in Child Care