Promoting Children's Health in Early Care and Education Settings by Supporting Health Consultation

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CHDI

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The Child Health and Development Institute of Connecticut (CHDI), a subsidiary of the Children's Fund of Connecticut, is a not-for-profit organization established to promote and maximize the healthy physical, behavioral, emotional, cognitive and social development of children throughout Connecticut. CHDI works to ensure that children in Connecticut, particularly those who are disadvantaged, will have access to and make use of a comprehensive, effective, community-based health and mental health care system.

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Executive Summary

Early care and education settings significantly contribute to children's health and development. Health consultation is a key strategy for integrating child health into early learning systems and maximizing the contribution of early learning programs to children's healthy development. Policy reforms are needed to support health consultation in this critical role.

CHDI's IMPACT, *Promoting Children's Health in Early Care and Education Settings by Supporting Health Consultation*, summarizes research on the role and benefits of health consultation in early learning settings, and reviews policies, regulations, training, and payment structures used in Connecticut and other states.

In Connecticut:

- A majority of children younger than five spend significant time in early care and education (ECE) centers with more than 98,000 children enrolled in licensed child care centers, Head Start programs and family child care homes.[1]
- Licensed early care and education centers are required by the State to have regular visits by a Child Care Health Consultant (CCHC), with costs fully borne by early care and education programs.
- CCHCs ensure children's health and safety in child care settings according to child care licensing regulations and may also help ECE programs monitor children's development through developmental surveillance and screening and connecting children to follow up services.
- The expectations and training for CCHCs vary and are not well regulated by licensing requirements nor supported by payment systems.

The IMPACT also provides a framework for Connecticut to integrate health into early learning systems by building on the opportunities presented by State health reform efforts. Recommendations for doing this include:

1. Develop infrastructure within the State to support health consultation with training, reimbursement, and quality improvement.
2. Strengthen licensing requirements to collect and report detailed health consultation information for all licensed child care sites.
3. Advocate for inclusion of CCHCs in Connecticut's health reform plans.
4. Use a multi-disciplinary oversight group to develop a system of health consultation services to the meet the needs of Connecticut's child care programs.

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I. INTRODUCTION

The integration of health and mental health care in settings where young children are served, such as preschool and child care programs, is essential for optimal learning and healthy development. In 2010, more than half of children younger than six spent most of their time each week in center-based care outside of their homes, and an additional 13% of all children were in nonrelative home-based environments such as family child care.[1] Early child education (ECE) programs, working in collaboration with health providers and parents, play a key role in supporting children's health and healthy development.

In Connecticut, licensed child care providers are required to contract with a registered nurse (RN), advance practice registered nurse (APRN), physician, or physician assistant (PA) to serve as a Child Care Health Consultant (CCHC), who must visit the site regularly.[2] Health consultation ensures that ECE sites are safe, use healthy practices, and that the health and developmental needs of the children in attendance are addressed. Research shows that the presence of a CCHC in child care centers leads to positive outcomes including improved nutrition, better sanitation and infection control, increases in access to preventive health care, specialty health care, mental health care, and oral health services.[3,4,5,6]

In 2005, CHDI published an IMPACT titled *Creating a Statewide System of Multi-Disciplinary Consultation for Early Care and Education in Connecticut*,[7] which called for better integration of health, mental health and education into ECE programs, as well as the development of an improved statewide infrastructure to support such integration. The 2005 CHDI IMPACT was dedicated to the integration of a variety of consultation services (e.g., health, mental health, education). Since that time, significant progress has been made in the area of mental health consultation. The Early Childhood Consultation Partnership (ECCP®), an evidence-based model supported by CHDI in its early stages of development, is now used statewide to address the social and emotional needs of children birth to five in early care or education settings.

Unlike mental health consultation, overall health consultation is not supported with state level infrastructure and payments for health consultants to ECE sites. For private child care or preschool programs, the cost to hire a health consultant is borne by the program, with no system in place to ensure the quality of the CCHC workforce or ensure that health consultation is implemented to maximize the health and safety of children in child care. Progress has been made in ensuring safe medication administration in ECE sites, but this has not extended to other health areas.

This IMPACT provides a framework for integrating health into early learning programs through health consultation and makes recommendations for strengthening health consultation at a time when integration of health with other services is supported by health reform efforts. In preparing the current report, the team was committed to ensuring that health is supported in early care and education settings and CCHCs are well connected to pediatric primary care medical home services. The IMPACT includes:

- A description of the role of health consultants in child care programs and the evolution of this professional work.
- A review of state regulations related to health consultation in early care programs and the literature regarding the effectiveness of health consultation.
- Critical components of a health consultancy program informed by health reform opportunities and other recent policy.
- A discussion of how policies can support and integrate health consultation in early childhood and child health systems.
- Recommendations for supporting and expanding the role of Child Care Health Consultants in ensuring the optimal connection between health, child care providers, and parents.

II. Health Consultants Ensure Health and Safety in Early Care and Education Settings

Health consultants in early care and education settings (including center-based and family child care, Head Start and public and private pre-kindergarten programs) are licensed health professionals who work to ensure that facilities and activities provide a safe and healthy environment for children.[8] They often monitor the health and development of enrolled children and work with community pediatric health care providers to promote continuity in health services.[9] In Connecticut, ECE settings are required to contract with a registered nurse, advance practice registered nurse, physician, or physician assistant to serve as a Child Care Health Consultant (CCHC).[2]

According to *Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs (CFOC)*,[8] a child care health consultant (CCHC) is "a licensed health professional with education and experience in child and community health and child care and preferably specialized training in child care health consultation."[8]

Table 1 shows the range of services provided by CCHCs. It was developed based on study of health consultation in Connecticut,[10] a review of CCHC services in several states undertaken as part of the preparation of this report, as well as a recent survey of CCHCs in Connecticut.[11] In addition to the tasks outlined in Table 1, CCHCs can fill many gaps in the system of care for children who attend ECE programs. Health consultants play a unique role as facilitators and coordinators of care across systems, including the child care program, the child's primary care provider, and community health services, all in collaboration with families.[9] CCHCs need specialized training, skill sets, and experience to address health issues for individual children and for the group setting as a whole.[8] They also need to be aware of health and community resources so they can link child care facilities and families to appropriate services when needed. Programs with a significant number of non-English speaking families benefit from the services of a CCHC who is culturally sensitive and knowledgeable about community health resources for parents'/guardians' native cultures and languages.

An often under-emphasized role of the CCHC is promoting inclusion of children with special health care needs within ECE settings. The CCHC coordinates care among families, ECE providers, the medical home and other health and developmental specialists.[9] To maximize the value of the child care experience for children with

special needs, the CCHC needs to collaborate with an interdisciplinary team of early childhood consultants, such as early childhood education, mental health, and nutrition consultants. The ongoing health and safety of the child care environment is best ensured when the CCHC has regular contact with the facility's administration, the staff, and the parents/guardians to effectively develop, review, and monitor health and safety policies and practices.

To provide consultation for individual children, the CCHC needs permission from the child's parent/guardian in order to collaborate with the child's medical home and other specialty providers.[8] CCHCs can help keep children healthy in child care by collaborating with parents and child health providers to ensure that health records contain complete information. They can serve as the liaison or coordinator between primary care and child care, facilitate access to follow-up care for health concerns, assist with child health monitoring, and ensure implementation of care plans for children with special needs.[9]

In addition to CCHCs, other professionals provide valuable, specialized expertise.[8] For example, a sanitarian may provide consultation on hygiene and infectious disease control, and a Certified Playground Safety Inspector is able to provide consultation about gross motor play hazards. A pediatric mental health consultant can provide information or training on behavioral health concerns.

Table 1. Range of Services Provided by CCHCs in Connecticut (* are those required by Connecticut regulation)

A. Services that address health and safety for the ECE program as a whole:

1. Annual review of written policies, plans, and procedures which, according to *Caring for Our Children* 3rd edition[9] should include:
   - Admission and readmission after illness, including inclusion/exclusion criteria*
   - Health evaluation and observation procedures on intake, including physical assessment of the child and other criteria used to determine the appropriateness of a child's attendance*
   - Plans for care and management of children with communicable diseases*
   - Plans for prevention, surveillance and management of illnesses, injuries, and behavioral and emotional problems that arise in the care of children*
   - Plans for caregiver/teacher training and for communication with parents/guardians and primary care providers*
   - Policies regarding nutrition, nutrition education, age-appropriate infant and child feeding, oral health, and physical activity requirements*
   - Plans for the inclusion of children with special health or mental health care needs as well as oversight of their care and needs*
   - Emergency/disaster plans*
   - Safety assessment of facility playground and indoor play equipment*
   - Policies regarding staff health and safety*
   - Policy for safe sleep practices and reducing the risk of SIDS*
   - Policies for preventing shaken baby syndrome/abusive head trauma (part of Pediatric First Aid required by regulation)
   - Policies for administration of medication*
   - Policies for safely transporting children*
   - Policies on environmental health – hand washing, sanitizing, pest management, lead, etc. (citation for CFOC 3rd edition)*
2. Reviewing the policies, procedures, and required documentation for the administration of medications, including petitions for special medication authorizations (insulin pen, insulin pump, Glucagon® and Diastat®) needed for programs that administer medication*
3. Availability by telecommunication for advice regarding problems*
4. Weekly, monthly, or quarterly health and safety rounds during customary business hours when the children are present at the facility

Table 1. Services Provided by CCHCs in Connecticut (continued)

5. Reviewing health and immunization records for children and staff including tuberculosis*
6. Reviewing the contents, storage, and plan for maintenance of first aid kits*
7. Observing the indoor and outdoor environments for health and safety*
8. Observing the general health and development of the children*
9. Observing diaper changing and toileting areas, diaper changing, toileting, and hand washing procedures*
10. Consulting with administration and staff about specific problems*
11. Acting as a resource person to staff and parents*
12. Providing special training consistent with Consent Orders for substandard programs
13. Documentation of the activities and observations required in a consultation log that is kept on file at the facility*

B. Direct services for each child:

1. Assisting in the review of the individual health care plans for children with special health care needs or children with disabilities*
2. Developing Individual Health Care Plans (IHCPs) for Children with Special Health Care Needs/ Chronic Conditions*
3. Reviewing health and immunization records for children*
4. Reviewing medication(s) specific to each child including the review of provider Authorization/ Parent/Guardian consent and Medication Administration Record (MAR)*
5. Medication education to family and child
6. Observing individual children for physical/developmental growth and achievement of milestones*
7. Providing screenings such as hearing vision, heights/weights (BMI), (Head Start and Early Head Start Programs and Partnership Programs) TB risk assessment
8. Individual ill child exclusion review and communicable disease/illness alert*
9. Child specific review of accidents/incidents/illness*
10. Nutrition counseling for overweight, underweight, anemic, diabetic children and families

The presence of CCHCs in child care centers consistently demonstrates positive impacts in five key areas: policy, practice, health care utilization, specialty consultation, and referrals for health services.

Child Care Health Consultants Contribute to Children's Healthy Development

In 2006, the Healthy Child Care Consultant Network Support Center, with funding from the U.S. Maternal Child Health Bureau, released findings from a review of 79 published and unpublished resource documents – evaluations, presentations, monographs, and reports – that identified the impacts of CCHC services on health and safety practices and child health outcomes in child care programs.[3] Findings from the review show the presence of CCHCs in child care centers consistently demonstrates positive impacts in five key areas: policy, practice, health care utilization, specialty consultation, and referrals for health services.[3] Child care health consultation was shown to be associated with the development and use of standards-based health and safety policies in child care programs that are consistent with national standards set forth in *Caring for Our Children*.[3,4,5,8]

Child care health consultation was also shown to be effective in reducing the prevalence of communicable diseases, child absences due to illness, and sudden infant death syndrome.[3] Consultation supported health practices, such as nutrition and safe food handling, infection control (hand washing, diapering and toileting procedures), infant sleep position, safe and active

play, sanitation and infection control.[5] Child care health consultation was also associated with an increased number of children with up-to-date immunizations and a regular source of health care. Connection to mental health services, nutrition and physical activity, and oral health all were areas that benefited from health consultation.

The North Carolina Partnership for Children published a more recent summary of research evidence addressing CCHCs in child care programs.[12] Their findings were consistent with previous literature reviews showing that the presence of CCHCs increases access to preventive health care, improves immunization status, and decreases sedentary activity and lifestyles. Policy recommendations included increases in the number, quality and completeness of written standards-based health and safety policies.[12]

III. Requirements and State Models for Supporting Health Consultation

The only federal requirement for health consultation in ECE programs is in Head Start and Early Head Start, the federally funded early childhood programs for children who live in families with low incomes.[13] The Administration for Children and Families, the Head Start oversight agency, requires sites to have health, nutrition, mental health and disability services provided by staff or consultants. However, when a health procedure is required, the local Head Start provider must ensure that it is performed only by a licensed/certified health professional.[13] Federal regulations also require that "health services be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration." To meet these requirements, Head Start programs often utilize licensed registered nurses. Some programs hire a registered nurse to function as their health consultant as well as health and nutrition manager. Early Head Start, which began in 1994 with the reauthorization of the Head Start Act, provides services to low-income pregnant women and families with children from birth to three years of age. Early Head Start programs also need to meet performance standards, which are specific to the unique health, nutrition, and safety needs of infants and toddlers and require health consultation and staffing.[13]

In ECE settings that are not part of the Head Start system, health and safety consultation needs depend on state regulations and the characteristics of individual facilities. The American Academy of Pediatrics (AAP),[8,14] the American Public Health Association, the National Resource Center for Child Care and Early Education (NRC), the Society for Pediatric Nurses, and the National Association of Pediatric Nurse Practitioners (NAPNAP)[15] have put forth guidelines for utilization of CCHCs. Healthy Child Care America (HCCA)[14] began as a

collaboration between the Child Care Bureau and the Department of Health and Human Services Maternal Child Health Bureau in 1995. The intent was to promote strong linkages between child care and health care professionals using *Caring for Our Children*[8] national health and safety performance standards, as a foundation for improving the quality of child care and early care settings across the United States. For more than 15 years through a cooperative partnership among the AAP, APHA, and the National Training Institute for Child Care Health Consultants, HCCA focused on coordination and implementation of health care practices in ECE settings to improve care for children.[14] Currently, the AAP administers HCCA, which continues to provide communities with steps to expand existing health care services in public and private child care programs and to create new resources that link families, health care, and child care.

The Child Care and Development Block Grant (CCDBG) Act of 2014[16] reauthorized funding for child care programs for the first time since 1996 and represents a significant change in the intent of the Child Care and Development Fund (CCDF) program. For the first time, the new law makes significant advancements by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents and the general public have transparent information about the child care choices available to them. States will be required to spend a minimum of 3% to improve the quality of care for infants and toddlers and must establish outcome measures and evaluate progress of quality activities in such areas as professional development and health and safety. States, then, can utilize CCDBG funds to support better integration of health into ECE programs.

Several states have regulations requiring health consultation services in licensed child care settings, and some ECE programs receive state and/or federal funding to support the work of health consultants. A review of state regulations undertaken for this report (Appendix 1) showed that in most states, including Connecticut, a CCHC is typically a licensed registered nurse.

Two states (Hawaii and Indiana) require that the CCHC be a physician, and four states (Illinois, Maine, Maryland, and North Carolina) allow licensed practical nurses to be health consultants. North Carolina allows other disciplines (sanitarian, nutritionist, dietician) to be trained and credentialed as a health consultant.

In 2011, the National Training Institute (NTI) for Child Care Health Consultants conducted a national study that looked at child care health consultation systems in the United States.[17] Forty-three state representatives responded to an electronic questionnaire: 34 reported that they have CCHCs working actively in their state, and the remaining nine reported that they did not have CCHCs working in their state. In 2015, CHDI conducted a national review of health consultation regulations in all 51 states and territories. The methodology included a review of the literature and statutory authority in

Seventeen states have a statutory requirement that ECE sites have health consultation.

each state and surveys and telephone interviews in several states. Findings revealed the following:

- Seventeen of 51 states and territories have a statutory requirement that ECE sites have health consultation. (California, Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Indiana, Maine, Massachusetts, Minnesota, New Jersey, New York, North Carolina, Rhode Island, Tennessee, and Washington).
- Of these 17 states, Florida and New Jersey require limited health consultation for child care programs that serve "sick children."
- Sixteen states that did not have a statutory requirement for health consultation, did require CPR/First Aid training of at least one staff member. This CPR/First Aid trained staff member was required to be on site at all times. These states included: Alabama, Alaska, Arkansas, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Montana, Nebraska, Nevada, New Mexico, Oregon, and Pennsylvania.

Appendix 1 reviews ECE health consultation licensing requirements from several states.

Health Consultation in Connecticut

Connecticut regulations allow child care sites to employ the following to serve as the site's health consultant: registered nurse, advance practice registered nurse, physician, and physician assistant.[2] In Connecticut, child care licensing requires child care sites that serve children ages three to five have quarterly health consultation visits. Facilities that operate no more than three hours per day or facilities that enroll only school age children require semi-annual visits. For programs serving children younger than three, health consultation is required weekly. For full day programs serving children two to three years of age, consultation also needs to be weekly. Part-day programs for children two to three years of age are required to have monthly visits from the health consultant. The Connecticut General Statutes, section 19a-79-4a (h) requires that all licensed child care centers and group day care homes develop a written plan that includes the services of an early childhood health consultant. Other consultants under this statute include education, dental, social services, and dietitian if the program serves meals. Table 1 includes the range of services performed by CCHCs in Connecticut ECE programs. The information was compiled from Yale School of Nursing model for health consultation[18] and surveys of health consultants in Connecticut.[11]

Although the exact number of CCHCs working to ensure the health of children in Connecticut is not known, there are approximately 1,500 licensed child care centers in the state.[19] Licensing regulations require that all have a health consultant on record. With implementation of e-licensing expected in Connecticut, the Office of Early Childhood (OEC) child care licensing unit plans to collect health consultant information as part of the annual application and renewal process for each program in the future to facilitate development of a registry of CCHCs.[14]

With the exception of ECE licensing requirements… there is no system in place to support growing and maintaining the quality of the CCHC workforce or ensuring that health consultation is implemented to maximize the health and safety of children in child care.

In 2015, as part of Connecticut's Early Childhood Comprehensive Systems grant, 88 health consultants, who were identified through professional listservs, responded to a survey about their work as ECE health consultants.[11] Findings revealed that 91% of the sample were Registered Nurses (RN), 13% Advanced Practice Registered Nurses (APRN), and 2% were physicians. More than half held a bachelor's degree and about a quarter held a master's degree in family health or pediatrics. About half of the respondents reported that they had attended a training or course on health consultation, and most indicated that they had enrolled in the annual Healthy Child Care CT training conducted between 2002-2013. Four were affiliated with a school of nursing in Connecticut. They reported practicing in all counties in the state with the highest representation from New Haven, Hartford, and Fairfield counties. They identified tasks they accomplish during health consultation.

Although Connecticut's requirements for ECE health consultation are among the most rigorous in the country, the State has little oversight of CCHCs work. With the exception of ECE licensing requirements, which call for the identification of a CCHC, there is no system in place to support growing and maintaining the quality of the CCHC workforce or ensuring that health consultation is implemented to maximize the health and safety of children in child care.

IV. Models for Providing Health Consultation in Early Care and Education

There are several models of providing health consultation. These include using staff from the public health system, referral agencies, universities, and private practices. Some professional organizations include child care health consultants in their special interest groups, such as the AAP's Section on Early Education and Child Care. CCHCs who are not employees of health, education, family service, or child care agencies may be self-employed and receive compensation via fee-for-service, an hourly rate, or a retainer.

The review of state CCHC systems (Appendix 1) revealed a variety of ways that states fund and deploy health consultants using either public or private funds or a combination.

- Hawaii, Idaho, Minnesota, Montana, New York, North Dakota, and Virginia use a combination of public funding and private dollars from ECE programs.
- Some states, such as Rhode Island, use dollars from their Child Care Development and Maternal and Child Health Block Grant to support training and delivery of health consultation to child care sites.

- Montana provides health consultation through a privately funded program "Best Beginnings." Registered nurses work for county health departments and serve ECE programs.

- The United Way of Southeast Pennsylvania supported 15 ECE centers to provide 10 hours of onsite health and safety consultation from a CCHC at each site. The centers received partial funding for the CCHC services and completed training on using CCHCs in their programs. Centers also completed self-assessment surveys to track their implementation of health and safety regulations.[21]

In Connecticut, with the exception of Head Start programs, CCHCs are funded by individual child care sites, thus placing a burden on ECE sites as they need to use dollars received from family payments to cover the cost of CCHCs, whose services are required for licensure. The 2015 CCHC study showed that many CCHCs receive other compensatory payments in lieu of a salary.[11] In order to develop and sustain a CCHC workforce and system across all ECE sites, Connecticut needs a payment model that ensures the health and safety of ECE sites through funding for CCHCs. Table 2 reviews possible models for funding CCHCs in Connecticut.

Table 2. Payment Models for CCHC Services

Payment Model	Description	Considerations
Braided funding	Service systems (such as Head Start, independent child care programs) pay into an organization to contribute to the costs of health consultation across a variety of settings.	Requires central administrative agency that receives funding, hires consultants, deploys them to child care sites and is accountable for their work.
Capitation payment	Per child payment to ECE or other entity for all of the services of the health consultant that a child may need. Assumes that some children will require many services and others fewer and requires that parents or a state agency pay the per child fee.	Dollars amounts are known and programs can plan accordingly. Can support entire ECE program if capitation payments are high enough. Can encourage under-service as dollars are fixed. Will need quality and performance measures to guard against this. May not adequately fund the care of children with special needs, thereby creating a disincentive for ECE sites to serve them.
Embedding model	Health consultants are employees of an entity (agency, health department, child care parent company, health care company) that pays them directly based on productivity, work hours, or other criteria.	Consultants are ensured payment. Commitment from larger organization to support health consultancy. Requires regulations to ensure that employing entities maintain adequacy and quality of services and professionals.

Table 2. Payment Models for CCHC Services (continued)

Payment Model	Description	Considerations
Fee-for-service through an umbrella organization	An employing entity employs consultants and bills insurance or other payment structure for services rendered on behalf of individual children.	Health consultant services are recognized as billable service and thereby sustainable. A mix of health care providers can be consultants if a licensed entity is billing for them. Payment model only supports care for individual children and not the general child care environment. Requires bookkeeping and other administrative services that are not supported through reimbursement. Requires quality measures that ensure accountability.
Independent fee-for-service	Health consultants work as independent providers and bill for services.	Allows those who provide health consultancy to set fees based on their ability to recoup payment from insurers, which may only be available for services on behalf of individual children. As payment is currently configured in Connecticut, health consultants must be physicians or nurse practitioners, both of whom are expensive providers. Requires performance standards and measures, level of certification and accountability.
Global payment	Entities are paid a global amount to provide health consultation to ECE sites.	Supports services for individual children as well as for the ECE program as a whole. Puts control of allocation of services in the hands of the oversight entity, which requires accountability, performance, and quality metrics.

V. Building a Health Consultant Workforce to Maximize Health and Safety in Child Care Settings

Criteria and supports that other states use to ensure access to quality CCHC in ECE sites can inform Connecticut's work to build a CCHC system. This section addresses these criteria and supports in the context of qualification requirements, credentialing, training opportunities and supporting resources. It also addresses ways to strengthen the role of CCHCs through payment systems, sites of care and integration with other heath and early childhood systems.

Minimum Qualifications for Child Care Health Consultants

Connecticut's requirement for health consultation requires that ECE sites retain the services of an RN, APRN, physician, or PA.[2] The statute does not require formal preparation in health consultation or experience in child or community health as recommended by *Caring for Our Children*.[3]

Certification to Ensure High Quality Child Care Health Consultants

National preparation programs for CCHCs are no longer available due to lack of funding. From 2002-2013 CCHCs could receive a training from instructors who are graduates of the National Training Institute for Child Care Health Consultants (NTI) and through mentoring by seasoned CCHCs known to child care contacts affiliated with the AAP Healthy Child Care America (HCCA) initiative.[14] Several CCHCs in Connecticut have been trained through these initiatives, and should training again become available, Connecticut could have a strong CCHC workforce.

Available Training for Child Care Health Consultants in Connecticut

A wide range of skills and areas of knowledge support high quality health consultation.[8] These include but are not limited to: national and state laws and regulations, operational best practices, health promotion, disease prevention, injury prevention, and healthy development. A detailed list of these skills and areas of knowledge can be found in Table 3. Schools of nursing can be good sources of preparation in health consultation.[22] There are several opportunities in Connecticut to help CCHCs acquire necessary knowledge and skills, including:

- Private health consultation companies in the State provide extensive training and mentoring for experienced CCHCs, as well as CCHCs just entering the field with minimal experience.[23,24] While these formal orientation and training programs exist, they are not standardized, monitored, regulated, or part of a quality assurance process.

Table 3. Areas of Knowledge for CCHCs[8]

The child care health consultant should be knowledgeable in the following:[3]

a. Consultation skills both as a child care health consultant as well as a member of an interdisciplinary team of consultants

b. National health and safety standards for out-of-home child care

c. Indicators of quality early care and education

d. Day-to-day operations of child care facilities

e. State child care licensing and public health requirements

f. State health laws, Federal and State education laws (e.g., ADA, IDEA), and State professional practice acts for licensed professionals (e.g., State Nurse Practice Acts)

g. Infancy and early childhood development, social and emotional health, and developmentally appropriate practice

h. Recognition and reporting requirements for infectious diseases

i. American Academy of Pediatrics (AAP) and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening recommendations and immunizations schedules for children

j. Importance of medical home and local and state resources to facilitate access to a medical home as well as child health insurance programs including Medicaid and State Children's Health Insurance Program (SCHIP)

k. Injury prevention for children

l. Oral health for children

m. Nutrition and age-appropriate physical activity recommendations for children including feeding of infants and children, the importance of breastfeeding, and the prevention of obesity

n. Inclusion of children with special health care needs, and developmental disabilities in child care

o. Safe medication administration practices

p. Health education of children

q. Recognition and reporting requirements for child abuse and neglect/child maltreatment

r. Safe sleep practices and policies (including reducing the risk of SIDS)

s. Development and implementation of health and safety policies and practices including poison awareness and poison prevention

t. Staff health, including adult health screening, occupational health risks, and immunizations

u. Disaster planning resources and collaborations within child care community

v. Community health and mental health resources for child, parent/guardian, and staff health

w. Importance of serving as a healthy role model for children and staff

- Connecticut had a formal train-the-trainer program for medication administration in ECE programs through the Yale School of Nursing. The Train-the-Trainer for Medication Administration[18] includes two modules, Module 1: General Principles of Medication Administration and Oral, Topical and Inhalant Medications and Module 2: Anaphylaxis and Emergency Medications. The OEC houses curriculum materials.
- Connecticut also has developed interdisciplinary training for an array of early care and education consultants (health, education, mental health, social service, nutrition, and special education) in order to develop a multidisciplinary approach to consultation.[3]
- The Early Childhood Comprehensive Systems (ECCS) grant Advisory Committee developed health consultation training resources related to developmental monitoring. They can be accessed through the United Way of Connecticut's website.[25]

Additional Resources That Support CCHCs

Connecticut has several resources to support CCHCs. Through a collaboration with Yale Work Life, Dr. Angela Crowley developed a program of health consultation for the six child care programs across the Yale campus that enroll approximately 350 children. As a result of a pilot study she conducted in 2006, which demonstrated improved health and safety compliance and inclusion of children with special health care needs,[26] Yale Work Life provides financial support to ensure that the CCHCs, who are all nurses with health consultant preparation have adequate time and resources to provide comprehensive services to the ECE programs and their individual children and families. In the past year Dr. Crowley and the nurse consultants developed a website to share resources and best practices among the CCHCs and child care directors. The resources include the following: policies and procedures, health and safety logs, forms, Medication Administration Authorization guidelines, a medication administration website and video modules in English and Spanish.

Another example, Nurses for Day Care (NFDC) LLC,[23] is a private consortium of CCHCs who provide consultation to more than 150 licensed child care centers in Connecticut, Illinois, and Minnesota. NFDC develops and maintains an inventory of resources for its CCHCs. The inventory includes: contracts, orientation materials, NTI training materials, nursing logs, health alerts, health and safety, first aid kit logs and policies and procedures for ensuring health and safety across a variety of areas. Nurse Consultants LLC,[24] another Connecticut-based consortium for supporting CCHCs serves approximately 200 centers with 20 nurses and six trainers.

A sustainable, cost-effective consultation system can rely on professionals who can be integrated into the larger system of health services in the community.

Payment for CCHC Services

With the exception of a few states that subsidize health consultation with public funding and resources, most CCHC services are funded by ECE programs. ECE centers other than Head Start in Connecticut pay for health consultation through tuition payments and their general operating budgets. CCHCs who are not employees of health, education, family service, or child care agencies may be self-employed. Ideally, a sustainable, cost-effective consultation system can rely on the lowest cost professional who can be integrated into the larger system of health services in the community to integrate care with primary care sites and other health services for children. Table 2 can inform efforts to effectively and efficiently fund CCHC services.

CCHCs and Family and School-Based Child Care Programs

In addition to payment for health consultation in ECE centers, CCHCs are needed to support the integration of health across all licensed child care programs, including family child care. In Connecticut, licensing requirements ensure that family day care sites retain health information for all enrolled children (the Early Childhood Health Assessment Records), but they do not need to use health consultants. All Our Kin,[27] a Connecticut-based organization that supports family child care providers, developed a model for health consultation in these settings, but its use is not required for licensure.

ECE services provided in schools present another area in which health consultants can play a valuable role. Often schools assign the school nurse to the health consultation duties, without considering the early childhood training and experience that this nurse has. School nurses also are not required to stay at school for after-hours care and the after-school staff may not be trained in early childhood first aid topics.

Integration with Other Health and Early Childhood Resources

While this report has discussed the integration of ECE and pediatric primary care services, it has not addressed the many other services and programs that support children's healthy development that would benefit from improved collaboration with CCHCs. In addition to medical specialists, early intervention and preschool special education services under Parts B and C of the Individuals with Disabilities Education Act, the Children and Youth with Special Health Care Needs program, and a variety of community-based supports accessible through Help Me Grow in Connecticut contribute to children's development and school readiness. An ideal system of health consultancy for ECE programs needs to recognize all of the opportunities to support young children in Connecticut communities, and health consultants need to be mindful of the services across all of the sectors serving young children and be prepared to coordinate them with ECE programs and child health providers.

VI. Policy and System Reform Framework for Supporting Health in Early Childhood

Public policy can support CCHCs by ensuring the provision of, and payment for, services that support early development; as well as policies that support cross-sector collaboration. Many services contribute to young children's development including health, child care, early intervention, and preschool special education (provided under Parts B and C of the Individuals with Disabilities Education Act), home visiting, and a variety of community-based programs and services. Optimal outcomes for children are realized when all of these services are coordinated across sectors with family engagement. Recent federal and state initiatives provide an unprecedented opportunity to reorganize the delivery of health care and better integrate it with other support services to address healthcare access, costs, and outcomes. New considerations for health care delivery can also improve how health services meet the needs of young children across all of the settings in which they receive services.

The 2010 Affordable Care Act (ACA)[28] stresses the provision of preventive care through a medical home,[29] a primary care site that is accessible, comprehensive, coordinated with other services, culturally appropriate and family-centered. Collaboration between the medical home and other services, such as ECE services, can meet medical home aims by ensuring that children in ECE settings receive care that is well coordinated with their medical home, including follow up when problems are detected.

Several states and initiatives are testing innovations to better support integration of primary care medical services and community services. Oregon and Vermont are paying for care coordination, as well as capacity building in community services to increase their contributions to population health.[30] Other states are allowing their Medicaid programs to pay for community health workers and unlicensed providers to address the social determinants of health outside of health care settings.[31] Federal funding through such early childhood initiatives as Project Launch[32] and Build[33] initiatives are encouraging the development of early childhood systems to promote school readiness, including better linkage among child serving systems.

Connecticut, too, is poised to promote increased cross-sector collaboration in early childhood. The Office of Early Childhood, established in 2013, brings many of the State's early childhood

CCHCs can be supported to play a larger role in connecting health and ECE providers and increasing the contribution of both to children's healthy development.

services (e.g., home visiting, early intervention, ECE licensing, and program planning) into a single agency that can support early childhood development across many state programs and initiatives. The State's Innovation Model (SIM),[34] a five-year initiative funded by Centers for Medicare and Medicaid Services, supports the implementation of Health Enhancement Communities, which will connect medical homes to community services in their areas. Community Health Workers will be an important element of this work, and CCHCs can also span primary care sites, ECE sites, and community services for children. In 2014, the legislature paved the way for independent practice by nurse practitioners. All of these initiatives suggest that CCHCs can be supported to play a larger role in connecting health and ECE providers and increasing the contribution of both to children's healthy development.

VII. Recommendations for Building a System of Health Consultation for Connecticut

Implementation of the following recommendations can help build a health consultation system in Connecticut that meets the health and safety needs of ECE sites and ensures the health and safety of Connecticut's children who use ECE services. The following recommendations also can ensure that ECE health consultation services are sustainable and integrated within the larger service system for children and families in the State.

1. Develop the infrastructure within the State of Connecticut Office of Early Childhood to provide training, quality assurance, monitoring, and support resources for health consultants as defined by current Connecticut statute. This infrastructure needs to:
    a. provide training opportunities to help ECE sites meet health and safety inspection requirements
    b. lead efforts to develop a CCHC organization and payment model
    c. develop and maintain a registry of CCHCs serving ECE programs in the State that is updated through inspection visits and used to assess the needs in the CCHC system and monitor state-level provision of health consultation

2. Include the following new information in mandatory records maintained at ECE sites and recorded as part of ECE licensing inspections:
    a. Name, contact, and license information of health consultant
    b. Professional preparation for the health consultation role
    c. Training completed by health consultant

3. Include CCHCs in State Innovation Model as part of the Community and Clinical Integration Program's Community Health Collaboratives model and explore other options for including CCHCs in Connecticut's health reform efforts.

4. Appoint a multidisciplinary work group (parents, ECE providers, health providers, mental health providers, and ECE consultants) to complete a study of, and recommend for Connecticut, models for organization, delivery and payment of CCHCs to ensure:

    a. health and safety in ECE sites

    b. integration of CCHCs into the State's larger health care and community services system and health care reform opportunities

Conclusion

CCHCs can help meet the health needs of children in child care and preschools. They can do this by collaborating with primary care medical homes to provide preventive and other services directly to children enrolled in ECE programs. CCHCs can connect children and their families to a medical home and resources that are available to support children's healthy development. CCHCs can also be instrumental in contributing to the achievement of pediatric population health goals in Connecticut by monitoring the health of young children at the community level and contributing to community health system efforts. Although Connecticut has some highly experienced CCHCs working in ECE sites and excellent educational opportunities and resources to support them, the State needs to develop an infrastructure to ensure implementation of these supports.

Appendix 1: Exemplary State Regulations for CCHC in Child Care Sites

State(s)	Regulation Highlights
California	Every center shall have provisions for continuing health consultation from a physician or registered nurse with a current and active license issued by the appropriate State of California licensing board. This health professional shall have pediatric experience/ training obtained within the last five years. Each center shall maintain in its files each health consultant's name, address, telephone number, area of specialization, and evidence of qualifications. Health consultation shall occur quarterly or more often, if necessary, and not less than semiannually. http://www.cdss.ca.gov/ord/entres/getinfo/pdf/ccc8.pdf http://ccld.ca.gov/PG513.htm
Connecticut	Weekly: Up to 24 months and 2-3 year olds attending full day program. Quarterly: three (3) years and older. Omit visit if closed over summer. Semi-annual: no more than 3 hours daily or only school-aged children http://www.ct.gov/oec/cwp/view.asp?a=4542&q=545996
Delaware	A center shall have specific arrangements with a Division of Public Health Nurse, Division of Public Health County Health Officer, or a licensed physician who will agree to provide consultation on both routine and emergency health care for children. http://kids.delaware.gov/pdfs/occl_reqs_dcc.pdf
Hawaii	Health consultation provisions. All child care programs shall have one of the following provisions for health consultation to assist in developing health policies and in keeping them current: (1) The child care center shall have on file written evidence that an arrangement has been made with a physician in private practice to provide consultation, and that this arrangement is satisfactory with parents of the children; (2) The child care center has made a contractual arrangement with a private physician or non-profit health organization in the community to provide health care for children in the program; (3) There is already a procedure existing in the community for the provision of health consultation service and arrangements have been made for use of this service; or http://humanservices.hawaii.gov/bessd/child-care-program/child-care-licensing/child-care-regulations/
Illinois	A center serving infants and toddlers shall have a licensed physician, registered nurse, licensed practical nurse or licensed physician assistant with training in infant care to instruct child care staff in the proper health care of infants and toddlers. The person shall visit the facility to observe the child care techniques of the staff and provide in-service training. Visits shall be at least weekly during the permit period and monthly thereafter. http://www.state.il.us/dcfs/daycare/index.shtml
Minnesota	The center must have a health consultant who must review the center's health policies and practices and certify that they are adequate to protect the health of children in care. The review must be done before initial licensure, submitted with the application for initial licensure and repeated every year after the date of initial licensure. For programs serving infants, this review must be done initially and monthly thereafter. https://www.revisor.mn.gov/rules/?id=9503.0140

Appendix 1: Exemplary State Regulations for CCHC in Child Care Sites (continued)

State(s)	Regulation Highlights
Rhode Island	Nurse 1. Programs serving infants have a nurse on the premises a minimum of three hours per day. 2. The nurse: a. coordinates the depth and scope of health services provided b. participates in the enrollment decision-making process in collaboration with other appropriate staff members c. provides onsite supervision and monitoring of the health status of all infants enrolled in the program d. maintains responsibility for the health records of the children enrolled in the program e. serves as a health consultant to staff and families and is the primary liaison to health consultants and services outside the program f. may function in an additional staff capacity after the duties and responsibilities of the nurse's role have been discharged g. has training in pediatrics and is currently licensed in Rhode Island as a registered nurse or a licensed practical nurse 3. The program may choose to hire a child care health consultant in lieu of a nurse in accordance with the American Academy of Pediatrics, Healthy Child Care America (http://www.healthychildcare.org/WorkWithHP.html). 4. Consultative Medical Services a. Programs serving children over eighteen months of age have the consultant services of a licensed physician or registered nurse readily available b. The program has access to such professional services at all times when children are in care c. The program has a letter of understanding to document the availability of these services Child care health consultation is available to all licensed child care professionals working in family child care homes and center-based programs in Rhode Island. www.dcyf.ri.gov/docs/center_regs.pdf
Washington	1. If you are licensed to care for four or more infants you must have an infant nurse consultant. The nurse consultant's duties will depend upon the needs of the center. 2. If you are required to have an infant nurse consultant, you must: a. Have a written agreement with a nurse consultant who is a currently licensed registered nurse (RN) who has either worked in pediatrics (care of children) or public health in the past year or has taken or taught classes in pediatric nursing at the college level in the past five years b. Have at least one monthly onsite visit from your nurse consultant when you have infants enrolled (you may skip the monthly visit if no infants are enrolled) c. Have the nurse or a designee that meets the requirements of a nurse consultant available by phone as needed d. Have written notes of the nurse consultant visit onsite that includes topics discussed, areas of concern, date and signature http://apps.leg.wa.gov/WAC/default.aspx?cite=170-295&full=true#170-295-4130

Statutory national review conducted in 2015 by Tina Pascoe RN, JD for this report.

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