

# The North Carolina Child Care Health Consultant Service Model

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## Overview of the NC Child Care Health Consultation Service Model

The NC Child Care Health Consultation Service Model was developed in December 2013 to guide consistent practices for child care health consultants (CCHCs) across the state. It was updated in 2016 and again in 2020.

The Service Model was collaboratively developed by:

- The NC Child Care Health and Safety Resource Center (NC Resource Center)
- The NC State Child Care Nurse Consultant (NC Division of Public Health)
- The North Carolina Partnership for Children
- The North Carolina Child Care Health Consultant Association
- The National Implementation Research Network

The Service Model is founded in the knowledge that consistent statewide CCHC services positively impact the quality-of-care children receive in early care and education, or child care, settings. When early educators engage in technical assistance with CCHCs, health and safety outcomes for children improve. The Service Model is aligned with Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs (CFOC) and the National Center on Early Childhood Health and Wellness’s Child Care Health Consultant Competencies. The implementation of the Service Model is supported by a regional coaching structure that provides orientation and ongoing guidance to CCHCs in the field.

## Use of the Service Model

The CCHC Service Model is one of multiple documents available in the [CCHC Program Manual](#) and sets the standard for child care health consultation work in North Carolina. The CCHC and their funding/hiring agency should regularly refer to it to guide both planning for and implementation of a CCHC's work. The model defines the role of a CCHC and outlines the fundamental practices of child care health consultation in North Carolina. The Service Model provides program guidance in the following areas:

- Required education, experience, and knowledge of a CCHC.
- Professional supports available to CCHCs.
- Criteria used to identify and prioritize the target population.
- The quality improvement process for creating behavior and environment change in early education settings.
- Essential functions and competencies for CCHCs.
- Other activities a CCHC participates in, such as advocacy, outreach, networking, and mentoring.

## Background

The professional field of child care health consultation began in the 1990s though health consultants have worked with organized, out-of-home child care for more than one hundred years. The first NC CCHC course took place in 1996 and since then more than 500 health professionals have qualified to work as CCHCs.

The health and wellness of children from birth to five years of age establishes a foundation for future health outcomes. Between birth and kindergarten, infants, toddlers, and preschoolers may spend more time in early education programs than any other setting. Therefore, early education programs are critical for giving children the best possible start in life especially those at-risk for negative health, developmental, behavioral, or academic outcomes. Early education programs benefit from access to CCHCs, including training and technical assistance on child health, safety, nutrition, and development, with a focus on caring for children with special health care needs in early education settings.

## Who Are CCHCs?

CCHCs are health professionals with expertise, education, and experience in child and community health. To improve the quality of early education programs, CCHCs work collaboratively with early educators to promote healthy and safe environments for children, staff, and families in child care. CCHCs:

- Offer critical services to child care programs by sharing health and safety expertise.
- Conduct assessments of indoor and outdoor environments and provide referral to community resources.
- Provide training and technical assistance on all areas of health and safety relevant to child care.
- Collaborate with partners including regulatory agencies, technical assistance providers, and other early childhood system professionals.
- Advocate for young children in child care by serving on local and regional committees that support the health and safety needs of young children.

## Required Education, Experience, Knowledge, and Skills

The NC Resource Center, a program of the Department of Maternal and Child Health at the UNC Gillings School of Global Public Health, offers the North Carolina Child Care Health Consultant Course (NC CCHC Course) which CCHCs must complete successfully to become qualified to deliver services. To be eligible to take the course, a health professional must have appropriate job responsibilities, experience, a degree in nursing (ASN or BSN), health education, or a health-related field with experience in health education. In the NC CCHC Course, future CCHCs gain knowledge and skills in the areas of expertise outlined in the Child Care Health Competencies.

## NC Child Care Health Consultant Certification and Technical Assistance Endorsement (CCHC-C/E)

After one year of working as a CCHC, individuals can apply for CCHC Certification/Endorsement. Requirements for CCHC C/E are established by the [NC Child Care Health Consultant Association](#) and the [NC Institute for Child Development Professionals](#) for education, training, and experience. Applications are reviewed once a year and C/E must be renewed every five years.

## CCHC Professional Supports and Partners

CCHCs receive state level supports from multiple agencies:

- NC Child Care Health and Safety Resource Center/Regional CCHC coaching supports
  - Consultants receive ongoing implementation support from regional coaches.
- NC State Child Care Nurse Consultant/NC Division of Public Health
- NC Child Care Health Consultant Association
- NC Partnership for Children/Smart Start
- NC Division of Child Development and Early Education (DCDEE)

CCHCs are most effective in their communities when they establish working relationships with professional partners including local:

- Partnerships for Children
- Health Departments
- Child Care Resource and Referral Agencies
- Division of Child Development and Early Educations, Child Care Consultants (licensing)
- Environmental Health Specialists
- Head Start/Early Head Start agencies
- Health Care Professionals

## What Do CCHCs Do?

### Determine Criteria for Services

CCHCs primarily work with early educators in regulated child care programs. CCHCs may also provide consultation to any child care situation such as to kith and kin (friend, family, and relative) or other child care programs exempt from regulations.

The frequency of visits should be based on the needs of the child care program, however, CFOC recommends that programs receive a regular consultation visit according to the following schedule:

Facilities that serve	infants and toddlers three to five years of age	should be visited <u>at least</u>	once monthly quarterly (4x/year)
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CCHCs should also identify and prioritize programs that require more support such as those who serve children:

- with special health care needs
- who are homeless
- who are at risk of or exposed to maltreatment
- who are living with toxic stress

Other selection criteria for prioritization may include low star ratings, current or recent history of sanitation noncompliance or demerits, current or recent history of an administrative action, immunization noncompliance, and/or history of communicable disease outbreaks.

## Build Relationships

Child care health consultation is a voluntary service. Therefore, CCHCs must build a strong working relationship with early educators based on trust and mutual respect. The CCHC must work collaboratively with programs as equal partners to build capacity, to identify and resolve health and safety concerns, and promote wellness.

CCHCs:

- establish relationships that recognize and value the autonomy, strengths, and expertise of early educators
- work with programs to assess the status of health, safety, and wellness practices and to establish goals
- promote an approach to addressing health and safety concerns that reflects the strengths and needs of the program, staff, children, and families served.

## Implement Quality Improvement Process

The process of child care health consultation includes implementation of a quality improvement cycle in the child care setting.

### Assess

CCHCs assess indoor and outdoor health and safety environments in early education programs. Assessment includes spending time in the classroom and outdoors conducting observations, evaluating health behaviors, reviewing documents such as medical action plans, medication forms, playground inspection forms, and health and safety policies, and determining if there are any unmet training needs.

### Plan

The assessment process allows programs to gain an informed and comprehensive picture of their current practices, highlighting their strengths, and is the starting point for developing a quality improvement plan. The development of the quality improvement plan is a joint effort between the CCHC and early educators. The CCHC supports early educators in prioritizing areas identified as needing improvement and developing strategies.

### Implement

The CCHC supports early educators to implement the strategies identified in their quality improvement plan. Starting with the prioritized list, the CCHC supports an early educator to, for example, develop and implement a new policy, change behavior, modify their environment, or participate in a needed training.

The goal of implementing strategies is for programs to align their health, safety, and wellness practices with licensing regulations, the state quality rating and improvement system if available, developmentally appropriate practices, and best practice standards, such as CFCO and accreditation requirements.

CCHCs provide technical assistance through consultation and coaching. Types of consultation include:

- **Comprehensive health and safety consultation** – long-term technical assistance involving observation, ongoing assessment, and the development and implementation of a quality improvement plan to support change in all areas of identified need.
- **Targeted health and safety consultation** – short-term technical assistance typically focused on a specific issue or identified need. It may be helpful to use an assessment tool to evaluate practices to inform what consultation is needed.

CCHCs incorporate coaching into all consultation strategies. Coaching is an adult learning strategy. The coach, or expert, promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future



situations. Coaching is relationship-based and is designed to build capacity, skills, and behaviors and is focused on goal setting and achievement by the early educator.

CCHCs provide training and health education on all relevant health and safety training topics outlined in the CCHC Competencies document. CCHCs must utilize health education strategies and be knowledgeable of and able to apply principles of adult learning. CCHCs:

- Assess the need to provide health education within quality improvement plans.
- Provide evidence-based and appropriately sourced health education training materials.
- Follow up after implementing health education programs to assess learning and behavior change and determine if there are additional needs.

## Evaluate

After implementation of a quality improvement plan, a follow-up health and safety observational assessment should be completed. This is an opportunity to evaluate whether areas identified as needing intervention were comprehensively addressed with sustainable outcomes. In addition, and throughout the quality improvement process, CCHCs continue to build their working relationship with facilities and document ongoing consultation so that qualitative impact can also be assessed.

## The NC Health and Safety Assessment and Encounter Tool (NC HSAET)

The NC HSAET is a web-based tool used by CCHCs to collect and store data on:

- encounters with child care facilities and community partners including trainings, meetings, and other communication
- assessments of the health and safety aspects of child care environments and practices
- quality improvement strategies

The tool includes thirteen sections and incorporates:

- NC Child Care Rules, Sanitation of Child Care Centers Rules, and state laws
- Best practice standards from CFOC
- The Environment Rating Scales

## Fulfill Essential Functions

The essential functions of a CCHC are described in the National Center on Early Childhood Health and Wellness [Child Care Health Consultant Competencies](#). The CCHC Competencies should be used alongside the CCHC Service Model to guide daily activities and assess the knowledge, skills and performance of the CCHC.

The CCHC Competencies contain 16 areas of expertise, listed below, that fall into two categories: general areas of expertise that apply to the work of the CCHC across all topic areas and subject matter areas of expertise that are specific to the core content areas of health, safety and wellness:

### General Areas of Expertise

1. Consultation skills
  - 1A. Understands the role of the CCHC
  - 1B. Develops and executes a collaborative process for effective consultation
  - 1C. Uses communication approaches that strengthen relationships
  - 1D. Applies principles of health equity and cultural and linguistic competence to work with ECE programs, including staff, children, and families
2. Quality health, safety, and wellness practices

- 2A. Uses evidence-based instruments to assess the quality of health, safety, and wellness practices in ECE programs
- 2B. Collaborates with ECE programs to improve the quality of their health, safety, and wellness practices
- 3. Policy development and implementation
  - 3A. Works with ECE programs to develop and review child care health policies
  - 3B. Works with ECE programs to develop procedures that outline the specific steps required to implement child care health policies
- 4. Health education
  - 4A. Identifies, designs, and implements health education
  - 4B. Works with ECE programs to build staff and family health literacy
- 5. Resource and referral
  - 5A. Helps ECE programs make linkages to community resources that address the physical health, mental health, and social services needs of the program staff, children, and families
  - 5B. Collaborates with ECE programs to ensure families are able to access services

**Subject Matter Areas of Expertise**

- 6. Illness and infectious diseases
  - 6A. Works with ECE programs to reduce the spread of illness
  - 6B. Helps programs use current, evidence-based criteria for identifying, caring for, and excluding children who are ill and for identifying staff who are ill and should not be working
- 7. Children with special health care needs
  - 7A. Collaborates with programs and families to support the care and inclusion of children with special health care needs and/or chronic physical health or mental health conditions
- 8. Medication administration
  - 8A. Helps ECE programs safely manage medication administration and medical procedures
- 9. Safety and injury prevention
  - 9A. Collaborates with ECE programs to promote safety and reduce injuries
  - 9B. Promotes active supervision practices
  - 9C. Helps programs with planning and response to injuries
- 10. Emergency preparedness, response, and recovery
  - 10A. Helps programs prepare for, respond to, and recover from emergencies and disasters
- 11. Infant and child social and emotional wellbeing
  - 11A. Collaborates with ECE programs to create an environment for children that promotes positive social and emotional wellbeing
  - 11B. Helps ECE staff respond to social and emotional and behavioral concerns
- 12. Child abuse and neglect
  - 12A. Collaborates with programs to prevent child abuse and neglect
  - 12B. Supports programs in identifying and reporting suspected child abuse and neglect
- 13. Nutrition and physical activity
  - 13A. Provides guidance to programs on best practices in nutrition and feeding for infants and children
  - 13B. Works with ECE programs to ensure all children have daily opportunities for physical activity
- 14. Oral health
  - 14A. Collaborates with ECE programs to promote oral health
- 15. Environmental health
  - 15A. Collaborates with ECE programs to reduce exposure to environmental health hazards
- 16. Staff health and wellness
  - 16A. Helps ECE programs implement measures to prevent and manage occupational hazards for staff
  - 16B. Helps ECE programs identify opportunities to promote staff wellness

In the [CCHC Competencies](#), each area of expertise is expanded upon and includes three sections:

- what a CCHC should be able to do to perform effectively within that area of expertise
- the knowledge and skills related to each competency
- a list of activities a CCHC may perform to demonstrate the competency.

## Community Engagement

### Advocacy/Outreach

CCHCs advocate for child health, safety, and child development in child care locally and state-wide if there is opportunity or need. Serving on local committees, attending community meetings, and providing information to local and regional news outlets are all examples of advocacy.

### Networking/Mentoring

CCHCs network with regional coaches, other CCHCs and early childhood professionals at events, meetings, and conferences. CCHCs may be asked to mentor new CCHCs in neighboring counties by allowing them to shadow and observe program assessments and/or trainings.

### NC CCHC Association

CCHCs maintain membership and actively participate in the NC CCHC Association by attending quarterly regional meetings, the annual CCHC Conference, and serving on a committee or taking a leadership role. Association meetings and events are an opportunity for a CCHC to network with colleagues from other areas of the state, meet with their CCHC Coach and other members of the NC Resource Center staff, and receive training from guest speakers.