

RECOMMENDATIONS FOR DESIGNING A STATE CHILD CARE HEALTH CONSULTANT REGISTRY

The National Center on Early Childhood Health and Wellnessⁱ (NCECHW) is pleased to present recommendations for a model state child care health consultant (CCHC) registry. A registry serves to connect early care and education (ECE) programs with CCHCs. A registry may also strengthen state early childhood system building by encouraging states to assess the number and capacity of CCHCs to meet the needs of their ECE programs. This document explores the purpose and components of a registry and provides guidance to states who want to develop a CCHC registry or expand an existing professional development system to include CCHCs.

DEFINITION OF A CCHC

Child care health consultants support the health, safety, and wellness of young children, families, and staff in ECE settings. They foster quality child care by observing for recommended practices and identifying hazards in the facility or family child care home. CCHCs collaborate with directors, teachers, and family child care providers to help them comply with regulations, standards, and promote best practices to ensure children's safe and healthy development. They also play a unique role as facilitators and coordinators of care across systems, including ECE programs, primary care providers, and community health services, all in collaboration with families.ⁱⁱ



Although expectations for the professional background, training, and responsibilities of CCHCs vary considerably from state to state, *Caring for Our Children* (CFOC) provides a widely accepted definition of a CCHC: “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” (CFOC Standard [1.6.0.1](#)).ⁱⁱⁱ

According to CFOC, CCHCs have knowledge of child care practices, rules, and regulations. They may help programs understand infant and early childhood development and a range of health topics relevant to children, including children with special health care needs.^{iv,v} They may also connect programs with community health resources to support staff health, emergency and disaster preparedness, mental health, family health, and connect children to community health care providers to promote continuity in health services.

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States have various titles for a CCHC. They include Nurse Consultants, Child Care Nurses, Child Care Wellness Consultants, Child Care Health Consultants, or other nomenclature. Various systems also define the educational and licensure requirements of the CCHC differently. Optimally, a CCHC is a licensed health professional with education and experience in health and safety in ECE settings. However, not all CCHCs are licensed health professionals. A registry should reflect state-specific terminology and any regulatory requirements for CCHCs.

PURPOSE OF A REGISTRY

A registry serves two primary purposes. The first is to improve the ability of ECE programs to find CCHCs and the second is to improve the ability of the state to assess and develop their CCHC workforce.

Similar to an early childhood professional registry, a CCHC registry captures individual data about CCHCs, such as their service area, experience, education, training, and areas of expertise. A CCHC registry benefits ECE programs by connecting them to reliable professionals who are knowledgeable about child care health and safety, child health issues, and relevant community and health resources.^{vi} In turn, children, families, and communities benefit when ECE programs are equipped to support the cognitive, physical, and social and emotional development of the children in their care.

The registry also captures aggregate data about the CCHC workforce throughout the state. This provides the state with insight into the knowledge, skills, and distribution of the CCHC workforce. States use this data to improve the quality of their early childhood system by identifying gaps in CCHC availability or training and then devising targeted solutions to expand the workforce and training opportunities.

COMPONENTS OF A REGISTRY^{vii}

A registry will generally have three interfaces:

1. **A data collection instrument.** CCHCs use this form to submit their information to the registry. It may be a paper form, a fillable PDF, or other online data collection form.
2. **An internal database or data tracking system.** States may use a spreadsheet, map, searchable database, or other type of data tracking system. This allows them to assess the capacity of the CCHC workforce.
3. **A public-facing tool to find a CCHC.** ECE programs and others can use this method to find CCHCs who serve their geographic area or have expertise in a particular topic. This may be a database, map, searchable list of CCHCs, or a prompt to contact the agency that collects CCHC data to access information about CCHCs.

This document does not provide technical specifications for these three registry interfaces. States will need to customize their registry and data collection systems based on their regulations, standards, infrastructure, budget, technical capacity and information technology system, and training and/or service needs.

States that already have an early childhood provider registry or a professional development registry of trainers and/or consultants may incorporate a CCHC registry into their existing systems. Other states may not have an easily identifiable “home” for their registry and will need to consider the best place to house the data collection instrument, database, and public tool. Options for where to house the registry include the state system of early care and education, a child care resource and referral agency, or a private entity that supports child care health consultation.

In short, a registry is not one-size-fits-all. States with a large, robust CCHC network may have a more complex registry than states with fewer CCHCs. A simple registry is fine if it meets the needs of the state and their early childhood programs. Each state or system has the discretion to select, modify, delete or add data points as applicable.

The registry may collect and share information in the following five categories: contact and service information, qualifications, areas of expertise, topics on which the CCHC can provide state-mandated training, and workforce support. The agency administering the registry should determine a way to verify the information submitted by CCHCs, such as requesting proof of licensure or training, as appropriate.

Contact and Service Information

This section includes the CCHC’s contact information and details about the geographic areas and populations served. This information helps ECE programs find and contact CCHCs who can serve their program. Always let CCHCs know what personal information will be shared publicly. Aggregated information related to geographic areas, language abilities, and types of programs served can help states identify existing resources as well as gaps in service coverage.

Qualifications

Qualifications may include information related to a CCHC’s training, professional licensure, or certifications. States should ensure this section of their registry aligns with requirements for being a CCHC. For example, states that require training for CCHCs may require proof of training completion prior to allowing a CCHC to participate in the registry. States that require a CCHC to hold certain professional licensures will need to collect information to confirm that participants are eligible. If regulations require a CCHC to be a registered nurse, physician, advanced practice nurse, or physician assistant, other categories of licensure (e.g., licensed practical nurse) should not be included in the registry.

CCHCs may have a variety of additional certifications or qualifications that are useful to capture in this section of the registry. Examples include certifications in diabetes education, school nursing, or early childhood playground safety.

Areas of Expertise

Areas of expertise allows CCHCs to list the health and safety areas in which they can provide consultation or training. The areas of expertise proposed in this document align with the national CCHC competencies developed by NCECHW and align with the health and safety standards in [Caring for Our Children](#). States may consider expanding this list to include areas that align with state regulations or quality programs and CCHC state competencies if available.

State-Mandated Training

States may use CCHCs for training on required or specific health and safety topics and may want to include relevant information in this section. Training is an optional section that may be helpful in states that require trainers to be approved or meet state requirements to deliver specific training. In this case, states may want to adapt this section to reflect those requirements. States may choose to use this section to identify approved trainers for the ten [Child Care and Development Block Grant \(CCDBG\) training topics](#). In some states, CCHCs may independently develop and deliver training in areas of expertise based on the needs or requests of a program.

Workforce Support

States may also use their registry to collect information about professional development needs of the CCHC workforce. The registry data collection form can collect details not only about how many CCHCs are comfortable and/or approved to offer required training (thereby identifying gaps in trainer availability), but also about topics the CCHCs are interested in learning more about and other professional development needs.

States may also want to collect information related to frequently asked questions from ECE programs. States can use this information to prioritize resource development or other strategies to address common concerns among programs.

EXAMPLES OF STATE REGISTRIES

Each state has a unique CCHC system, so each state will have to adapt the guidance in this document to meet their needs. The following three examples of current state CCHC registries provide models to consider.

Colorado

[Healthy Child Care Colorado \(HCCC\)](#) is a public-private partnership that works closely with the Colorado Department of Education, Colorado Department of Human Services, Colorado Department of Public Health and Environment, Children’s Hospital Colorado, private foundations, and nonprofit partners to serve as the statewide hub for child care health consultation. It offers a professional registry, training, and support for CCHCs in Colorado. CCHCs join the HCCC Health Hub by using an [online form](#) to provide their contact and license information, as well as details about the types of programs they consult with, training they offer, and their professional development needs. ECE programs are able to use an [online search tool](#) to learn more about the role of CCHCs and find health consultants and trainers who serve their area and/or can provide state approved health and safety training.

Louisiana

The [Louisiana Child Care Health Consultant Program](#) maintains a [list of current certified CCHCs](#) that allows ECE programs to search for CCHCs in their area. The list includes each CCHC’s name, area(s) served, contact information, and credentials. CCHCs must complete the approved CCHC [Online Training Program](#) to be listed in the registry.

North Carolina

The [North Carolina Child Care Health and Safety Resource Center](#) houses the [North Carolina's CCHC directory](#). The directory is an online clickable map of all the counties in North Carolina, as well as an alphabetical list of counties, with the name, phone number, and email address for CCHCs in that county. The Health and Safety Resource Center also maintains a list of active qualified trainers on topics such as [safe sleep](#), [emergency preparedness and response](#), and [medication administration](#).

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- i. The [National Center on Early Childhood Health and Wellness](#) is one of nine [National Centers](#) supported by the Administration for Children and Families' (ACF) Office of Head Start and Office of Child Care to promote excellence through high-quality, practical resources and approaches that build ECE program capacity.
 - ii. Crowley, A. A. (2001). Child care health consultation: An ecological model. *Journal of the Society of Pediatric Nurses*, 6 (4): 170-181 (erratum: *JSPN*, 2002, 7 (1): 41).
 - iii. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2018). *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. [online database]. Retrieved from <http://nrkids.org/CFOC>
 - iv. Honigfeld, L., Pascoe, T., Macary, S., Crowley, A. (2017). Promoting Children's Health in Early Care and Education Settings by Supporting Health Consultation. Farmington, CT: Child Health and Development Institute of Connecticut.
 - v. Crowley, A. A. (2001). Child care health consultation: An ecological model. *Journal of the Society of Pediatric Nurses*, 6 (4): 170-181 (erratum: *JSPN*, 2002, 7 (1): 41).
 - vi. The New York State Early Childhood Advisory Council. (2013). Child Care Health Consultants: Current Models and Implications for Policy and Practice. Retrieved from: http://www.nysecac.org/application/files/4415/5423/1088/White_Paper_on_Child_Care_Health_Consultation_in_NYS_REVISED_FINAL-Reformatted_for_Posting.pdf
 - vii. Recommended components of a registry were developed based on a review of the Consultant Registry developed by the Healthy Child Care Consultant Network Support Center, funded by the Maternal and Child Health Bureau from 2005-2009, and a review of numerous sample state registries.

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SAMPLE REGISTRY DATA COLLECTION TOOL

The following is a sample form for collecting data from CCHCs to include in a registry. Depending on state regulations and requirements, states may designate some fields as mandatory. For certain elements, such as those related to professional health care licensure, states should use terms consistent with their specific state licensing.

Instructions

Please complete the following form to be included in the State CCHC Registry.

Please note:

- Our agency will review all submissions and verify information prior to public posting.
- You are responsible for the content and accuracy of all submitted information and for keeping this information current.
- Information that you provide will be included on a website with general public access.

Contact and Service Information

Name: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

Email: _____

Geographic areas served: _____

Languages spoken: _____

Types of programs served (select all that apply):

- Center-based child care
- Family child care homes
- School-aged child care
- Head Start/Early Head Start
- Military child care
- Infant/toddler providers
- Public preschools
- K-12
- Tribal child care
- Migrant child care
- Cultural/ethnic populations
(please specify): _____
- Other (specify): _____

Qualifications

Please select all training you have received to be a CCHC (check all that apply):

- State CCHC Training Course
- Online training (please specify): _____
- Professional development programs related to health, safety and early care and education (please specify): _____

Education (list all post-high school education):

Health Care Professional Licensure (include your state license number): _____

- Licensed Practical Nurse, LPN (if regulations allow)
- Advanced Practice Registered Nurse, APRN or Nurse Practitioner, NP
- Registered Nurse, RN
- Medical Doctor, MD
- Physician's Assistant, PA
- Other (please specify): _____
- Other certifications or credentials (e.g., certified playground inspector or child passenger safety technician):

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Areas of Expertise

Check all areas where you can apply your knowledge and skills to the early childhood field:

- Federal ECE regulations, requirements and standards
- State ECE regulations, requirements and standards
- Community and state resources to support programs, children, and families
- Principles of health equity, cultural and linguistic competence
- Policy and procedure development and implementation
- Health education for staff, children, and families
- Health literacy
- Quality improvement activities
 - NAEYC accreditation standards
 - NAFCC accreditation standard
 - Caring for Our Children standards
 - Other: _____
- Common childhood illnesses and health conditions
- Infection control measures
- Children with special health care needs
 - Severe allergies (including anaphylaxis)
 - Diabetes
 - Seizure disorders
 - Asthma
 - Other health conditions: _____
- Medication administration
- Safety practices to reduce injuries
- Playground safety
- Response to medical and physical emergencies
- Emergency preparedness, response, and recovery
- Infant and child social and emotional wellbeing

- Nutritional requirements for infants and children
- Food safety and sanitation
- Physical activity requirements and strategies
- Promoting oral health
- Staff physical and mental wellness
- Environmental health

State-Mandated Training

Check all areas in which you are approved and/or meet state requirements to conduct mandated training:

- Prevention and control of infectious diseases
- Sudden Infant Death Syndrome (SIDS) and use of safe sleep practices
- Administration of medication
- Prevention and response to emergencies due to food and allergic reactions
- Building and physical premises safety
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning
- Handling and storage of hazardous materials and bio-contaminants
- Precautions in transporting children
- First-aid and cardiopulmonary resuscitation (CPR)
- Other: _____

Workforce Support

List the most common requests from programs you support as a CCHC: _____

List topics you are interested in learning more about to improve your capacity as a CCHC:

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