

Caring for Children with Special Health Care Needs

Nydia Ntouda: On today's webinar, we have Kimberly Clear-Sandor and Mercedes Gutierrez who will take it from here and introduce themselves. Kim, proceed.

Kimberly Clear-Sandor: Thank you, Nydia, and welcome everybody. I join Nydia in thanking all of you for joining us today. We're always so excited to spend this time together. Today's topic is caring for children with special health care needs. As many of you know, child care health consultants do give unique support to early childhood programs to help staff manage children's health conditions. Today we're going to explore some strategies that can support you in your work with staff and families to care for children with special health care needs.

We're also going to explore some factors that impact positive health outcomes for children with special health care needs, including race, ethnicity, and where children live and play. We invite everybody to use this space together to learn and share with each other. We know that there are a lot of you. I know it was 300 and something and counting, and we know that you bring wonderful perspective and experience to today's webinar, and we hope that you feel comfortable sharing that with each other.

My name is Kim Clear-Sandor. I'm a senior training and technical assistant associate with the National Center on Health, Behavioral Health, and Safety. I'm a nurse and a family nurse practitioner. It is upwards of 30 years now that I've been practicing. In that time, I've really worked to support children, families, and communities in their health and safety needs.

I bring not only my health experience but my own experience as a health consultant working with over 35 programs in Connecticut, in New York, training other health consultants and health managers and my work at the national center. I always learn from all of you every time we have these sessions. I am lucky enough to be joined today by Mercedes.

Mercedes Gutierrez: Hi, everyone. My name is Mercedes Gutierrez. I am an MD, MPH. I'm also a senior training and technical assistance associate for the National Center for Health, Behavioral Health, and Safety. I bring my knowledge and expertise for about 15 years in the early childhood space. I've worked in Head Start programs as a health manager, and I've also supported programs as a child care health consultant. I'm really excited to be here, as Kim said. We really look forward to these webinars with you all.

Kim: Thank you, Mercedes. Our learning today, objectives for today's session are up on the screen. In general, we're going to explore who are children with special health care needs. We're going to do this by looking at some different case scenarios that help us understand how we can best support those children with special health care needs in programs. Please share in the chat. Feel free to share. Ask each other questions. It's always chock full of good information. As we go through today's session, please do that.

We are going to review some resources as we go through today's session as well. I know sometimes we go quickly over some resources that we talk about, but I just want to reiterate that Nydia and our national center crew that helps us on the back end of this program are going to be putting those links into the chat box, and those links will give you those resources. Don't worry about scribbling down names or anything at this point. You will have easy access to them as we go.

I just want to start by talking about what is a child care health consultant. We're often asked that question. We usually speak about the role in a general way that a child care health consultant is a health professional with education and experience in child and community health and who has specific training in early care and education and child care health consultation. We know that states all do things very differently. They have different regulations that may outline who can be a child care health consultant, and they have different expectations around the scope of work.

Some health consultants work within quality improvement systems. Other work outside of licensing but are required consultant. You have lots of different ways that someone can be a health consultant, but it's important to think about what does a health consultant contribute to your early care and education program. That is really the health, safety, and wellness of the children, the families, and the staff. They can foster quality care by observing for recommended practices, identifying hazards in the facility, and really working with programs to address problems and concerns and issues they may have. They do that through their collaborative work with the directors and teachers in the programs.

We have this nice handout on the screen that really talks about some of the scientific research and evidence base behind the role of a child care health consultant, but I do just want to state we know we also have a very large Head Start audience that joins us on this quarterly webinar series. Some Head Start programs use child care health consultants. Others do not, but we believe that the content that we are reviewing today is really helpful and relevant for anyone who's working with children and families in early education programs to meet their needs. If you have any specific questions about that, please let us know in the chat.

The national center created child care health consultant competencies. As we said, there's a new flavor for every state out there. These competencies are really written in a very, very broad way. They can be applied to the health consultant role. No matter what state you're in, you'll be able to find the work that's being asked of you reflected in the different competencies. There's two main categories in the competencies. The first is general areas of expertise. This really talks about general consultation skills such as communication and policy development and things like that. The second part is around subject matter expertise.

That's really defining some of the knowledge expertise and skills that you bring from your health background such as infectious disease, preventing injuries, children with special health care needs, reviewing health forms for immunizations, and things like that. As we do our quarterly webinar series, we always like to pop into the competencies and think about, what is the competency saying about the role of a health consultant as we move into the session today.

The competencies that address children with special health care need is the Competency 7A. The health consultant supports programs and families to ensure children with special health care needs and/or chronic health conditions have safe and inclusive experiences in their program. What does that look like? A health consultant can really work to stay up to date on the knowledge about different health conditions and how they can be managed in their early childhood settings. What are some of the challenges they may arise in an early childhood settings? Health consultants can learn about Americans with Disabilities Act and understand what the responsibilities are as it relates to that and work with the program and the program's council and leadership to understand that.

Health consultants can support the program to fully plan. They can really think through the program day and make sure they can make accommodations and understand how to best support the child to fully participate in all the good stuff. Last but not least, we really think about, how can we support the program and connect them to resources and how can we support the family on their journey about learning about their child with special needs? The health consultant competencies also include a couple of other competencies that we thought were relevant to your work with children with special health care needs. That's Competency 4, which talks about health education, and Competency 5 that talks about resource and referral.

The health education really comes from supporting the program in understanding what is a special need a child has, supporting the program and developing care plans, and understanding how to use them, understanding medication administration to build the health literacy and the competency of everyone so they can feel confident in taking care of the child. The other piece is that resource and referral that I was mentioning in the last slide, just connecting people to resources to support everybody.

It really does take everybody joining in. As we move through the content of this webinar, I'd really love to hear a little bit about your experience when you're working with children with special health care needs in your program. You work with a lot of other people to understand issues, plan trainings, problem solve, and do your work, and we're hoping in the chat you could share who are some of the partners that you work with within the context of your work. Go ahead and type in the chat who are some of the folks that you work with out there. We'll wait for those to come in. I encourage everyone to keep their eye on that. What was that, Mercedes?

Mercedes: Someone wrote parents, their IU – their intermediate unit – the HSAC committee.

Kim: Parents, pediatricians. I see ChapCare. There must be some health care in their area. Family workers, health districts, early intervention. Excellent. Parents, early access. A lot of folks talking about the early intervention services. county health departments. This is a good – everyone, keep paying attention to that list. Nutritionists, community focus groups. You can see the breadth and depth of partners, depending on what those special health care needs are. It really takes a coordinated approach to fully care for children with special health care needs. In Head Start, many of you are calling out your partners in this work. Nutrition managers,

disability managers, your child care health consultants, Part B or Part C, family service. They're all part of that coordinated approach.

In child care, you may not have all those supports or colleagues doing the work with you, but they are there as you can see reflected in the community. You can find pediatricians and children's hospitals and local health departments as well that can really be your partners in the work if you are just a health consultant in a program – I shouldn't say just – if you are a child care consultant in a program. As we go through today's presentations, whether you're in child care or whether you're in the Head Start, I really hope that you can process the information that's shared and think about how this work is done within the context of your work together with the ultimate goal that we're able to care for the children and meet their needs.

Mercedes: I noticed in the chat; people are already working really closely with partners. I know a lot of you are totally familiar with what a child with special health care needs is or how this acronym is defined, but this definition on the slide here for you comes from the Maternal and Child Health Bureau. They define children with special health care needs as "those who have or are at an increased risk for a chronic, physical, developmental, behavioral, or emotional condition who also require health and related services of a type or amount beyond that required by children generally."

What we know is that children with special health care needs can range from very simple conditions to very complex conditions. Some of those simple conditions could be eczema, and that child with special health care needs lotion or a special moisturizing lotion after handwashing each time. We know that handwashing occurs a lot during the day in child care. Another type of issue could be that a child requires a G-tube feeding because they have swallowing issues. We can see the whole range of children with special health care needs in a child care setting. Regardless of their diagnosis, it's really important that child care health consultants support caregivers in learning about that condition and figuring out what resources are needed to support the child to be healthy while they engage in activities in the program.

This resource on your slides is on your resource list. It comes from the National Survey on Children's Health, which is funded and directed by the Health Resources and Services Administration, or as we commonly say HRSA. They do a national survey to get a collection of the estimates at the state level of the prevalence and impact of special health care needs among children ages 0 to 17. This goes a little bit beyond what we're seeing in the child care setting, but it's important for you to know and understand the impact of children with special health care needs across the nation.

What they've found is that approximately 14.1 million children in the U.S. had a special health care need. That is one in four households in the U.S. had one or more children with special health care needs. They also found that one in four children with special health care needs had a functional limitation. I'm going to list out some of those functional limitations that we see impacting the children with special health care needs. Additionally, they found a correlation between multiple adverse childhood experiences and children with special health care needs.

More than 1 in 3 children with multiple ACEs had a special health care need. These stats are really, really impactful, and it's important to understand this is a national snapshot. We really need to also be aware of what's going on locally and understand what's impacting the children in your programs. Wanted to talk a little bit about some of those functional difficulties that we're seeing. A functional difficulty is defined as a difficulty in any of the four functional domains, which could be sensory, movement, cognitive, or that emotional behavioral domain.

You'll see some children with special health care needs have difficulty learning or understanding or paying attention, while you can see some have difficulty breathing and other respiratory problems, which directly could contribute to that difficulty learning and understanding and paying attention. We do see some children with special health care needs have difficulty avoiding anxiety and/or get depression easily. They have a problem when they're trying to manage their behaviors. It can manifest as speaking difficulties, communication difficulties, or delayed speech or hard to understand.

Additionally, it could be that they actually experience chronic physical pain or have difficulties learning how to take care of themselves or eating or dressing by themselves or bathing and just moving around or using their hands. We wanted to ask you all – we're going to pull up a poll now to see what are some of the health conditions that the children in your programs are experiencing. This is a multiple choice.

Kim: Mercedes, while we're watching that come in on the back end, I just wanted to elevate a comment. We have a participant today that is from Prevent Blindness. She shared that Prevent Blindness recommends that children with many different special needs have an eye exam, especially kiddos with a neurodevelopmental disorder. Didn't want that to get lost in all those comments there.

Mercedes: Thank you for elevating that. We're just going to leave it up just a second or two more. Thank you. I don't think you all can see who's in the lead right now, but allergies seems to be topping our list for now. I'm just going to end the poll now so we can have about – if you can't see the results, you all are seeing allergies, asthma, and ADD/ADHD at the top of your list. Down below, it says others in the chart. Did you see any other additional ones in the chart, Kim?

Kim: Yeah. There's quite a few on autism, cerebral palsy, behavioral issues, sickle cell disease, cystic fibrosis, some with tracheostomies, kidney disease. You said there's a big range, quite the range, but you are all seeing a lot of stuff out there.

Mercedes: Thank you all for sharing and participating. This next slide is a snapshot of that survey that I just presented to you a few slides back, where they took a look at – remember, this is national data – and took a look at what was the prevalence of health conditions among children with special health care needs. You see it pretty much matches what you all clicked on in the multiple choice. Allergies here is topping the list with 41%. ADD and ADHD was high on our survey and is also number two on this list. There are behavior and conduct disorders that come before asthma, but it seems like your top three are amongst the top five here as well. It's

good to understand the prevalence of these health conditions because this is important in preparing programs.

If you as a child care health consultant are called upon to support a program with special health care needs, you want to know what are the most common ones you want to prepare the program for, but you also want to dig a little deeper, and like those of you who shared in the chat, and know what are those specific conditions that are impacting the children in the program. Just as a reminder here, it might be a little bit different because this is national data and the children that were surveyed were ages 0 to 17, and we're here for child care, which we know is 0 to 5.

Kim: I saw some of these pop up in the chat as well, as things that your therapies you're doing in your program. We thought we'd do a poll on these too. If you could launch that poll, that would be great. We're just trying to get a feel for what are some of the therapies you're doing with children with special health care needs. We're going to have our tongues twisted by the end, saying children with special health care needs fast throughout this whole presentation.

But children with special health care needs have such a variety of different needs. They may just be things that come up in an emergency or they could be things that need minute-to-minute, day-to-day adjustment and regulation. While you guys are doing that poll, we also do have the other. Feel free to check things in there. I see catheters, speech, occupational, physical therapy coming in.

We have a lot of you answering in those polls, so keep clicking away. Always fun to see. Feeding therapy, wheelchair access. A lot of services there, asthma inhalers, sensorial issues, dysphagia, walkers, cortisol oral, and shots for some severe issues while some medication administration, walkers, mobility issues. Awesome. Let's show the poll. Thank you. What came in on the poll? The emergency medication administration, that goes along with everything you marked about allergies and asthma.

The daily medication administration was number two. I'm trying to do the line, but it looks like G-tube feeding was number three. But you are. I think it demonstrates really that breadth and depth of issues that are coming through your doors, and you're really being asked to learn new skills, learn about new conditions, and then consider what does that look like in such a young child in the context of a child care setting. That's really where we're going in the next part of the session.

Mercedes and all of you have talked about the world of children with special health care needs. How do you manage that? How do you go about supporting a child in preparing your program that could have anything from needing something once in a while to needing something like oxygen or G-tube feedings or things on a regular basis. We really think about that coordination amongst families, the program, the early childhood education program and all the staff members, and the health care provider and specialist, which might include your Part B or C, folks that you're working with as well.

Each of these people really brings a totally different set of knowledge and understanding about the child and their conditions so that you can bring everything together to support the family and the health care provider as they manage the child's condition, but also to support the child while they are in your program. Most children can be kept healthy and safe in a program. It takes a little bit of time and energy to figure some of it out. They really benefit from being in the setting, being with their peers, and really allowing to engage in all the good stuff that their teachers put on for them.

We're going to break this up into those three pieces. and We're going to do a case scenario with each. We'll do a case scenario talking about working with families, we'll do a case scenario about working with the program, and then another working with the providers. As we go through these, we hope to learn different strategies and thoughts about how each of these players comes together to truly support taking care of children with special needs.

I'm going to read the first story, and then I'm going to ask if you want to answer these two questions in the chat. Then that would be great. The first story is about Anthony. He's a three-year-old. He had a seizure with a fever. He needed to go to the hospital when it happened, and he's planning on returning to your program next week. When he comes, he has two new medications that he's coming with, one for a fever and one in case of an emergency if he has a prolonged seizure. If this was you in your world, what are your immediate questions for the family? Why don't we just start with that one, what are your immediate questions for the family? Then we'll move to the second one. Jessica is sharing, is the fever medication scheduled or as needed? What are the known reactions to the medications? Excellent.

Mercedes: Do you have the paperwork from the doctor about the new medicine protocol? How are you feeling? What else can we do to support you?

Kim: I got the action plans. Do you have an action plan, health care plan? Let's get the paperwork. Those are those immediate questions. I love that someone paused and said, how are you? Any family was going along, and then all a sudden, they're confronted with something that can be scary to folks, it's so new, and it may require them to learn and do things that's outside of their comfort zone as well. Pausing for the parents is great.

Lots of good things coming up in the chat that's really demonstrating your depth of working with families and thinking through, how do we prepare to have the child come back to our program? Talking about families, were they trained? Are they connected to community support groups? Do we have cues? Do we know what happened? Are we going to know when he's going to have a seizure? Do you understand the medications?

I notice some folks are already answering the second one about how can the program support the family with a new diagnosis or health concern. I see some of that coming in, especially that piece about are you connected to a support group or any community resources, because it's all

new. Families have been through these things before, and there's resources that can really help. Wonderful to ask.

[Interposing voices]

Mercedes: Someone wrote, in Pennsylvania, only nurses can give seizure medication. I think that's a great point to make, that you as a child care health consultant or you and your programs need to be aware of the different restrictions regarding your states. As a child care health consultant, your role might be to support them in finding a service that fits their need. I thought that was a great point to point out.

Kim: It goes to that piece, Mercedes, about you as the program, you know what those laws, regulations, limitations, et cetera are. Asking the question, are there medications? Is there stuff we need to know? As the program, that's going to set off a whole bunch of different things that you're going to need to put into place. So important that you're thinking all that stuff while you're talking to the family.

All right, I'm going to go on to the next slide there. Thank you. A lot of you guys have already shared the immediate questions for the family and the importance of really approaching the families with humility and respect. Doing that, asking open-ended questions, it really gives them an opportunity to share and for you to listen and learn. What was their experience? What happened? How did you know something was wrong?

How did it go? What have they told you? What are the next steps? They have so much to share about what happened through that lived experience. You really just taking the time to have those conversations with the families is so important. Families know their child best, and they've been the one who has with the child through all of it. Exploring their experiences and leaning on them for that information is great.

We also know families are in all different places when they hear this kind of news and how they react to it. I think being sensitive to that is great. I saw so many comments in the chat that reflect the sensitivity you're already bringing to working with families. The next part is about managing the health condition with the family. A lot of you talked about that communication plan. I think it's so important that we remember we in child care, we have little kids.

They are 0 to 5. During that time in their lives, this is when new things are coming up. They don't necessarily come in and have a list of everything that's going on. Just like this little fellow in our case scenario, he's been in your program, and then he had a condition arise.

Part of that is that the family is now going to be, in this scenario, connected to some doctors, may need some testing, may need some follow up. The health care providers might want to know how it is going. Really thinking through how the program is going to share with the family so they have the information they need about how the child is doing the day when they go for those health care provider visits is really, really important.

Letting the family know when they should communicate with you about any different changes, like maybe the child went to the hospital, or maybe there was a medication change, or maybe the child had a seizure the night before, but they were able to manage it, but thinking through that communication plan so that you can ensure the whole team, all three partners there are continually in line and understanding and supporting each other as the best they can. As you do that, you can really be listening for what's working well, what are some of the things that are a challenge, is there anything that you can offer to provide a little bit more support or learning for the family.

This goes to the policies and practices while you're working with the families, and this came up with you guys are talking about the medication administration. We talked about, one, that communication part, but what does a family need to know from you? What information can you share with them? What are your policies and practices that you can share? Remember to take those cues from your family about how much and what they want to know and what they don't want to know. You're definitely going to want to let them know how are the teachers going to understand how to best care for their child. Share with them that you're going to do training, and that there is a plan in place, and share with them how medication will be administered if it's needed.

Working through how the program sets that up can, one, really help the staff, frontline staff feel confident about what they're doing and reassure the parent about what's being done so that they can ask questions and get their needs met, so they feel comfortable with their child in the program. When we're working with our families, we always want to remember that where they live, where they play, where the parents work, all impacts the child's life and their ability to access health services and information.

We call these the social determinants of health. The social determinants of health are defined as conditions in the places where people live, work, and play, and they really affect a wide range of health and quality of life risks and outcomes for a lifetime. We often think like, "oh, I'm going to be healthy. I'm going to eat healthy. I'm going to exercise. I'm going to go to sleep, and I'm going to go to the doctors, and do what I'm supposed to do. I'm going to be healthy." We've learned that where people live, work, play can impact up to 80% of their overall health. When we're addressing health in our programs, we really need to pay attention to these social determinants which also impact their health.

The five categories are up on the screen. They are economic stability, education access and quality, health care access and quality, the neighborhood and built environment, and social and community context. All of these things together could impact someone's health. If we're thinking about a neighborhood and built environment, we might be thinking about, with our child in this scenario who has new seizures, what's their access to emergency services if needed? Do they have transportation that can get them from point A to point B? Perhaps they have a car or maybe they are reliant on public transportation.

In health care access and quality, you're wondering, how far away is the closest neurologist, which might be a new special health care provider who is a new partner for them? How far

away are they? Do they have access to them? Is there community supports and parent-to-parent support programs that are local enough or nearby so that the families can actually utilize them? The outcomes on health can be impacted by all of those things.

As we work with children with special health care needs, we really want to keep in mind what are the social determinants of health and that these can create different inequities. There are things that children with special health care needs are facing daily. In the framework of Healthy People 2030, the goal that all children and youths with special health care needs have a fair and just opportunity to be as healthy as possible and thrive, we really need to think about, what are the disparities and how can we overcome them?

Just look at some of the statistics on the screen and think about it in terms of what Mercedes had shared in the beginning about characteristics of children with special health care needs. If you think that 19.4% of nonchildren with special health care needs in the United States live in poverty whereas 23.8% of children with special health care needs live in poverty. You see a much higher percentage of children with special needs living in poverty. Children with special needs are overrepresented in poorer and more rural states such as Mississippi, Louisiana, Kentucky, and West Virginia. Meaning there's more of them per number of children.

Then take a look at the difference between race, poverty, and children with special health care needs. This came from the National Survey of Children's Health. You can see 43.4% of Black children with special needs live in poverty compared to 33.6% of Black children that don't have special needs and only 10.9% of White children that don't have special needs. That's a huge, huge difference. You can see the last statistic, about 31.3% are living in poverty, have disabilities compared to 20.8% of those living above the federal poverty level. There's a huge disparities, having a special need is a challenge, and it's a challenge for anybody, but then we do have these racial, ethnic, socioeconomic challenges on top of everything.

In the chat, I'm just curious if you have experienced or notice any equity considerations or barriers or challenges that your families are facing when you're trying to get services for children with special health care needs. You can pop them in the chat. Yasmin, I would have to so.. When you guys get the slide deck, you'll get the whole link. They shared a lot of statistics on there, and they might be listed on there in that format.

I see public transportation in rural areas as huge issues. Waitlists, we're really seeing quite a long time for people to get into places. Language barriers, health insurance barriers, long waits, transportation, homelessness, staff shortages. Again, a lot of things that are coming in. We just want to share that, As you are working with the families with children special health care needs, think about these challenges. Think about these disparities because you may be able to work with the families to address them or connect them to different services.

I noticed someone threw in there, health literacy as well. I think that in the early childhood space, we're aware of how things are communicated to families, and especially in the health care world where things are communicated very quickly and folks aren't so aware of using plain language and double checking to see if folks are understanding and really having the time

in the health care place to pause and have those conversations, and that might be a really important role that a health consultant plays in a program, is to be able to have those conversations with the families that can be challenging. We're going to move to our next partner, that Early Childhood Education Program and Staff.

Mercedes: We're going to go through this scenario. I already know that... I feel like you guys have been answering this along the way, so really great. If you can, in the chat, consider the questions that are on the screen as I read through this scenario for you. Johanna is a four-year-old that has asthma. Her asthma is triggered by upper respiratory infections and cold air. It's February in the Northeast, and I'm in Pennsylvania. In Philadelphia, it's about 28 degrees here today. A new teacher in her classroom has just become certified to give medication. How would you all make sure that the staff understands each child's special health care needs?

I think if you can answer as many as you can. How do we support staff to think through how the health condition may affect planning and activities? How can the program support the family? Conduct a health training, review the child's action plan with staff, medical care plan, proper training. Exactly. Make sure they read the individualized health care plan, [Inaudible]. Awesome.

Kim: I see role playing.

Mercedes: Role playing. We call those drills. That's great. You guys are right on target. If you as a child care health consultant are looking to support the programs and staff, you may be able to provide child-specific training. What does that mean? That means that you need to know all of the needs, all of the supports. They're typically written out on that individualized health care plan. We'll go into that in the next couple of slides.

This means you should know how to train the staff on any of these accommodations that might be needed in the classroom, give them a refresher on the medication administration and how it pertains to this medication that they're receiving in the classroom, review those emergency care and procedures, and consider implications for emergency preparedness, recovery and response.

What does that mean is... How do we make sure that if there's a hurricane, if there's a tornado, if there's an earthquake, if there's an emergency, a fire, something like that where you need to evacuate the building... How do you make sure that we have the plan and the resources for that child with special health care needs and we are able to take them with us in the moment? Helping them consider those things.

All of that comes along with you knowing your program. You knowing what area the program is in, what is more prevalent in that program. If you're in the southern states, you're thinking about hurricanes. If you're in the Midwest, you're thinking about tornadoes. Things like that is

being aware of how you can support the program and planning for the needs of this child with special health care needs.

One of the resources that we are going to give you today is from the American Lung Association, and this is an example of an asthma action plan. Typically, you'll get an asthma action plan directly from the child's health care provider, but if they do not provide you with one and mom or dad or the guardian comes in and says, "Oh, my child has asthma, here's the medication," you need to make sure that the program is prepared with the asthma action plan.

Having a template like this on hand is great that you can send to the health care provider and ask for some of this really, really pertinent information, which includes what are the triggers. You as a child care health consultant need to take the time to explain what these different zones of the asthma action plan mean. This is a really great resource as well because it comes with a QR code where you can scan it, and they can get a little video of how to actually administer the medication, the asthma medication there.

Another way that you can work with the program and staff is to really take – understand their daily schedule in the classroom. And look to see how having this child with special health care needs might impact their daily schedule. How can they make accommodations within that daily schedule to meet the needs and support this child? You can also help the program review their staffing and training plan. You might already know, "hey, look, we get a lot of children with asthma in this program.

This should be part of their onboarding training. Everybody should get this training." You can help them understand that that's just a basic need that we need because it's really prevalent in our program. You want to help review food policies, and you're going to be looking for triggers for your children with special health care needs. You can also help them review and make a policy and procedures specific to the children with special health care needs and their medication administration.

You want to help them figure out where medication should be stored in the classroom and the areas that the child goes throughout the day. Say they're going to an auditorium to play or somewhere, or the playground, help them understand where medication should be located and how it should be accessed. You also want to consider the other families and children in the program and what it might mean or how it might impact them to have a child with special health care need in their program.

A lot of you mentioned the individualized health care plan. This is important for our programs to consider having for children with special health care needs. Most of us are familiar with them. Across our programs, they may look a little different. There are several templates out there, but really all together, they should be promoting the health of the child and helping you learn how to prevent any complications while the child is in your care.

They should outline the communication and the collaboration between all of the health care providers, all of the different teachers or service providers that the child may see, and then that

– especially that communication that you have with the family as well. This individualized health care plan should also outline what training and skills the staff need to take care of the child. When you review this with the family, it gives the family and the staff a feeling of confidence because they know everything is laid out on the table and written out for them.

One example here is from Caring for Our Children. Caring for Our Children is the National Health and Safety Standard Guidelines for Early Care and Education Programs. It's a really great resource. As you can see on the slide, it gives you an example of what an individualized health care plan could look like, but it really contains all of the pertinent information, like the child's diagnosis, the contact information for the health care provider, what the medication is, how it is given, and any allergies or modifications, accommodations that need to be considered for this child. This also is on your resource list today.

Another resource – sorry if I'm going fast. I want to make sure we give you all of these great resources. Another resource that I want to hit on is, this is a survey to make sure that your child care setting is asthma friendly, and it's just like a checklist that you can run through to make sure that you don't have any triggers in your program, to make sure that you are ready to accept a child with asthma into your program. That will be on your resource list as well. Another way that you can support programs is to help find local resources. Something we talked about earlier was that sometimes this is new to families, that their child has a special health care needs. Well, sometimes it could be new to the program staff. It could be that you have new teachers, or it could be that you've never had a child with this specific health care needs.

Finding local resources to help support them, whether it be for training, whether it be for resources and supplies that you can give to the family, it's really important that you as a child care health consultant think about ways in which you can support and connect the program with community resources specific to the needs of the health conditions in your program. Another resource I want to highlight for you is from the American Lung Association. This website helps you find resources in different languages. What I want to highlight about this one, this is great. Know your families, know their needs.

If English is not their first language, it is important to find resources that are culturally and linguistically appropriate. Finally, another resource, asthma resource on your list really helps you find resources specific to the facts, the triggers, treatment, and any of those specific areas of need that the programs might need support in.

Kim: I think we'll just skip that, right?

Mercedes: Is this you, Kim?

Kim: Yeah. Take a deep breath Mercedes.

Mercedes: Going to run out of time.

Kim: I know. You covered so much ground there. I just encourage folks to check in the chat. Different folks share different plans that they like to use and different strategies they use to work with the plans with staff and some great questions about how are folks going about medication administration training and other things. Just want to reiterate, at the end of this presentation, we have a number of resources that are listed around medication administration, but it's highly, highly specific to your state, your child care regulations, and your nursing, delegation scope of practice regulation.

It's really important to follow the guidance from that state because every state is different about who can do what and what paperwork is required, et cetera. The piece that we really want to keep in mind is that, if a child is there that needs medication, folks need to know when it's going to be given and who can give it, and that they're trained to be able to give it. You really want to hold that and think about, what are we trying to achieve? Then figure out how it can be done within the context of your state.

Here's lots of more examples. You get these from the health care providers. Everybody's got their own kind of a plan. The plans really help those in the program that – there's this kind of translation that has to happen between the health care lingo and the folks doing the work in the early childhood program. If we think about the health care providers as our next piece of the puzzle here, we have a story about Roberta. She has diabetes, and she's about to get a pump. The staff members are pleased they'll not have to check her sugar and give her insulin injections, but they don't know enough about diabetes. The question is, what expertise can the health care provider share with the program?

I think you guys have fun in the chat because I'm sure you guys will fill it up with many of the things that I'll say, but I think about it this way, with each of those three buckets, each of them has needs and expectations. We can't expect a health care provider to remember that the folks that are reading a health plan or a medication order are not medical people. You have frontline staff that are teachers reading these plans, and they're coming from that medical perspective. They have knowledge about the disease, about the medications, the side effects, everything you want to know about that. Use them, use their staff, use others in their office that may be able to help the program be able to best take care of them because they carry all that information to the highest degree.

The health care providers can be anyone. It can be the primary care. It could be a specialist. It could be your disabilities folks that you're working with. Any of those health care providers that are providing services can support you with your work with the program and family. That next slide really just captures, again, our three buckets about families, early childhood education program and staff, and the health care provider and specialists really working together to best care for the child and make sure the program has everything they need and make sure that families can be connected as they need to be.

Everybody plays that unique role in understanding the child, the conditions, the treatment, and how the child can be best supported in the program.

If you go to the next slide, I just want to share, We often think about children with special health care needs – some of them may need medication. I know there's a lot of those questions. Just take a peek at this slide when you get the list and the resource list. We did pull out the Caring for Our Children, which is the National Health and Safety Standards for Medication Administration for the policies around medication administration, and some sample like forms and things that are in there.

We just wanted to also highlight that Caring for Our Children has a special collection, which is a whole bunch of different standards that really hit on a lot of the topics we talked about today but can be a great resource to you when you're going back to your program and you're in the middle of a situation and might be thinking, where do we go? Where do we go next?

Always, just remember those state, territorial, tribal regulations that are out there that do influence medication administration. Always, with all of this stuff with children with special health care needs, we know that we need to – you can pop forward there, Mercedes. That's the slide I was talking about.

[Interposing voices]

Kim: I want everyone just to know it's there. The next one just has additional standards there, the confidentiality one. The second bullet that exchange information form – I love this form because sometimes when we're working with families and health care providers, the family is playing operator. This form allows you to ask a question to the health care provider. The parent can sign a HIPAA release so that the provider can communicate back to you to answer the question. It's a neat little form that's a nice tool when you're working to exchange information and have clear communication.

These other little resources that we're popping up here are just different medication administration and emergency plan resources that we thought you would like. As Mercedes and I were talking about this, we said, "what's the biggest thing you always want when you do a training like this?" We both said resources! It's a very resource-rich presentation, but we're always looking for things that can simplify and really distill things to the essence to really support health literacy of our families as well as our staff as they're caring for children with these special needs.

This I really love. It's such cute little posters. You can go forward there. This is the example of a nice food allergy plan. Sometimes the plans also have medication administration in the plan as well as what to do. There's different approaches there. Then the next one is just some nice resources.

I find that when I'm supporting a program in medication administration, sometimes the pharmaceutical website has fantastic educational material. We shared some of the ones that

we found that we thought were really helpful. Look at the little picture of the anaphylaxis in young children. I thought that was just so cute and so relatable for the work we're doing. There was an Auvi-Q. They have a video on how to use it. EpiPen has different things too. You can just flip through those, Mercedes.

Our big takeaways from today, we hope that you join us in working together on behalf of the children with special health care needs, with the families of health care providers and the programs to really ensure those children have rich and wonderful learning experiences that they deserve, and they're definitely able to have in those early childhood programs. I know we're at the top of the hour. I don't know. Nydia, I can't see you anymore. If you missed, we just want to close it out there and let folks know that there's some more resource slides at the end of the slide deck.

Nydia: Yes. Many questions about the resources because they really were fabulous resources. Do not fret. They are all in your handout. That link or the PDF document is where all of these resources are, as well as the handout. The PowerPoint that you're seeing is linked in that handout. You have everything that you need. . Thank you once again. Thank you so much Kim Clear-Sandor, Mercedes Gutierrez. Thank you so much for this information. Thank you to the participants. These CCHC chats are always so rich with engagement and with resources, so thank you so very much.

If you have more questions, if we didn't get to answer your question in the Q&A box, or if you have more questions, do not worry. You can go to My Peers or write to health@ecetta.info. Also, the evaluation URL will appear when you leave the Zoom platform. Remember that after submitting the evaluation, you will see a new URL, and this link will allow you to access, download, save, and print your certificate. You can subscribe to our monthly list of resources using this URL, and you can find our resources in the Help section of the ECLKC or write us at health@ecetta.info. Thanks again to everyone once again. With that, Kate, you may close the Zoom platform.

Kim: Thank you.