

## **CCHC Quarterly Webinar Series: Helping Child Care Programs with Health Policies and Procedures**

Nydia Ntouda: Now that we have gotten housekeeping out of the way, we can officially begin. Our speakers today – I will let them introduce themselves. Kim, you can take it away.

Kimberly Clear-Sandor: Thank you, Nydia. Welcome, everybody. We are excited to be here today to share this webinar on working with programs with health policies and procedures. We hope this webinar today highlights the useful role health consultants can play partnering with program leadership to create healthy spaces.

It's wonderful to see so many of you in the chat. I love seeing where everybody is from. It warms my heart because I know you've all been doing incredible work always, but especially during these past two years, which have been such a challenging time for our programs, children, families, and communities all around. I appreciate you being with us today in this space to have this conversation.

My name is Kimberly Clear-Sandor. I am a nurse and a family nurse practitioner. I've been working at the National Center on Health, Behavioral Health, and Safety as a Training and Technical Assistance for a lot of years now. I bring my passion and love for children and families in underserved communities and promoting their health to this work every day. I'm excited today to have Anne Hemmer as my co-host. Anne, would you like to say hi?

Anne Hemmer: Hi, everybody. I'm Anne Hemmer. I work at the center with Kim. I'm a Training and Technical Assistance Associate, I'm a registered dietician. I have worked regionally and locally in Head Start programs and child care on the state level for a lot of years. I've only been with the center since July. It's my pleasure today to be joining you, along with Kim.

Kimberly: Thank you, Anne. Throughout the presentation, you're going to see and hear me and Anne a lot. We'll be presenting back and forth. There might be times where we check back in with Nydia to make sure we're good on the Q&A, so that we can ensure that you're getting just what you need out of today's presentation. We'll also be doing a number of polls and some different chats, where you can share some different ideas with each other in the chat box. There are a lot of you, that chat box is going to go quick. It'll be fun to see and hear everybody's ideas. With that, let's go ahead and get started.

Today's session is one of our quarterly webinar series. In these webinars, we've been taking a deep dive into some of the different child care health consultant competencies. Today, we're going to focus specifically on Competency 3. It's in the general areas of expertise part of the competencies, and it specifically is on policy development and implementation.

We all know that health and safety policies and procedures can serve many purposes. We need to own the idea that if we can infuse policies and procedures with best practices that are evidence-based, science-informed, we can move the needle on health and safety in early childhood programs. Programs do so much hard work in this area. If we can all work together to keep it at a top level, that would be wonderful.

The topics that we're going to cover today is all good things with health consultations. It starts off with a good, supportive, and effective relationship between the health consultant and the early childhood program. We're going to touch on that. Then we'll dive into some resources to review and develop health policies and procedures, and We'll talk about some different strategies to engage program leadership, staff, and families.

Child care health consultants are an important resource for early care and education programs. We know some Head Start programs also use health consultants when they're required through their state child care licensing regulations. Other states use child care health consultants as independent consultants that come into the program to help out. They can help programs provide healthier, safer, developmentally appropriate environments by augmenting and working with a program on practices and reflecting together on that work. They also can provide professional development for staff. They play an important role in supporting new leadership and new staff, and of course, as we talk today, with those policies and procedures.

On the screen, you can see that Competency 3, which is Policy Development and Implementation. There's two subsections: as you can see, 3A is about health consultants' work with early care and education programs to develop and review the child care health policies.

The second part hits on that implementation side, where a health consultant works with the program to develop procedures that outline the specific steps required to implement the policies.

Our Health Consultant Competencies – if you're not familiar with them, we will provide some links, so that you can look at the full set of competencies – they have a general area, and then they have topical areas. The policy development implementation is part of the general area of expertise. The competencies are written in a way that describe what actions a health consultant will do with the program when they have the knowledge and skills to do it.

Part 3A talks about health consultants working with programs to develop those policies, to promote those practices. Part B talks about utilizing each other's mutual areas of expertise to figure out the best way to implement those policies.

No matter what type of work a CCHC is doing with a program, whether it's policies, or health form review, or helping with children with special health care needs, we know that the key to success is a good relationship. A relationship that's founded on mutual respect and positivity, desire to solve problems together for the benefit of the children, families, and staff that the programs serve.

It's so important to always hold that we each bring different areas of expertise to our work and being intentional about building that collaborative relationship. We know that consultation is well done when it empowers programs to manage similar situations and circumstances that arise on their own in the future with less and less support.

It's important to always hold that as a consultant, that you are always building this relationship and working with a program. They're there every day, working with the families, working with the children and staff, to ensure that you have healthy and safe environments and to do that

work. Their programs bring a wealth of knowledge to your role as a consultant. When you have that wonderful relationship, it's invaluable.

Anne: We're going to have a poll for you. As Kim said, building that collaborative relationship does take time. When you think about you as the consultant, working with the director and the staff, you all bring different experiences to that relationship. Livia, if you would put up our first poll.

In your experience, what approaches support a collaborative relationship? You can pick as many as you think pertain. We'll let people talk a little bit, weigh in a little bit more. Livia, are we seeing some results?

Livia Powers: Oh, yes. The results are starting to come in. Yes.

Anne: Great. When you think about collaborating with program staff to solve problems, yes, that is something that as consultants, we want to do. We bring our expertise and experience to the conversation.

Act as a supervisor and a regulator. Maybe not so much. Most consultants are not in that supervisory or regulator role. They support, they help identify the issues and concerns, work to solve the problems – not really be the supervisor. Let's see the results, Livia, please.

Build the capacity of staff. Part of the consultation relationship, as you've all expressed, is to ensure that those have the information they'll need to address the issues when you aren't there. As an expert in the field, consultants bring their own expertise to a relationship. But they are really not the expert in any given program.

Consider program's objectives – everyone, that got – yes, 73% of you said. Again, change takes time and energy as building relationships does. Working with programs to identify what is on their list of issues and concerns ensures you're going to meet their program goals, in addition to sharing your insight and your observations.

Anybody have any other ideas? Feel free to throw them in the chat. I think we can close this, Livia, and move along.

Kimberly: I see someone saying that as a nurse for an Early Head Start, they depend on the home visitors a lot because they have the rapport with the family. As a consultant, who you're working with – it's going to look different in every program. Thanks for sharing.

Anne: Who has that strong relationship is the key person to connect with. That's really important. Thanks, Kim.

We have another poll for you. How often do you review a program's policies and procedures? Six months, once a year, every couple of years, only when the incidents arise. Livia, if you want to put up the next poll, that would be great.

Reviewing policies and procedures is a way for the health consultant to have a broad impact on the health and safety of a program, to impact what's happening in that program. According to Caring for Our Children policy, plans and procedures should generally be reviewed – drumroll – annually, or when a change is made. Livia, do we have some results?

As 64% of you answered, once a year is what is recommended. Review health policies after an incident has occurred, when programs change health policies, or at least annually. There are CFOC procedures, the links to those are on your resource sheet. The link for that is in the chat box. Thank you, Livia. We can close that and go to the next.

Kimberly: Somebody chatted that they're doing it so frequently, almost every monthly, because everything with COVID changes all the time.

Anne: That's for sure.

Kimberly: That's the truth.

Anne: Speaking of that – if we can go to the next slide. Thank you, see, you jumped on that, and that's where we were going. If you can share in the chat box some examples of policies and procedures that programs have advised during the pandemic to share with your peers some of the things that – bi-weekly COVID test, meals, a lot around food.

Kimberly: Daily health checks, exclusion, illness policies, the new masking. Ratios, excellent. Visitor policies, oral health, tooth brushing, cleaning, all of the above. That was an efficient chat. Excellent. Handwashing, arrival, departure, remote learning, visitor policies. A lot. I appreciate that. Everything everyone's typing in the chat captures the breadth and depth of policies that guide the work that happened in the center.

COVID – it is a tricky time where things are changing on the national, the state, at the local level frequently. It really did seep into every little policy and procedure out there. I see people putting in child abuse and reporting policies, it changed how they did hearing and vision screening. I appreciate folks sharing that. Should I keep going, Anne?

Anne: Yes, you can. Next slide.

Kimberly: It's great to see the health consultants are being well-utilized for their knowledge and expertise during the pandemic challenges. I think we had a moment to shine, and for individuals to understand the importance of our role without us having to explain it, which is sometimes a new thing for folks.

As health consultants, we are a guest to the program. It's an educational environment, their focus is really on education. The past two years, switching that focus to be so heavily driven – the way we were able to provide early learning experience was so driven by our health situation. I feel that those that have weathered the storm and gone through all of this together have a new appreciation for how health supports early childhood programs to be able to operate and keep everyone healthy.

Let's talk a little bit about policies. Health consultants should understand the basic intention and approach to policy and procedure development and review. You just want to hold that. It's going to look a little bit different depending on your relationship and how the issues come about, but we're going to provide some general guidance. Hopefully, there are things that you can incorporate into your practice. Some of them may be things you're already doing, others may be something new to think about. We hope that you continue to share in the chat, as you all bring your wealth of expertise to this conversation.

In general, a child health care health policy is a statement about what the program intends to do about any aspect of the program that affects the health, such as the well-being, of children and adults that are involved in the program. A procedure explains how the policy will be achieved. Health consultants can develop and review policies and procedures for lots of different reasons. They can review them for compliance. A program might say, "We really want to do better on this policy. I think our staff and our families are ready to take this to the next level." You can use a policy to move towards that best practice.

We can also look at policies and procedures to see if they reflect compliance with any additional standards. Licensed programs that are also Head Start programs follow the Head Start Program Performance Standards. Perhaps your program has been accredited by NAEYC, and your policies and procedures must reflect those standards. There's lots of reasons you can get into it. It can be for any of those reasons, it really doesn't matter why. It just is important to keep that open mind about what you can achieve with the policies.

I always like to say, it's good to think about a policy as a living document. As you all just experienced, you can have a great exclusion policy, but wow, a pandemic comes along, and you need to change it. Not just once, but a couple of times. Thinking of that policy and procedure as a fluid document, so that it can be updated as part of your continuous improvement.

As you evaluate how things are going, you can tweak it so that your staff and families can be successful implementing those policies. Thinking of them as a living a document allows you that flexibility and permissions to go ahead and let go of what's there and make it work for your program.

Policies are also a great tool for communication. They're written down when you do them, they're science-informed, and they're backed by research and evidence. It is a very comforting feeling to have a solid policy that you can turn to to help you answer different decisions and make different decisions. It's a communication tool for families, for staff, and visitors. Like a policy about when children need to stay home if they're sick – that communicates to parents exactly what you're trying to achieve and how you expect it to happen.

It's important that our policies reflect and consider the needs of the caregivers, the staff members, and the needs of the children, whether it's infants, toddlers, children with special health care needs – whoever the policy is being written for, their needs need to be considered. It's great that you can do a wonderful handwashing policy, but if you don't install a wastepaper basket right near the sink to throw things away, you're not going to help folks be successful. Thinking about, what do we need to be able to implement policies so that folks can be successful based on the need of that audience is critical. It's also important to write down your policies.

Procedures. Policies and procedures. We always say those two words, they go hand in hand. The policy is the written part about why and what we're trying to achieve, and the procedure is the how. How are we going to get that done? The policy is broad, and the procedure is a little bit more in the weeds. Policy on safe outdoor play may include a lot of things about the playground, and the weather, and different clothing that's needed to go outside. The procedure is going to get in the weeds on, how does that actually happen?

Anne: We're going to watch another poll and ask, what policies and procedures do you review and support? And There are many areas that the health consultant can support. Directors may not be aware of your expertise. It's important that you're able to communicate with them in regards to what kind of policies and procedures you are equipped to review.

Everybody's weighing in. Facility policy should vary according to the age and abilities of the children enrolled to accommodate individual and special health care needs. Program planning should proceed, not follow, the enrollment and care of children at different developmental levels and abilities with different health care needs. Again, you want to be proactive and get things in place prior to when the child attends the program. Livia, do we have results?

Everybody's doing it all. As we had seen in the chat box that you were saying, someone had made a comment and said, "Everything in the last two years seems to have come down to health." I think a lot of people are finding that, especially the U.S. consultants, that your role has always been so important, but in the last two years, has become extremely important. Most people are doing all that's listed here. Inclusion criteria, health funds, outdoor safety – we're going to talk about that as a case study a little later. Medication administration. Great. Yes. You're involved in it all.

Kimberly: It's great to see that they're using you for the breadth and depth. There's so many things that a health consultant can bring to the program, as Anne said, the directors may not even know all that you know and where you can help. We can work on things that we're being asked to work on, we can talk about other things that may not be so obvious, or a director or the program might not think of working with you on. We'll close that out, Livia. Thank you.

I also noticed someone in the chat mentioned that health and safety training is more extensive now. That goes hand-in-hand with those policies and procedures. Every time things are changed, everything has to get communicated to everybody, and everybody needs to get up to speed, so appreciate that comment.

Regardless of when or why you're updating those policies, we always want to take that understanding of the program's perspective. Understanding the director and the staff, the parents, the families. Really thinking about, what's the purpose of the policy? What are we trying to achieve here? How do we want it to help us in our day to day, in how we run the program?

It's good to find out, what are the challenges to implementing the policies? Especially when you're just doing a policy review or update. Collecting the information to help you best understand the policy, how it's implemented, and what are some of the pain points, what are some of those challenges that come up along the way that we need to address to make it better and make it work for the program? Soliciting broad input from a lot of people, the health consultant can work to make sure that we're being culturally responsive and definitely family-centered.

Anne, do you have any examples of something that you might have worked on as a dietician?

Anne: I did a lot of work with programs on developing a food and nutrition procedure for the program, which included and needed to get input from families and staff. Things like bringing in

cakes or sweets on birthdays. Bringing in your own food if it's a Head Start program, which isn't allowed, you have to use the food that's there. Food is so emotional for folks. To develop that policy, sometimes – at one program, it took a whole year for meetings and going through and back and forth. That was to show that it had to meet with the culture and meet with what the program wanted and what the families wanted in that program.

Kimberly: It's not so easy as just saying, "This is how we do it. OK, here we go. Let's do it." It doesn't work that simply. It takes all that understanding and back and forth to get to that ... To get to that place. That's a great example. Thank you.

We know that neither a good policy or a plan will improve the program without a good plan to go ahead and implement it. You're going to ensure success with that implementation if you do all that hard work up front.

There's a couple of questions coming in about, do I need a nurse health consultant? I always say, health consultants, it's like Baskin-Robbins. There's 32 flavors, there's 50 plus flavors. With every state doing things differently, you need to understand your child care licensing regulations, QRIS programs, and other quality improvement that might be going on the state that may utilize health consultants. Whether they're required or not is dependent on your state and what type of licensing and standards you are using.

Anne: And if you're a health manager, that's peer support for you. If your program would allow you to have or can fund a health care consultant, it gives you someone to run things by and to discuss things with. It's maybe not out of requirement, but out of support for your health area of your program.

Kimberly: I've heard folks bringing in the health consultant when a child has special health care needs. After they've established that relationship, they do more and more and more with the program. As I said, it's good to check in your state, to check with your child care licensing, whoever does that, whether it's an Office of Early Childhood or Education, whoever it might be, to find out. Sometimes there's network groups as well.

I put up this diapering procedure because I just love visual cues. I think it's a great way to communicate the implementation of certain tasks or things that are repetitive and done all the time. We can all fall into doing it off of memory, but sometimes when we do that, some of the little steps along the way fall out.

The diapering, having the visual cues, posting it – it's good for training. It's also good if a health consultant comes in and does an observation. We can look at it together and think about, what are those steps? If there's a challenge in one of those steps, how can we solve it? Do we need to move the wipes somewhere closer, or how do we set up the space to make it work? Thinking about, in those procedures, how you can use different cues and reminders to help is a great strategy.

I wanted to share this, because I think it provides a nice policy and procedure sections on it. If you're writing something from scratch or you're reviewing something, it's a nice structure that I felt captured a lot of the important parts of a good policy and procedure. Again, there's a lot of different approaches to this out here. You can do whatever works or is required by your group,

but I wanted you to have this. I thought some of the things at the end about communication – specifically thinking about when you create a policy, how it will be communicated – I thought that was a great tip for including that into a policy and procedure. As far as ongoing updating and review, make sure you include that start date, make sure you include that review date. If you're using resources and references to inform your policy and procedure, make sure you include those. Those are things you're going to want to double check as you're reviewing them in the future, to make sure things haven't changed and that you're still current.

We're going to go ahead and use a scenario, Anne and I. Anne is going to pretend she's a health consultant at a program, and she's going to walk through a scenario with us. Anne is going to tell us how she's approaching this scenario. We'll look at some resources as we go along the way.

In our pretend world, Anne is a health consultant in Massachusetts. She's working with a full-day program. They serve children birth to five years old. She's been working with them for a couple of years, so she has a good relationship with them. Because this program is in Massachusetts, it's in New England, and the weather there – if you're not familiar with New England, the weather's all over the map at all different times of the year. When we have those really cold days or those hot, sticky, humid days, motivation to go outside can be not so motivated. It's not always comfortable to go out when the temperatures are extreme.

The center director asked Anne to help her improve the frequency of outdoor play when the weather is either really hot or really cold. She wanted to make sure that kids were having outdoor play as many opportunities as they could. Anne, can you share a little bit about how you might have approached this situation?

Anne: Before I do, I'm going to give Alaska their kudos that there, the degrees are between 20 and 60 below. Massachusetts has nothing to say.

Kimberly: That's right.

Anne: I will say that it snowed last night a couple inches in Massachusetts, where I am, and it's 50 degrees now.

Kimberly: There you go.

Anne: They say wait and it will change if you don't like it. In this scenario, the director requested this review and update. That made it much easier because it was a request. When a director or leadership is on board – you guys know this – there's a much better chance of follow-through and implementation when the request comes in from the top.

She chaired the current policy and procedure, which addressed only asking families to provide hats and gloves and boots in the wintertime and wide brim hats and sunscreen in the summertime. I did notice that the policy supported large muscle, gross motor outdoor play, and the facility did have age-appropriate outdoor play spaces and equipment. There was no procedure, however, for determining when it was safe to go outside and how to adjust accordingly. In other words, there wasn't anything about temperature or what kind of day it was weather-wise. There was nothing in the procedure and policy about that.



What did I have to think about? Again, this is what you do regularly, this is part of your job. Does the policy fit the purpose? We're looking at outdoor play, and we're looking at whether to be going out in the cold and/or in the heat. Does the policy fit this purpose of what it's supposed to be stating? Does the policy make sense? Is the policy accurate and up-to-date? Again, we have a resource list for you. All the links and all the things we're going to talk about today – all the links are in your resource lists, just so you know you're going to have that. Does the policy comply with child care licensing and other regulations? Again, we're going to talk a little more about that. But that's the stuff you have to sit down and think about. Is this a practical policy for this particular program that you're working with? Next slide, Liv.

We're going to look at those licensing and regulatory policies. Programs can follow, as I'm sure you know, many different agencies' regulations. As our case study, the program was licensed by the state Child Care Licensing body. Believe it or not, in our world, there are some that function that don't become licensed. It depends on your state, but there are places where child care can function without being licensed. We have people from all over the country, so I'm sure people are aware of that.

Licensed child care programs must minimally follow their state child licensing regs. As Kim had said before, if you are a Head Start program and you're licensed, you follow the state's licensing regs and you follow the Head Start Performance Standards together.

There's also accreditation agencies. There's NAEYC accreditation standards that a program may be following. There's also a quality rating and improvement systems, QRIS standards, that a program may be following. Neither of those are required, but those are agencies that you may need to look at what their standards are, because the program you're working with may be following those standards. One of the QRIS standards is this five components of a QRIS system. Again, that's a state system, and one of the standards in the QRIS system is health and safety.

If you are working with a program that has a National Accreditation for the Education of Young Children, NAEYC, they have standards and regulations. What we have to remember and think about is, we could be working with the program, and like this program, our case study program, did not participate in QRIS. They were licensed, they were a Head Start, so they didn't have to do performance standards, but they were an NAEYC program. Those all had to be looked at when we were looking at a policy and procedure to develop to make sure that we were following all the standards that the program was tied to.

We can go to the next slide, Livia. Policies and procedures. Once we know we're meeting the standard, then we have to look at how are we going to make sure we have best practice into these. We have to look at the licensing piece first, any regulation, federal or state regulation. Then we have to look at the agencies and make sure, again, if it's NAEYC, QRIS, or any other agency that is about quality, we have to make sure we look at their standards.

Once we've done that and we make sure that we covered all that, how do we make sure and how do we know that we're developing and looking at best practice? Caring for Our Children is a database, that is online. You'll have a link to that in your resources. I'm sure a lot of you are already using that, but that has standards and policies in all the different areas of child care, so

you can refer to that for best practice. Model Child Health Care Policies is another document that gives best practice as a resource when you're developing policies and procedures.

Kimberly: Let's do a poll, Anne. Let's see if they have used these resources, or if they are new to them. Livia, can you launch that poll? We'd love to know – Anne is taking a deep dive using some resources to make sure, as she's reviewing that policy, she's up to date and knows what's being said and done in the field. We'd love to know if you're familiar with these three. We wrote another because you might have a favorite resource that you're using as well.

Can we show those results? Alright. 76% of you are familiar with Caring for Our Children, I love that. That's great. Model Child Care Health Policies. Somebody is asking, "I'd love to see what your policy looks like." We've got a great resource for you; you can have a whole book full of policies that can help you along. We'll provide that link for you as well.

The California Child Care Health Program Health and Safety Checklist is a neat checklist, we'll walk you through that. I see people are popping things in the chat. Be sure you look at the chat, because folks are sharing some great things. I'm seeing some state-specific resources popping out, the Lone Star Health Guide or the New York State OCFS regulations around their health care plans.

Anne looked at the regulations and standards to comply, but your states are great wealth of information. They might have standard policies; they might have different resources for you to use as well. You can close that. Thank you, Livia.

Anne: I just want to mention, Kim, from us being around licensing and Head Start for so long – every state has an office of licensing. Usually, every region in your state has a child care licensing office. They provide technical assistance, so you can call them. You probably have ... Whoever your licensor is – I worked in a licensing office – they are not just there to get programs, they are there to help programs.

If programs need to have a regulation explained or need to understand how to carry out a regulation, they can get technical assistance from their child care licensing office. By region, Head Start regional offices have program specialists that can help programs interpret, or give suggestions on how to carry through, a regulation. That's another resource that you would want to know about that you could send a program to if it was a regulation that you weren't sure how that needed to be carried through.

Kimberly: Awesome. Thank you, Anne.

I'm not going to spend much time talking for Caring for Our Children because 76% of you have been in there. For those of you that this is a new resource, it is a searchable online database. It's full of national standards. They are voluntary, they are not required. The beauty of them is they are specifically written for children in group care. They are evidence-based, experts in the field have come together to write them. There's over 700 standards. I think everything under the sun is included in there, and you can go ahead and pop in and search.

There's also a downloadable PDF that you can download. Sometimes it's nice to look through a PDF, because you can see all the different areas that are in the table of contents and be able to

look through it. Check out the resource, click around and see what's in there that might help you out.

Anne, did you find anything in there about health and safety related to outdoors?

Anne: Yes, Kim. I did.

Kimberly: Oh.

Anne: Kim and I have had so much fun doing our case study. We wanted to have fun for this. There is a policy and practice that promote physical activity, so of course, I went to Caring for Our Children and looked at that standard. What's great about it, as 76% of you know, every single standard has the standard stated, it has the rationale, it helped me to be able to tell others why I would be recommending this.

It has comments, related standards. There's more – I could go and learn more and start to get down that deep, dark hole of going to different places and learning more about the background of why. References, great resources to review. It was a very helpful piece to go into the Caring for Our Children standard around physical activity and get some ideas of how I wanted to recommend and help them develop that policy and procedure.

Kimberly: Thank you, Anne.

Then that other tool, that Model Child Care Health Policies. There's a link, so you'll have that on your slide deck when you download it. It's also in the resource list. This resource was developed by the Pennsylvania Early Childhood Education Linkage System. It does include the Caring for Our Children standards in there. It's a tool to use to foster getting policies, and implementing policies, and incorporating those best practices.

Again, it's for your field, it is for child care. It is for young children, which is so nice. It's not like searching WebMD or taking a school policy and trying to fit it for early childhood. These are for the early childhood environment. They're intended to ease the burden. My friend in the chat who said, "I'd love to see a copy of the policy," here's a whole book full of them. The beauty of it is it has fill-in-the-blank lines. It's great to get you going on writing your policy, but it's also a great resource for reviewing a policy. Anne?

Anne: As it relates to our case study, a review of the Model Child Care Health Policies showed a lot of different areas that could be included in a policy on physical activity. The program did not include screen time in their physical activity policy. I shared the example of including screen time in this policy, but the director felt that the separate policy for screen time addressed the issue and that we could review that policy again. I made the suggestion, and in her program, she felt that they had addressed that in a different policy, so she didn't take that suggestion.

Upon reviewing the sample policy, I collected notes to guide my conversation with the director. I had good talk points from the Model Child Care Health Policies to help me sell my idea to the director. The book provided parameters for safe outdoor temperatures, air quality, and even made recommendations about the best time of day to go outside. That was really important, because that is what their policy and their procedures was not addressing. There are a number of references in the model policy that would be helpful for me to use as the consultant.

I'm sure a lot of you have used this. I came across this when I worked with the state licensing board, they brought this out to child care programs. A great tool to look at. Child Care Weather Watch is from Iowa Child Care. It's a reference in both Caring for Our Children and the Model Child Care Health Policies. It can be printed out in color. It highlights wind chill, and heat index, and the color coding.

I saw programs really effectively use this. This was their go-to. Can the kids go outside today in Alaska, or Massachusetts, or down in Florida? Is it too hot for them to be outside? When I was in child care programs, people used this as their go-to. We can do next slide, Livia.

On the back of it is great guidance and examples of how to use the color coding and to understand weather terminology. Another thing this is great for – when you think about if someone comes from a different climate or different region, and a child care worker was in Florida and moves to Massachusetts or vice-versa, this would be a very helpful tool for a director that wasn't used to different climates. This is a whole different climate. I've seen this used, and it's a very effective tool for child care programs.

Kimberly: I love, Anne, that you're going through the tools. You're looking at things, you're looking at references and resources, trying to figure out what might be relevant, what might not be. You talked to the director about the screen time, you made those decisions together. I think that's awesome.

As Anne's going through this process, you guys might be thinking about, who else would you want to include in this process? If you can type in the chat other stakeholders that you might include in the review of your policies and procedures, what are some of those ideas of folks that you're going to include?

I see families, policy council, tribal council, parents. If you have a board, your board members. Head Start programs often have health service advisories or HSACs, I see those being noted. Child Care Resource and Referral agents. That's a great resource, right? That's awesome. Local Department of Health, school nurses. School nurses have a lot of information that can be helpful. It's nice to know when you're doing something in an early childhood program, is it the same thing that's happening in schools, are the things we need to be different just because our children are young? The staff who are going to be implementing them. Love it.

Anne: Families. Folks said families, and they said local pediatricians too.

KIMBERLY: Awesome. Keep typing in there, because I know you guys are giving each other your pearls of wisdom and sharing. Keep typing and keep checking it out.

Does anyone have great strategies for engaging with the staff, the families, and the directors? What are some different ways you've gone about doing that? I'm going to keep moving because we're going to run out of time. Type in the chat, I know folks are looking for different ideas.

I see focus groups, and surveys, and meetings, and Zoom. Gosh, Zoom. Two years ago, only a small percentage of us knew what Zoom was. Newsletters, nap time trainings. Someone suggesting to bring food. Great strategies. Keep putting them in the chat, share with each other all the great things that you have learned.

Anne, tell us how you did this part of your review.

Anne: This, I think, from what we're seeing in the chat, Kim, and what you've said, is – the most important part is having communication with many different groups. Discuss with the director, of course, the leadership. If you don't discuss with leadership and you don't have their buy-in, it's not going to fly anyways. Discuss with staff. Discuss with families, have families be involved.

Draft a policy, train the staff. Inform families about any procedures outlined in the policy, then implement the policy. Inform all the staff, all the families, and any other affected community member. That's something that we're seeing from the chat box, that there's a lot of other stakeholders. That's something I had to make sure happened because you don't want to leave that out. What about the other people at the clinic that are affected by your new procedure or policy, or at the food bank that are affected by that new procedure or policy?

Ensure that it's clearly communicated, that all procedures outlined in the policy begin on a specified day or at a specified time. Make sure everyone knows that that's going to be implemented in that time frame. Make sure the program has copies of the policies that goes out to, again, the families, the staff, and all the stakeholders. Make sure that you let people know that this is going to be reviewed annually. Give some lead time, a couple weeks' lead time before it's going to be implemented so everybody understands that this is going to happen. You never want it to be, "Oh, I missed that memo," right?

That's just one approach. A lot of times – sure, you all do those steps, you may do them in a different order. One thing that I think has come out that we suggest is, the communication with all the stakeholders needs to come first to get everyone's input. Some of the ideas about what the result of the approach was – during the training, staff has questions, they ask questions. They also give their knowledge – we say the knowledge is in the program – of strategies that they can initiate to support the procedure.

Bulletin board to communicate to families and to staff. We have our nice Child Care Weather Watch chat on the bulletin board. The director shared temps and forecasts at the beginning of the day, so every morning, the director would give the daily weather forecast.

The visuals – like Kim said from the beginning with the diapering, the visuals are very important. Many people are visual learners, so that's important to post. Teachers have to be accountable to carry through and to make sure that the procedures are followed and that the children are safe in outdoor play. That's how our case study proceeded.

Then, evaluation. We have to evaluate everything and go back and review. Important to evaluate the implementation of the policy and procedure, follow through with observation to see how it's being implemented, discuss again, go back to families and staff and discuss. Tweak, tweak, tweak. I always used to be able to sell something to a director I worked with, because I said to her, "We're going to try this, and we're going to evaluate it." If it doesn't work – and people that have worked with me that might be on this call know – we evaluate, then we update and make it better. Always ongoing improvement. That's how we proceeded in our case study.

Kimberly: It does make all the difference. It's that keeping the fluidity and the door open. Feeling like this is a new way and you're stuck with it is an uncomfortable feeling, but knowing that we're going to continue to be responsive is great.

Thank you, Anne, for walking us through that. That was a lot of fun. I know that your scenario didn't include the topics included in the California Child Health Program checklist, but I want folks to know about it, because again, it's a great review when you're looking at your policies and procedures. It covers 10 specific areas: care of the mildly ill, med admin, daily health checks, handwashing, sanitation, staff health, emergency prep, and children with special health care needs. It has different lines, and you can look through your policy and see if it's included. It's a nice guide, too, to help prompt the thinking about other things that you might think would be helpful to include.

Putting it all together, as Anne so eloquently walked us through: know your regulations and standards. Know your resources. Use them. Engage staff, families, and leadership. Evaluate implementation and make adjustments as needed. Tweak, tweak, tweak, tweak. I love it.

Somebody asked in the chat, there are a lot of family child care and small programs that use their parent handbook as policies and procedures, and this is something that folks do. It's good to reflect on that and talk to the directors and the leadership to find out if it's really meeting the needs. Perhaps you have a document that you're using with families, but you have another document that staff and the program leadership use that dives a little bit deeper.

As we have a lot of child care health consultants on the line today and we did this dive into this specific child care health consultant competency, we wanted you all to know that there's lots of other resources out there that can support you in your child care health consultation work. Policies and procedures are so critical, and they're a great place to make improvements. There's lots of things we can do as child care health consultants.

Livia, can you throw up that poll? We'd love to know which child care health consultant resources you've gotten a chance to explore, whether it's the competencies or other webinars. We have skill building modules, we have nice resources that you can give to your program director about how to work with a health consultant. Maybe you've never been on the ECLKC, because that's where all these resources live. Perhaps it's new to you. Go ahead and fill that out. When you get the slide deck, you will have a link to those resources, and it's also on your resource handout. Livia, can you show us those results?

Folks have been on the webinars; they've seen the competencies. Great, I'm happy to hear that not everyone has seen these things. You have a little something that you can go and check out and learn a little bit more about what we've been able to work and create and provide for you.

These skill-building modules, these are self-paced learning where you can hone some of your child care health consultation skills, so check them out and have a little bit of fun with that. Here are some resources.

I know I'm leaving Nydia no time for questions. Nydia, do you have a couple of questions we could answer quickly?

Nydia: You did such a fabulous job of answering the questions as we went along. Hopefully many of you got those questions answered. I will squeeze in one – there were a few questions regarding the difference between policy and procedure. For example, one person wrote, “My

director stated that health has so many policies, and that I need to separate policy from procedure. What does that mean?"

Kimberly: Good question. I would ask your director. Maybe they have some ideas or some different examples that could help you figure out exactly what she's looking for or exactly what problem she's trying to achieve, there are a lot of health and safety policies. I try and better understand what's behind the ask. The policy is usually such a broad statement that it's more of a global statement of where the program has a belief about how something is going to be handled, where the procedure is more of that step-by-step, how are you going to get something done.

Trying to figure out what problem they're trying to solve may help you figure out exactly what she's looking for. It can be a challenge, we throw these words around, policy and procedure, like we're all on the same page about what they mean, but there's lots of different ways to think about policies and procedures. Even starting from that conversation about, when you think of a policy, what do you hope a policy does? When you think of a procedure, what do you hope a procedure does? So that what you're putting together is meeting that need. That ongoing relationship, checking in back and forth, "Is this working for you? Is this what you were thinking?" Those are good strategies to make sure you're not spinning your wheels, and you're doing that collaborative work, doing it together with each other.

Thank you, Nydia.

Nydia: Thank you. Thanks for allowing me to squeeze in that one question. As I said, you both did great at answering the questions as we went along. That is all the time we have for questions today, but I want to say thank you so much to Anne and Kim for their presentation today.

For those of you who may still have questions, if you have more questions, you can go to MyPeers, or you can write to [health@ecetta.info](mailto:health@ecetta.info). Do not forget that the evaluation URL, it will appear when the webinar ends, so do not close the Zoom platform or you won't see that evaluation pop up. Remember that after submitting the evaluation, you will see a new URL. This link will allow you to access, download, save, and print your certificates. I saw a few questions about the certificates.

Thank you, again, to everyone for their participation, thank you so much to our presenters. You can subscribe to our monthly list of resources using this URL. You can find our resources in the Health section of the ECLKC or write us at the email address [health@ecetta.info](mailto:health@ecetta.info). Thank you so much again to everyone, and that concludes the webinar. Livia, you can close out.

Livia: Thank you.