Child care is affected by many technical health and safety issues. Even the most conscientious child care professional cannot be fully informed about all health matters that affect the program, the staff, the children, and their families. Caring for Our Children standards specify that infant-toddler programs should have at least a monthly visit from a child care health consultant; all other programs should have at least quarterly visits. In states where regulations require these visits, surveys show that if the requirement were to be eliminated, early childhood professionals find the visits so helpful that they would continue them.

Federal support for states to implement projects under the Healthy Child Care America Campaign have significantly increased community resources for health consultation to child care of all types. Contacts for these state projects can be obtained online through www.aap.org, using the Community Pediatrics link to the Healthy Child Care America page.

Few child care staff are trained as health professionals, and few health professionals have training about community child care programs. As a result, relationships between these professionals must be built sensitively. When physical, mental, social, or health concerns are raised about a program, or for a specific child or family, they need to be addressed appropriately, with mutual respect for all concerned.

An overall child care health consultant who can handle most program needs is usually a pediatric nurse, pediatric nurse clinician, community

health nurse, pediatrician, or family practice physician. In addition to an overall consultant, programs may need to use other consultants with specialized knowledge in a variety of fields, such as physical and mental health care, nutrition, environmental safety and injury prevention, oral health care, and developmental disabilities.

Knowledge and skills of child care health consultants

In Caring for Our Children the standards on child care health consultation define the knowledge base that the child care health consultant must have personally or obtain by involving other health professionals. This knowledge base includes:

- use of the reference resource Caring for Our Children: National Health and Safety Standards: Guidelines for Out-of-Home Child Care Programs
- how child care facilities conduct their day-to-day operations
- child care licensing requirements
- disease-reporting requirements for child care providers
- immunizations for children
- immunizations for child care providers
- injury prevention for children
- staff health, including occupational health risks for child care providers
- oral health for children
- nutrition for children
- inclusion of children with special health needs
- recognition and reporting requirements for child abuse and neglect
- community health and mental health resources for child and family health.

The health consultant also must have the skills to use the required knowledge base effectively. These skills include the ability to perform or arrange for performance of the following activities:

- teaching child care providers about health and safety issues
- teaching families about health and safety issues
- assessing child care providers’ needs for health and safety training
- assessing families’ needs for health and safety training
- meeting on-site with child care providers about health and safety
- providing telephone advice to providers about health and safety
- providing referrals to community services
- developing or updating policies and procedures for child care programs
- reviewing health records of children
- reviewing health records of staff
- helping to manage the care of children with special health care needs
- consulting with a child’s health professional about medication
- interpreting standards or regulations and providing technical advice separate and apart from the enforcement role of a regulation inspector.
Although the child care health consultant may take on other roles, such as providing direct care to some of the children or serving as a regulation inspector, these roles should not be mixed with the child care health consultation role. To succeed, the child care health consultant must have contact with the facility’s administrative authority, the staff, and the children’s families. The administration should review, respond to, and implement reasonable recommendations provided by the child care health consultant. Programs with a significant number of non-English-speaking families should seek a consultant who is culturally sensitive and knowledgeable about community health resources serving linguistically and culturally diverse families.

Health professionals who serve as child care health consultants do not always have a public health perspective or the full range of knowledge and skills required for a group program. For example, a pediatrician caring for many of the children in the program may not be able to advise about food safety and sanitation and while a sanitarian may provide excellent health consultation on food safety, hygiene, and infectious disease control, another health professional may need to be consulted about medication administration or playground safety.

**Seeking and choosing a child care health consultant**

Health consultants should have specific training in the child care setting. Such training is not yet commonly included in health professional curricula but is being provided in special courses offered by health professionals who have become involved in child care health consultation. Trainers of child care health consultants may be graduates of a federally funded program at the University of North Carolina called the National Training Institute for Child Care Health Consultants. In addition to contacting the Healthy Child Care America program in your state, you can ask the child care regulatory agency and your state department of health for help in finding a qualified health consultant.

Child care health consultants may be employed by public or nonprofit agencies such as health departments, resource-and-referral agencies, or other health institutions, or they may work as independent contractors. Graduate students in a discipline related to child health can provide acceptable child care health consultation as long as they are supervised by faculty knowledgeable in child care. Students come and go fairly rapidly and rapid turnover of a consultant may not fit well with the ability of many child care programs to improve operations. By providing continuity of relationship with the child care facility over an extended period of time, the supervising faculty can develop trust, mutual respect, and understanding of the needs of the child care program, essential to an effective child care health consultant’s role.

Programs also should not overlook health professionals with pediatric and health consultant experience who are parents of children enrolled in their facility. However, involving parents as health consultants requires caution to avoid crossing boundaries of confidentiality and conflict of interest. Some state regulations limit what roles a parent health professional can fulfill.
Paying a health professional for consultation and training

To foster access to and accountability of health consultants, programs should offer some form of compensation to consultants who do not do this work as part of their regular job. Consider alternative approaches that make the arrangement work best for the program and for the consultant. A yearly retainer entitling the program to unlimited telephone advice and a specified number of on-site visits and training sessions is best for some providers. For others, a contractual arrangement based on a fee-for-service payment is compatible with the uncertain availability of the consultant and the precarious finances of the child care program. In fee-for-service arrangements, it is easier to set a cost per hour of service or a specific fee for each service the program might request rather than negotiating the fee each time.

Public health professionals do not usually charge a fee for their services or they charge only a nominal fee. Even when there is no fee involved, child care facilities should define the expectations with the health consultant in writing so that both parties are clear about each other’s expectations.

Specialized consultation for facilities serving children with disabilities

When the program has children with developmental delay or disabilities, the staff or consultants should include health professionals with expertise in the area of the child’s disability.

Using a health professional as a consultant or trainer

For both center-based and family child care facilities, the health consultant should review and approve the program’s written health policies. The policies and procedures reviewed for approval by child care health consultants should include:

- admission and readmission after illness, including inclusion/exclusion criteria
- health evaluation and observation procedures on intake, including physical assessment of the child and other criteria used to determine the appropriateness of attendance
- plans for health care and management of children with communicable diseases
- plans for surveillance and management of illnesses, injuries, and other problems that arise in the care of children
- plans for caregiver training and for communication with families and health care providers
- policies regarding nutrition, nutrition education, and oral health
- plans for the inclusion of children with special health needs
- emergency plans
- policies regarding staff health
- policies for administration of medication.
When their busy schedules permit, many health professionals enjoy doing training sessions for child care providers. Programs can help health professionals be more effective trainers in the following ways:

- Suggest some hands-on demonstrations that would be welcomed by the group, or ask the health professional to plan some.
- Prepare a list of questions that the staff would like to have answered. The questions will help orient the health professional to focus on appropriate concerns and the level of sophistication of the staff and families to receive the training.
- Offer instructional supports such as flip charts and markers, a videotape that orients everyone to the topic, pictures that show where health issues are experienced in the facility. Many health professionals are comfortable talking with slides, and some need to be reminded to spend some time getting to know the audience and letting participants ask questions of concern to them.

All too often, child care programs receive seemingly conflicting recommendations from varied sources. In health-related matters, equally authoritative sources may differ. An issue that affects just one child or one staff member can be decided by that person’s physician. But if the issue involves more than one child or adult in the program, the opinion of the program’s health consultant should prevail after he or she consults with the sources of the differing opinions. In matters of public policy about health actions, the public health officer in the health department with jurisdiction has the final say. Once an action plan is set, the child care program administrator should inform all others who were consulted about the decision and the rationale for rejecting opinions that are not being followed. This feedback leaves the door open for future input and helps generate support for the action plan.