



CHILD CARE HEALTH

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Introduction

Today, because the majority of children are spending a large amount of their time in child care, new demands are being placed on the child care entities in this country. Child care is developing into a system with a greater breadth and depth of service than in the past. The newest term is "Early Care and Education." This implies a broad concept of the services provided and goals for the care of young children.

Since physical, social, intellectual, and emotional development of children are interrelated, all are of concern to the health care community. As Kathryn Barnard pointed out in her editorial of the most recent issue of Northwest Bulletin, which focused on brain development, the child care system is a key to safeguarding - and enhancing - the development of children. Three concerns Barnard raised about the child care environment are:

- Providing adequate nurturing experiences within child care
- Ensuring high quality of child care providers
- Using child care to help mothers who are not able to parent well, along with their children

Health in child care must encompass the physical aspects of a child's care as well as the developmental. These also have long-term implications, for instance:

- Nourishing food helps a child develop healthy eating habits as well as grow.
- Safe equipment and practices inside the building, on the playground, and in vehicles used for child care transportation reduce the likelihood of injury, the most common cause of disability and death to children over age one.

Public Policy and the Crisis of Child Care

by Jan Gross, RN and Lorrie Grevstad, RN

Every day 13 million children are dropped off at early care and education centers or family child care homes. They play, eat snacks, swap toys, boast, and laugh. To the casual observer, this seems like business- or play-as-usual. But everything is not right. A growing body of research has found that the majority of America's young children actually spend their days in settings that are poor or mediocre in quality. These settings may actually compromise children's long term development. In addition, many of the children moving from home to child care now, due to the implementation of welfare reform, come to early child care with significant risk factors for their health and development.

The current situation has been called a "national disgrace" and a "quality crisis" by the Quality 2000 Initiative of the Carnegie Corporation of New York. Recent studies show that:

- 80 percent of the nations' children spend their days—up to 50 hours per week—in poor or mediocre child care settings.
- 40 percent of infants and toddlers are in settings that risk their health and safety.
- 40 percent of center-based providers and 80-90 percent of family child care providers are legally exempt from regulation.
- Each year, 40 percent of child care workers leave the field, often because of low pay, inadequate benefits, and limited opportunity.
- Access to programs is uneven, with children from low-income families least likely to receive high quality services.
- Parents are frequently forced to settle for child care that does not meet with their schedules, values, or expectations.

Northwest BULLETIN: Family and Child Health is published quarterly for the Northwest Region by the Maternal and Child Health Program, University of Washington (UW) School of Public Health and Community Medicine, and the Healthy Mothers, Healthy Babies Coalition of Washington State, with support from the Seattle-King County Department of Public Health, the Western Washington Chapter of the March of Dimes Birth Defects Foundation, and the Bureau of Parent-Child Health Services, State of Washington Department of Health, and MCH Grant #MCJ-009043.

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Contributions to the NW BULLETIN on news from throughout the Northwest, activities of state legislatures, upcoming meetings and events, as well as investigative articles and reviews are welcome; however materials submitted for publication are printed at the discretion of the Editorial Board. Notices for the Calendar should include a brief description of the event, the date, time and place, and the name of a contact person for further information. Submissions must be typewritten, double-spaced; illustrations and graphs should be in a form suitable for reproduction. Manuscripts and correspondence should be addressed to:

Deborah Davis Stewart, Managing Editor,
Northwest BULLETIN,
Maternal and Child Health Program, SC-36,
University of Washington, Seattle, WA 98195

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Immunization status is important to prevent the spread of serious illness in settings where children gather. Also, the requirement for immunization before child care entry encourages parents to keep their children's immunizations up to date.

Child care settings also can serve as an avenue for health promotion to the parents. Information about child health and development can be available in the children's care setting. Families in need can become linked through child care to health and mental health care and to social services. Children who could benefit from early intervention services can be identified.

This issue of *Northwest Bulletin* looks at the current activities to upgrade child care health. It also addresses the public policy issues that must be raised if children's health and education are to get the attention they deserve.

Educating Child Care Providers about "Back to Sleep"

The SIDS Foundation of Washington has a new message in its revised sleep position brochure:

"Parents, grandparents, child care providers, babysitters and others who care for babies: you can reduce the risk of SIDS—Sudden Infant Death Syndrome—by putting infants on their backs for naps and at night."

While back sleeping has reduced the risk of SIDS by 40 percent in Washington state, the goal is to reduce it even further.

The new message is the result of research released in January 1999 that indicated that babies who are accustomed to sleeping on their backs are at higher risk of SIDS when suddenly placed on their stomachs for naps. The "back to sleep" message has been heeded by parents, but taken less conscientiously by child care providers.

The research showed that 30 percent of caretakers place newborns on their backs but switch to stomach sleeping at two to four months of age—the peak risk period for SIDS. It also found that some parents have been less concerned about back sleeping during naps than at night.

The focus on all caregivers and on naps is part of a new campaign. Flyers in eight languages also emphasize using a firm mattress and keeping pillows or other soft things away from the sleeping area.

SIDS Foundation of Washington, 206/548-9290 or
sidswa@SIDSoFWA.org.

Editorial

Child Care: What's health got to do with it?

by Jan Gross and Penny O'Leary

The Child Care Bureau estimated that 12.9 million of the approximately 21 million children under the age of 6 in the U.S. in 1995 were in child care. Public health has an important role in child care. There are at least two roles for public health in childcare. The first is its usual and accustomed role of preventing disease, the spread of illness and promoting health. The second role is to help develop and support public policies which build and support a systematic child care structure.

Historically, public health in the U.S. has been involved with child care since the mid 1800s when New York City health officials began to regulate charity infant nurseries. Child care continues as an obvious public health venue. Sanitation, food safety and immunization are only a few of obvious services and programs that can and should have a role in child care settings to ensure the health and safety of our communities. But there is more that can and in some cases is being done.

Increasing awareness of environmental issues, like playground safety, wood smoke near outdoor play areas and dust mite control are only a few of the public health programs which could benefit child care providers and through them children and families. Expertise in developmentally appropriate growth and behavior as well as the ability to assess and refer children and families with difficulties is provided by many public child care consultations. They also provide education and counseling on dental health, nutrition and illness prevention. But health professionals can do more. Many communities in the Region do not have a local system of health consultation referral in place. Health professionals in those communities can work as individuals, through their professional groups and through their workplaces to advocate for a system of health support for child care. Through community coalitions and forums partnerships can be developed to find or develop the resources to build a system.

Advocacy and Public Policy for Child Care

In June of 1999, newspapers around the country reported on just published research demonstrating that good child care has a long lasting effect on the school performance of children. This outcome was true even for children usually considered as "high-risk" for academic failure. But good quality child care is important to the success or failure of society too.

We must all work and increasingly we must get more education and training to continue to work in the high tech work place. But to work we must have safe places for our children. Child care is a major concern for parents and increasingly of employers:

A survey of city mayors found affordable, quality care was the most critical need of families with children ages six through nine.

A national survey of working women found that the number one issue that they wanted to bring attention to was the difficulty of balancing work and family obligations and that child care problems affected families across the economic spectrum.

Research has shown that child care problems were the most significant predictors of absenteeism and unproductive time at work.

The availability of quality child care may be a significant barrier to the success of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (welfare reform).

More families need child care yet the supply of high quality child care has not kept pace with this increased demand. In fact, as mentioned in our lead article research has shown that most children are not in high quality care but rather in inadequate care. Research has also demonstrated that many at-risk young children could benefit from early childhood education who are not receiving it now. And families must find quality care while working within the constraints of the family budget, which continues to shrink from wage stagnation.

Providing high quality child care and early education for young children has direct implications for achieving a broad range of short- and long-term social goals including:

- Allowing welfare recipients to work or train to become self-sufficient;
- Promoting the productivity of the work force;
- Preventing the incidence of social problems like juvenile violence and delinquency, teen pregnancy, welfare dependence and school failure;
- Preparing young children to succeed in school;
- Facilitating the healthy development of children; and
- Supporting families by assisting parents in their roles as teachers and nurturers of their children.

We are not just health professionals, we are the parents, grandparents, relatives, friends and neighbors of children in care. We can and need to do better for them. It is for the benefit of us all, and that is what Health has to do with Child Care!

Jan Gross is a PHN and Child Care Health Consultant in private practice. She is the coordinator for Healthy Child Care Washington. Penny O'Leary is Assisting Editor of Northwest Bulletin and past health educator with the Child Care Health Program, Seattle-King County Department of Health.

"Not By Chance"— A Vision for an Early Care and Education System

Not By Chance: Creating an Early Care and Education System for America's Children is the report from the Quality 2000 Initiative. It documents the problems and proposes solutions to the crisis in the quality of today's child care services. The report is the result of the work of taskforces comprised of national experts in various fields related to child development. *Not By Chance* emphasizes the need for a SYSTEM of "early child care and education," not a patchwork of programs and players.

The vision of an effective system is based on:

- **Quality:** a necessity for the cognitive and socio-emotional development of all children, not a luxury available to a lucky few.
- **System:** components that work and that are linked together.
- **Infrastructure:** so much energy has to be expended now in this field simply to sustain direct services that there is little energy left for attention to the infrastructure that supports and sustains them.

The infrastructure envisioned includes:

- Parent information and involvement
- Professional training, support, and licensing
- Licensing, program accreditation, and enforcement
- Funding and financing
- Governance, planning, and accountability

Shifting our expectations

According to the report, an effective system can only be achieved if the nation shifts its assumptions about child care. For instance, the system must become more than simply child care. *It must encompass "family support and health, not only educational services.* " Child care work must be seen as a profession. Accountability must be based on "concrete, age-appropriate, child-based results and goals for children and families—rather than just program inputs." The report lists numerous other shifts that must take place. Most important, the system must be developed rationally, not by chance, following a long-term vision.

The report details recommendations and action strategies for programs; parents; caregivers and sites; and the public policy and funding issues. It concludes, "What is at stake is nothing less than the nation's vitality and well-being as we move into a new millennium."

Reference: *Not By Chance: Creating an Early Care and Education System for America's Children*, Sharon L. Kagan and Nancy E. Cohen, The Quality 2000 Initiative, The Bush Center in Child Development and Social Policy at Yale University, 310 Prospect St., New Haven, CT 06511, 1997

What is Healthy Child Care America?

The Healthy Child Care America (HCCA) project was developed jointly between the Child Care Bureau and MCHB in consultation with national experts on child care, in Fall, 1994. An advisory group met and developed the draft steps involved in promoting the partnerships between health agencies and the child care community. In the Spring of 1995, 100 "experts" from across the United States gathered to discuss, review, critique and revise these recommended steps. The result was the *Blueprint for Action*. (See below.)

HCCA is a Community Integrated Service System (CISS) grant, the Maternal and Child Health Bureau's grant project to promote systems development in states. CISS grants are awarded in a variety of disciplines. The specific CISS grants related to child care were made across the US, including all four states of Region X, as part of the Healthy Child Care America project. The goal of these CISS grants is to promote the development of comprehensive collaborative systems that address needs related to communities.

Blue Print for Action

10 Steps that Communities can take to Promote Safe and Healthy Child Care

1. Promote safe, healthy, and developmentally appropriate environments for all children in child care.
2. Increase immunization rates and preventive services for children in child care settings.
3. Assist families in accessing key public and private health and social service programs.
4. Promote and increase comprehensive access to health screenings.
5. Conduct health and safety education and promotion programs for children, families and child care providers.
6. Strengthen and improve nutrition services in child care.
7. Provide training and ongoing consultation to child care providers and families in the areas of social and emotional health.
8. Expand and provide ongoing support to child care providers and families caring for children with special health needs.
9. Use child care health consultants to help develop and maintain healthy child care.
10. Assess and promote the health, training and work environment of child care providers.

Communities using this "blueprint" are encouraged to identify their own needs and to adapt and modify the steps within the "blueprint" to address these needs.

Healthy Child Care America in Region X

The Healthy Child Care America Campaign is based on the principle that families, child care providers and health care providers can work together to promote the healthy development of young children in child care. The intent is to increase access to preventative health services and safe physical environments for children. Linking health care providers, child care providers, and families makes good sense — for maximizing resources, developing comprehensive and coordinated services, and, most important, nurturing children.

Following are brief descriptions of Healthy Child Care America/CISS projects in Region X. Each state tailored their projects to meet the individual and differing needs of their populations.

The Alaska IN Project

by Sheri Baxter, Child Care Connection, Inc.

Child Care Connection, Inc., the resource & referral agency for south-central Alaska, was one of the Healthy Child Care America grant recipients. Its Healthy Child Care America project, the Alaska IN Project, is a statewide, collaborative effort focused on increasing the quality and availability of healthy and safe, inclusive child care programs for children with developmental disabilities and special health care needs. The emphasis of the project has been that children of all abilities should be served together in the same community programs and that a child care program that is safe, healthy, and developmentally appropriate will be a natural environment for a child with special needs.

The Alaska IN Project's activities have been primarily focused on education and building community partnerships. The project has provided over 250 hours of training workshops and technical assistance throughout the state to child care providers, Head Start educators, school district personnel, early interventionists, social service providers, public health professionals, and parents. Training work-

shops count towards the Child Development Associate certificate and CEU credit has been available at some training sessions. A 3-credit course was taught at the local university on inclusive early childhood settings.

For more on the Alaska IN Project, see the Alaska State report page 7.

Idaho's Child Care Project

by Anna Sever, Chief, Bureau of Family and Children's Services, Idaho Department of Health and Welfare

The focus of Idaho's project is to promote local collaborative efforts that address one or more of the goals stated in the Healthy Child Care America Blueprint for Action.

The CISS project builds directly on the Idaho Department of Health and Welfare's early childhood clearinghouse and child care initiative. The early childhood initiative is designed to provide information related to the skills parents and care givers need to best care for children. Information is available on topics such as health, child care, child development, adoptions, foster care, child welfare and public health. Information can be obtained from the Brighter Futures for Idaho's Kids web page (<http://www2.state.id.us.idahochild>) or from the Department's resource and referral line (CareLine 1-800-926-2588).

Healthy Child Care Oregon

by Debra Orman

The Healthy Child Care Oregon initiative is housed at the Oregon Health Division, Center for Child and Family Health. The primary goal of the initiative is to improve the health and safety of the children in child care settings by integrating public health into the child care field. The secondary goal is to increase the number of quality child care slots for children with special needs.

On a local level five county health departments were given small grants to find ways to integrate their services and programs into the local child care scene. Each county has chosen a different method to achieve this goal. In Josephine County the public health nurse is conducting one-on-one visits with in-home child care providers. She brings them health and safety information related to improving the quality of care. In Linn and Benton counties the health departments have pooled their funds and are working with a child health consultant to conduct a needs survey. The consultant will work with community partners to carry-out needed health, safety and special needs care training.

On the statewide level, the project coordinator, with state and local partners delivered five regional one-day training conferences focusing exclusively on health, safety and inclusion of children with special needs. The conferences included a school-age care track as well as work-shops for monolingual Spanish-speaking providers.

For more information call Debra Orman, Child Care Coordinator, Oregon Health Division (503) 361-2438.

Healthy Child Care Washington

by Jan Gross

The HCCA/CISS grant is housed at the Washington State Department of Health—under the direction of Family and Community Health/Child and Adolescent/Child Profile Division.

In 1996, a baseline survey of Local Health Jurisdictions (LHJ's) to determine their involvement in child care consultation was completed. The survey elicited a 100% response from LHJ's. 8 had a designated FTE or partial FTE whose primary focus was child care.

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Public Policy and the Crisis of Child Care, continued from page 1

The quality of a child's care during the early years, especially before age three, has a profound impact on his or her future capacity to learn, be productive, and function in society. The ongoing research into early brain development confirms this and provides policy makers with the solid evidence they need to make the changes that will improve child care.

Health provides a basic cornerstone for maximizing a child's potential. It encompasses development; nutrition; dental, environmental, and mental health; communicable disease prevention and immunizations; and safety. Public health professionals are experts in child development, disease prevention, care of children with disabilities, environmental issues, food services, playground and general safety, water quality and sanitation. Public health consultation for child care centers and homes includes education, modelling, reinforcement, resources and linkages to primary health care providers. Providing state or local health consults to child

Healthy Child Care Washington,

continued from page 5

Through the work of Healthy Child Care Washington and a 1998 Infant Toddler Initiative the number of LHJ's providing child care health consultation has gone from 8 in 1996 to 22 in the spring of 1999. Strong connections with the state Child Care Resource and Referral Network have enhanced the systems building activities of these programs.

In May 1998 and 1999, the project, in collaboration with the Child Care Coordinating Committee's (CCCC) Health and Safety Subcommittee, sponsored two symposiums on the partnership between child care and health to enhance quality and safety in early child care settings. These conferences began as a small endeavor and have grown to over 150 participants with support from a variety of stakeholders in the state. The Office of Child Care Policy and the CCCC's Systems Sub-committee allocated funds for scholarships to child care providers attending the symposium. In addition, the Systems Subcommittee has allotted funds to produce a resource guide of agencies and organizations with roles in early childhood throughout the state.

During the next CISS grant cycle, Washington State hopes to continue the training and technical assistance to LHJ's who are currently providing, or wish to begin providing child care health consultation services. It also hopes to strengthen the infrastructure to support these activities and to expand the child care health consultation programs to all 34 LHJ's in Washington State, through adequate funding. Partners are exploring innovative ways to include Bright Futures, NCAST theory and practice and Making Parenting a Pleasure programs in the child care programs.

care facilities, in partnerships with other state and community stakeholders, has been demonstrated to be one effective method for increasing the capacity and quality of care for children.

Public policies influence quality of care. "Not by Chance," the landmark 1997 study (see page 4), points to the direction that public policy should move. Most of its recommendations and the strategies listed to meet them, have a policy component:

- 1) Use a wide range of proven approaches to achieve high quality care that addresses all aspects of development, including health.
- 2) Measure outcomes using age-appropriate goals related to children's development.
- 3) Engage parents as partners in their child's care.
- 4) Require licensing of staff.
- 5) Expand training to include topics such as: supporting, families, cultural competency, working with children with special health care needs, and promoting ethical behavior among children.
- 6) Require licensing of child care facilities and homes.
- 7) Raise public and private funds to create the high quality early care and education system, of which 10 percent will be invested in the infrastructure.
- 8) Create local and state boards to oversee early care and education system.

To provide support for child care settings that are free from harm a state system must:

Have a comprehensive plan to provide training, technical assistance, monitoring, consultation and adequate wages to those who care for our children.

Be non-territorial with outcomes that address the needs of families in the state.

Be inclusive.

Be a collaboration WITH child care providers.

How can the political will be developed to make this vision reality? What is needed first is awareness and consensus of the importance of high quality early care and education to both the individual and the nation. There must be an understanding of the impact of the quality of early childhood settings on all of society. In addition, law and policy makers must understand the connections between safe and healthy child care and many other issues that states are addressing, such as education, welfare, and health reform. Health care professionals can play influential roles in developing this understanding.

Jan Gross, PHN, is a private consultant and Early childhood Specialist. She is the Coordinator for Healthy Child Care WA.

Lorrie Grevstad is a Public Health Nurse Consultant with the Washington State Department of Health, Child and Adolescent Health/CHILD Profile and program manager for Healthy Child Care WA.

A Day in the Life of A Public Health Infant Nurse Consultant

by Kathi Gibbs

7 a.m. meeting with a parent at a child care center. The Nurse provides information, education and reassurance to a parent who has been delaying getting her baby immunized. The nurse goes over both the medical and legal requirements for the center that all children must be immunized. She offers the mother assistance to get the necessary immunizations. But this meeting is also part of on-going staff development for the center. She has just modeled communications skills and parent intervention skills for the two center staff attending the meeting. After the parent leaves, she goes over the meeting to reinforce key components of the intervention and to plan follow-up.

8:15 - 8:45 a.m. During these 30 minutes, she has dealt with calls about a rash, appropriate developmental behavior for a 6 month old, and a request for a staff training. She is now trying to reach a physician. A toddler with a broken his arm in a 'soft' cast, has been returned to care. The child's physician okayed the return to care with the instructions "not to bump the arm." The nurse is calling the physician to get more detailed information about caring for the child and to ensure the physician is aware that this toddler is in a toddler group with 9 other children. After a discussion of safety concerns with the physician and the parents, both readily agreed the toddler would be at risk for further injury. Other child care arrangements were made until the child could safely return to the center.

9:30 a.m. Meeting with a center director. This is an initial assessment visit with a new center. She determines why the center requested the visit: Washington state law requires regular infant nurse consultation for all providers caring for infants. The nurse goes on to inquire about policies and immunization record keeping. The nurse takes a few moments to ensure that the director is aware of the "other" public health resources she can access through this consultant; environmental health, food safety, nutrition assistance, and mental health services. Then they go to visit the infant room. The nurse is aware that this visit, often viewed as a regulatory inspection, may cause anxiety for the center staff. She knows her most important job at this visit is to begin establishing a trusting relationship with the staff.

11:45 a.m. Center visit. This center has requested growth and development consultation for a particular child. The teacher feels the child isn't responding "quite" right. After talking with the teacher and observing the child, she suggests a couple of simple exercises the teacher can use and some strategies for talking with the parents. They plan a follow-up consultation.

1:30 p.m. site visit. After a regular site visit to the infant room and a routine check of center immunization records she is asked to observe a 3-year old who recently began hitting other children and staff. It is not unusual for Infant consultant, once center staff understand the breadth of their training, to ask for assistance for other children in the center.

2:45 p.m. She goes to the local family support center, where she has an office. She is on their board. They administer a grant to improve child care in the county. Her role is to act as technical advisor for health as part of the grant process. She also advocates for public health and child care health. Developing relationships with various providers in the community who can assist with or make referrals and provide additional services to children, families and child care providers is a part of her regular role.

During the rest of the afternoon she may work on a curriculum for asthma management, make some calls to coordinate a hearing and vision screening for preschoolers to take place the following week and/or attend several meetings. A regular meeting is with other local health department staff. Her role is to advocate for, and to get appropriate assistance for child care providers from her colleagues. She also is a member of the state-wide child care coordinating committee. This group is presently working to refine a state code regulating child care.

Throughout the day she received calls from centers and parents about feeding issues, hand washing strategies, food handling, and questions about specific illness response. In addition each visit to a center will require 1-2 hours of follow-up with referrals to other community providers, calls to experts for additional information, and to check back with center. Two to five evenings a month she will provide trainings for child care staff throughout the county on a variety of topics: first aid, specific illnesses, communications skills, growth and development, etc.

Kathi Gibbs is past public health nurse childcare consultant for Thurston County Washington. As a half-time Infant Nurse consultant for the county, she averaged 12 site visits per month and more than 240 calls per month. She is a member of the board of Child Care Action Council, a county wide advocacy and service provider agency. She is also a member of the Washington State Child Care Coordinating Committee a legislatively mandated group, which advised and advocates on child care issues with the legislature and state agencies.

Alaska State Report

The Alaska "IN" Project *By Sheri Baxter, Child Care Connection, Inc..*

At its initiation, the Alaska IN Project conducted a statewide needs assessment of families of children with special needs and early childhood providers. This study found that many families in Alaska have had difficulties in obtaining child care and have been denied these services because of their child's special needs. Although the Americans with Disabilities Act requires child care programs to be inclusive, only two-thirds of the child care programs responding to this survey said they would enroll children with special needs. In addition, only one-third of those programs that state they would include children with disabilities currently had children with special needs enrolled in their programs.

The IN project wrote 5 educational brochures on various inclusion topics and a 16-page booklet titled "Adapting Toys & Activities in Your Child Care Program". The "Child Care & Public Health Nurses: A Winning Team for Healthy Children and Healthy Child Care" was a collaboration with the State of Alaska Section of Public Health Nursing to promote linkages between child care and public health nurses throughout the state.

The Alaska IN project has also developed an Adaptive Toy Kit and 42 separate Information & Resource Kits on various inclusion and special needs topics. It purchased numerous educational materials for distribution to early childhood professionals. Additional educational materials and videos can be checked out from Alaska's R&R agencies.

Being housed in one of our state's resource & referral agencies has increased the Alaska IN Project's ability to be able to reach and impact more child care programs throughout the state. Child Care Connection and the other R&R agencies in Alaska have

provided support in connecting the Alaska IN Project with child care programs and related community service agencies and in meeting the particular needs of the diverse communities in the state. The Alaska IN Project – through its partnerships with the state R&R agencies, child care programs, parents, state agencies, the Governor's Council on Disabilities, schools, early intervention programs, and numerous other community organizations that support educators and individuals with disabilities – has been able to create a statewide awareness for inclusion as the standard and increasing the quality and availability of inclusive early childhood programs in Alaska.

The developing partnerships with the State of Alaska Public Health Nursing and the Municipality of Anchorage Public Health Nursing has achieved significant mile-stones. A representative from each of these agencies is participating in a 4-month self-study and train-the-trainer program on inclusive child care. After completion, these two public health nurses will pass on this information to other public health nurses throughout Alaska and to the child care programs they visit. Also, the State of Alaska Public Health Nursing received approval earlier this year to hire a Child Care Health Consultant for the state.

The Alaska IN Project is currently conducting a project evaluation and preparing to transition from its intense level of services it has provided over the past three years. The project is working with the three state R&R agencies to institutionalize the project's activities and keep up the momentum around inclusion that the Alaska IN Project has developed. It is the project's and its partner's dream that inclusion will eventually not be an issue as it will be the absolute standard for all early childhood and community programs.

Idaho Report

"Success by Six" Immunization Project

By Barbara Brooks, Education Specialist, Child Care Connections

The Community Integrated Service Systems Council/Healthy Child Care Idaho focused on three areas:

- 1) child injury prevention,
- 2) child abuse prevention, and
- 3) childhood immunizations. A project has been created in each focus area.

The immunization project is a collaboration of the CISS Council and United Way Success By Six project, with partners, Child Care Connections, The Central District Health Department, Friends of Children and Families Head Start, The Idaho Immunize by Two Coalition, The Family Advocate Program and FOX Channel 12. Ore-Ida Foods, Inc. and the H. J. Heinz Corporation Foundation funded this project.

The project focuses on *child care providers as key partners in getting all children immunized*. A child care provider immunization tracking system entitled **Keep On Track**, was developed for Idaho. Washington State Child Care Resource and Referral Network and the SAFECO Corporation were major collaborators in developing this Idaho resource. Five trainings for child care providers were held in the months of March and April. Trainings will be offered monthly over a two-year period.

Additionally, an "injection mobile" is available to visit family child care providers, child care centers, and churches. The van's purpose is to make their child's immunizations convenient and affordable for parents. The immunizations are free, and available for children up to the age of eighteen. Finally, a media campaign has been developed to educate parents about the importance of keeping their children's immunizations up to date.

Oregon Report

Improving Health & Safety in Child Care

by Debra Orman

Oregon is engaged in many exciting activities and initiatives around health, safety and child care for children with special needs. The state Legislature passed bills increasing training requirements for all registered in-home child care providers including first aid and infant CPR certification. Two additional bills require inspections for in-home child care providers prior to registration, and require surprise inspections and investigation of some serious complaints. Currently, there had been little or no training required for registered in-home child care providers. Moreover less than 5% of serious complaints had been investigated due to funding shortfalls for regulatory staff. All of the child care quality improvement bills are moving through the legislative process and look as if they will be approved by both chambers.

This year a statewide work group completed a one-year strategic planning process for access to child care for children with special needs. Currently, an advisory group is working to implement the plan which serves as a blue print to guide public and private sector partners in following a coordinated, comprehensive and statewide approach to addressing barriers to inclusive child care.

This year Adult and Family Services (AFS) (Oregon's public assistance agency) Integrated Child Care Program conducted its periodic survey of parents who receive child care assistance and child care providers receiving payment from AFS. Among other items, AFS was seeking information about the quality of care AFS clients are able to obtain for their children, and what kind

of training child care providers (whether relatives or professional caregivers) would like to receive. Nearly all AFS clients felt that it was very important for their child care provider have basic health and safety training, and seventy-five percent of the providers either had training in first aid and CPR or would like to have such training. To this end both regional and state AFS programs funded over 400 scholarships for child care providers to attend the Healthy Child Care Oregon regional conferences this spring.

The health and safety of child care settings in Oregon is likely to continue to improve given the broad collaborative partnerships and comprehensive planning approach to child care quality.

For more information about child care in Oregon call Debra Orman, Child Care Coordinator, Oregon Health Division (503) 361-2438.

Washington Report

A Child Care Immunization Project

by Sangree Froelicher, *Keep On Track's Program Manager at the Washington State Child Care Resource & Referral Network*

Licensed child care providers are a vital link in getting all children in Washington immunized. Child care professionals are responsible for over 160,000 children every day. Providers see parents on a regular basis and are a trusted source of information on their children's health and well-being, which places them in an ideal position to educate parents about immunizations. And while their primary concern is for children's health and well-being, they also have legal obligations to make sure all the children in their care are properly immunized.

Safeco's Keep On Track project provides a tool for state and local agencies to assure that child care facilities meet health promotion goals and requirements. Keep On Track (KOT) is an

immunization resource and tracking system for use in child care facilities. KOT was developed by the SAFECO Corporation with Local Public Health Departments, Child Care Resource & Referrals in King and Snohomish counties, and Washington state Immunization program. In 1994, it was successfully piloted in King and Snohomish counties. Currently, KOT is being replicated statewide through the Washington State Child Care Resource & Referral Network (Network) in partnership with Healthy Child Care Washington, Washington State DOH, the Office of Child Care Policy and Healthy Mothers, Healthy Babies. This partnership supports the goals of Washington State Resource and Referral agencies and the Healthy child Care Washington CISS grant by:

Increasing childhood immunization rates by providing public health nurses with a tool to bring to local child care providers.

Increasing the level of compliance of child care centers and family child care homes with the state immunization requirements.

Developing relationships between local health jurisdictions, child care facilities licensing staff, and other community and state stakeholders.

For more information, please contact Sangree Froelicher Keep On Track's Program Manager at the Washington State Child Care Resource & Referral Network (253) 383-1735.

HMHB - Partnerships for Child Care Outreach and Policy

Healthy Mothers, Healthy Babies Coalition of Washington State (HMHB), is a private, not-for-profit, statewide organization whose mission is to promote educational efforts that enhance the health of families and children. Partnering with other groups to create and disseminate multimedia public awareness campaigns for varied needs is integral to HMHB's mission. HMHB's core service is operation of a toll-line that provides free, community specific, information and referral for the following services:

- Childcare resource and referral
- Medicaid application and plan enrollment
- Family planning and reproductive health
- WIC (Women, Infants, and Children Food and Nutrition Program)
- Prenatal care, maternity care, childbirth
- Breastfeeding help
- Child development, parenting skills
- Children with disabilities, developmental delay, special health needs
- Child immunizations
- Smoking, drug, alcohol treatment

HMHB maintains an ongoing partnership with the Washington Childcare Resource and Referral Network (The Network) to refer callers from counties around Washington to their local Childcare Resource and Referral office. Recently, HMHB partnered with The Network to implement a grant from the Washington Medical Assistance Administration for outreach to Washington residents eligible for Medicaid. Together, HMHB and The Network have distributed posters and wallet cards to child care providers throughout Washington state to promote Medicaid enrollment via HMHB's toll-free line (1-800-322-2588).

A natural outflow of HMHB's partnerships with Washington's Office of Children with Special Health Care Needs and the Washington Infant Toddler Early Intervention Program is HMHB's recent participation in the Inclusive Child Care Task Force forum, contributing with other participants support for child care for all children.

Jacque Stock, OTR, MPH
Programs Director
Healthy Mothers, Healthy Babies Coalition of Washington
300 Elliott Avenue West, Suite 300
Seattle, Washington 98119
JacqueS@wsha.org
(206) 577-1804

Changes in Region X: A New Look, More Customer-Friendly and More Responsive

by Carolyn Gleason, Seattle HRSA Field Office

During the last year, all Regional Offices of the Health Resources and Services Administration (which includes the Maternal and Child Health Bureau) are participating in a process of restructuring. The ten HRSA Regions were consolidated into five Clusters. Region X, which serves Alaska, Idaho, Oregon and Washington, has been combined with Region IX, which serves Arizona, California, Nevada, Hawaii and the Pacific Islands, to become the Pacific West Cluster. Regional Offices in the Pacific West Cluster have now become the Seattle Field Office and the San Francisco Field Office.

Staffing Changes in MCHB, the Cluster and the Seattle Field Office: Peter C. van Dyck has been named HRSA's Associate Administrator for Maternal and Child Health. Thomas Kring has been selected to serve as the Field Coordinator for the Pacific West Cluster, based in San Francisco. Dr. Richard Rysdam is the Assistant Field Coordinator administering the Seattle HRSA Field Office. Dr. Margaret West has been named the Seattle Field Office's Branch Chief for the Division of Health Resources Development, which includes Maternal and Child Health Program.

Functional Changes in Field Offices

Throughout 1999, the Seattle Field Office MCH staff will continue to function as before the restructuring. However, under the direction of Claude Earl Fox, Administrator of HRSA, all Clusters are planning a major restructuring of how the field office programs operate. The ultimate goal is to make the field structure more customer-friendly and more responsive to the people we serve. Thomas Kring will lead the Pacific West cluster as it restructures.

The New Look — Interdisciplinary and State-Focused

The Cluster will organize into interdisciplinary, state-specific teams. Teams will consist of program experts in primary care, maternal and child health, facilities, health professions and other HRSA program areas. The change in staff functions will mean that, instead of staff focusing only on one program area throughout the region, each state team will work closely together, looking comprehensively at the big picture in the state. Similar teams will function in much the same way for each of the 8 states included in this Cluster.

For more information, see the HRSA web site at: www.hrsa.dhhs.gov. For information and access to the Title V Information System, check out the MCHB web site after October 25: www.mchb.hrsa.gov. Questions about the Seattle Field Office restructuring can be directed to Carolyn Gleason: cgleason@hrsa.gov

Resources

Kendrick, A. et. al., *Healthy Young Children: A Manual for Programs*, 1995, Washington, DC. Available from The National Association for the Education of Young Children, 1509 16th St. NW, Washington D.C. 20036-1426. 1-800-424-2460

Berman, C., & Fromer, J., *Meals Without Squeals; Child Care Feeding Guide and Cookbook*, 1991, Palo Alto CA, Bull Publishing Company

Shoemaker, J., and Vitale, C.Y., *Healthy Homes, Healthy Kids*, 1991, Washington DC. Island Press

Dunford, R.E., *Your Health and the Indoor Environment*, 1991, 1994, Dallas, TX, NuDawn Publishing

Wallace, R.G., Biehl, J.C., MacQueen, and Blackman, J.A. (eds), *Mosby's Resource Guide to Children with Disabilities and Chronic Illness*, 1997, St. Louis, Mosby-Year Book, Inc.

Helburn, S. ed., *Cost, Quality, and Child Outcomes in Child Care Centers*: Technical Report. Denver, CO: Department of Economics, Center for Research in Economic and Social Policy, University of Colorado, 1995.

Helburn, SW and Howes C. The Future of Children. *Child Care Cost and Quality*. Vol 6 No 2. Center for the Future of Children, The David and Lucille Packard Foundation. 1996.

Children with Special Health Care Needs: A Community Nutrition Pocket Guide UAB Sparks Clinics, Attn: Nutrition Pocket Guide, 208 Sparks Center, 1720 7th Avenue S., Birmingham, AL 35294-0017, To order 10 or more books, call (205) 934-5471

Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Performance

Standards—Guidelines for Out of Home Child Care Programs. To order: National Maternal and Child Health Clearing House, 2070 Chain Bridge Road, Suite 450, Vienna, VA. 22182-2536. 703-821-8955 fax: 703-821-2098

Aronson, S., Smith, H. , *Model Child Care Health Policies* - Pa. Chapter of the AAP, Available from The National Association for the Education of Young Children, 1509 16th St. NW, Washington, D.C. 20036-1426 1-800-424-2460

Aronson, S., *Health and Safety in Child Care*, 1991, Harper Collins, 800-822-6339

Shore, Rima, *Rethinking the Brain: New Insights into Early Development*, 1997, Families and Work Institute, 330 Seventh Avenue, New York, New York, 10001 (212) 465- 2044.

Health Newsletters for Child Care Commercially Produced

Healthy CHILD Care, Healthy Child Publications, PO Box 624, Harbor Springs, MI 49740, 616-526-6342 Frequency - Bimonthly, \$19.50/yr.

Child Health Alert, PO Box 610228, Newton Highlands, MA 02461 781-239-1762, 10 issues/yr., \$29.00

Pediatric Mental Health, PO Box 71555 Tarzana, CA 91357, 1-800-947-0947 <http://www.pediatricmentalhealth.org> Bimonthly, \$40.00/yr.

School Health Alert, PO Box 150127, Nashville, TN 37215, 610-370-7899 10 issues/yr., \$34.00/yr.

State Produced Newsletters:

Early Childhood Health Link (PA), Quarterly, Pennsylvania AAPECELS, Rosemont Business Campus, 919 Conestoga Rd., Bldg 2, Suite 307,

Rosemont, PA 19010-1353, <http://www.paaap.org>

Healthy Child Care (MO), Quarterly, Missouri Department of Health, Bureau of Nutrition & Child Care Programs, 930 Wildwood Drive, PO Box 570, Jefferson City, MO 65102-0570

Healthy Child Care Massachusetts (MA), Quarterly, Massachusetts Department of Public Health, Bureau of Family and Community Health, Div. of Maternal, Child and Family Health 250 Washington Street, Fifth Floor Boston, MA 02108

Provider Pursuits (DE), The Family & Workplace Connection, 100 Wilson Building, 3511 Silverside Road, Wilmington, DE 19810. Includes one or two articles on children's health in each issue.

The Source (FL), Quarterly, Community Coordinated Care for Children, Inc., 1612 E. Colonial Drive, Orlando, FL 32803. Includes articles on children's health in each issue.

Healthy Child Care America Newsletter, Healthy Child Care America Campaign, American Academy Of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007 1-888-227-5409

CPSC—Child Care Safety Campaign

In April, 1999, the Consumer Product Safety Commission (CPSC) released a 1998 study of 220 child care settings that showed significant safety problems. The CPSC study found that two-thirds of the child care settings had at least one safety hazard. The CPSC has prepared a Child Care Safety Checklist for providers and parents to use. It is available via the internet at: www.cpsc.gov or by sending a postcard to Child Care Safety Checklist, CPSC, Washington, DC 20207.

Calendar

November 5-7, 1999, Society for Public Health Education (SOPHE) Annual Meeting, Chicago, Contact info@sophe.org, <http://www.sophe.org>

November 7-11, 1999, "Celebrating a Century of Progress in Public Health" APHA Annual Meeting, Chicago, Call 202/777-2478 or <http://www.apha.org>

November 10-13, 1999, National Association for Education of Young Children (NAEYC) Annual Conference, New Orleans, Call 800/424-2460, <http://www.naeyc.org>

November 11-14, 1999, 21st Annual Conference on Patient Education, Austin, TX, Call 800/944-0000 <http://www.aafp.org/pec>

December 3-5, 1999, ZERO TO THREE 14th National Training Institute, Anaheim, CA, Call 703/271-1296, <http://www.zerotothree.org>

February 24-26, 2000, National Association of Child Care Resource and Referral Agencies 12th Annual Symposium (NACCRRRA), Washington DC Call 202/393-5501 <http://www.naccrra.net>

March 10, 2000, Healthy Communities 2000 Symposium, Seattle, Call Washington State Hospital Association,

April 19-20, 2000, 24th Annual Adolescent Sexuality Conference Sponsored by Marion County Health Department Location: Seaside, Oregon. Contact Kristin Nelson at 503/373-3751 or e-mail KNelson@open.org

May 10-12, 2000, Child Care and Health: Partnership Symposium. Ellensburg, WA Contact Jan Gross 360/678-2162

June 28-July 1, 2000, Headstart's National REsearch conference: Developmental and contextual Transitions. Washington, DC 212/304-5251

June 12-13, 2000, "Face of a Child" The Surgeon General's Conference on Children and Oral Health, Washington D.C., www.nidcr.nih.gov/sgr/children/children.htm

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NW BULLETIN

Family and Child Health

Department of Health
Parent-Child Health Services
Mail Stop LC-12A
Olympia, WA 98504



Maternal Child Health Program
University of Washington, School of
Public Health and Community Medicine



Healthy Mothers, Healthy Babies
Coalition of Washington State



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