

**CHILD WELL BEING
REPORT AND RECOMMENDATIONS**

April 14, 2004

INTRODUCTION

CURRENT SYSTEM

. SWOT

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. HEALTH AND SAFETY INFRASTRUCTURE SYSTEM CHART

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INTRODUCTION:

This is the final report and recommendations of the PIECES Child Well Being Subcommittee. This group was charged with defining services needed to insure the health, safety, nutrition and well being of children from birth to five and for making recommendations for a system, built on existing services, that will support necessary collaboration and partnerships to meet these needs.

The committee defined Child Well Being as a state where physical, mental, social/emotional and cognitive needs are met, thus promoting a child's sense of security, trust and positive sense of self. In order to identify critical elements and make recommendations for a system to support the nurturing environments needed for children to achieve this sense of well being, the committee process has included:

- . An assessment of existing services,
- . Definition of an 'ideal' system,
- . Identification of gaps between 'ideal' and existing systems and
- . Recommendations for a system of coordination and technical assistance to support the provision of services to children and their families that will nurture and inspire them to "be all that they can be".

It is important to recognize that a system that supports this goal, will require collaboration between at least four very different professional infrastructures; Child Care, DHHR, Education, and Health Care. This collaboration must also incorporate the participation of parents, families and communities. On a day to day basis these professional groups operate largely in parallel universes. Contacts between them are usually based on individual personal need for information or services.

Briefly, professionals in each of these groups have separate academic preparation, professional organizations, credentialing, and oversight. Within each group are multiple technical and ideological methods of oversight, practice and values.

Impact on these systems traditionally comes from:

- . The Federal and State governments and the legal system which passes laws, or enforces existing laws that impact on the practice of the profession at large or individual practitioners
- . The Public Health system and public health programs such as EPSDT, that mandates a specific set of health services for eligible individuals or provides programs for specific target populations
- . Funding sources that pay for services and may require exchange between one or more of these professions
- . The federal government through laws and programs that fund specific programs and establish requirements for participation [IDEA; No Child Left Behind, CDC immunization requirements, Head Start, etc] which impact on professional practice.

In recommending an infrastructure that will support a real partnership between these systems the weight of law may be needed to define the nature of that partnership or require the participation of specific partners until collaboration patterns are established and participation is valued by the partners. It is also critical that

- . All partners are seen as equally valuable, each with essential elements to contribute to a successful outcome
- . Each group is provided support and technical assistance while learning new roles and an appreciation for other partners, and that
- . Collaboration between partners occur at state, regional and local levels in order to assure that services meet the diverse needs of families and communities across the state.

CURRENT SYSTEM:

The committee work plan identified six goal areas:

- . #1 Gather information on existing resources and needs
- . #2 Provide planning guidance for counties on how they can meet the health and safety requirements of the Pre-K rule and access required screens and health care for the four year old population
- . #3 Maximize resources and reduce duplication of effort
- . #4 Design a system that builds on existing resources, eliminates duplication and provides early care and education programs with direction and support to meet health and safety needs, including: training, technical assistance, parent education, referral and followup on children with health issues, coordination of services, health provider education and support.
- . #5 Develop recommendations/guidelines for supporting families and children in child care
- . #6 Make recommendations for systematic education of parents/guardians related to the health and safety of children in child

In order to better understand existing health and early care and education systems the committee:

- . Invited guest speakers to provide information about specific health related programs including: Current child advocacy and health systems groups, data collection and children's insurance programs, Family Resource Centers, Starting Points, Resource and Referral Agencies, Parent Education and in home services, including MIHOW and Parents as Teachers, State Oral Health and MCFH Oral Health Programs, Primary Care, Rural Health, School Based Health Centers, and the USDA Child and Adult Care Food Program
- . Collected regional Resource Directories and compiled Regional Profiles based on regions aligned with each Resource and Referral Agency [copy attached]
- . Researched and prepared a document on the Indicators of Child Well Being [copy attached]
- . Surveyed Child Care Personnel about health and safety issues of concern to them and compiled a summary report of responses [copy attached]
- . Prepared a family survey to gather information on parent child care experiences [in process]
- . Prepared an assessment of the current system [SWOT] to identify strengths, weaknesses, and opportunities [copy attached]
- . Small groups within the committee worked on collecting information and making recommendations on specific facets of the current and desired system

The Information gathered from these activities indicates that health and early care and education have some ongoing connections:

- . Licensing requirements for health screens, immunizations and acute health care needs
- . A few child care centers have established an ongoing relationship with a health consultant
- . Head Start programs have a strong health and safety component with written performance standards and guidelines.

Overall:

- . Most counties have local health care services of some type, but access to specialists and in particular pediatric dental care, is limited
- . The Child Care provider survey identified a range of health issues that need to be addressed, both in terms of on site technical assistance, and longer range in service education and support.
- . Access to information about health issues and assistance in meeting children's acute and chronic care is lacking on a one to one basis.
- . The health care community is not directly involved in providing support and assistance to early care and education programs except in a limited number of 'health consultant' relationships.

Preventive and acute health care services are provided on an individual child/family basis not in the context of early care and education

The current system, or rather systems, have, for the most part, adequate resources, but lack at all levels, a focal point for coordination and efficient use of these resources. The CWB committee believes that with regional coordination and technical assistance, issues related to child well-being could be addressed more adequately. While this may initially require additional funding or trade off in positions/resources the regional Resource and Referral Agencies are a natural site for housing regional health consultants and for assuming expanded responsibilities for quality assurance and related health and safety coordination, technical assistance and training.

Existing networks such as Health Check Outreach and Program Specialists, CHIP Outreach, USDA Child and Adult Care Food Program, Dental, Vision and Hearing Programs and Rural Health Centers could provide more support and assistance to early care and education programs and to children and families if there were some means of coordination to bring the need to their attention and find efficient means of utilization

The establishment of a Health and Safety Consultant in each Resource and Referral Agency, under state level direction could provide a mechanism for implementing regional plans for needed collaborations. The new County Pre-K Planning Committees are an existing resource for initiating county level collaboration to address some of the broader early care and education needs and issues.

Health and Safety Infrastructure SWOT

Strengths	
Health and Safety Needs	<ul style="list-style-type: none"> . Licensing regulations require immunizations and periodic preventive health examinations Health Check Program and outreach system can provide assistance ELSF ● □ Head Start Standards ● □ WVU Vision Initiative for Children ● □ CCR&R Vision Screens/Health Fairs ● □ CCR&R provide basic H&S training ● □ CCR&R provide consumer Ed. ● □ School System-State and Local ● □ Starting Points ● □ State and Local Public Health ● □ Birth-Three- RAU integrated into CCR&R ● □ Health Care Providers and Professional Associations ● □ Nutrition requirements as per CACFP ● □ Policy 2525 (licensing/required health screenings ● □ Health and Safety Core Competencies ● □ NAEYC Accreditation (sets standards) ● □ Accredited Programs- Higher rate reimbursement for subsidized children ● □ Higher Rate reimbursement for Subsidized Special Needs Care ● □ ITERS-R/ECERS-R Training provided for CCR&R staff ● □ DHHR Licensing specialist ● □ DHHR Family Monitors ● □ WVECTCR coordinates professional development for trainers, behavior support specialist, birth-three and early care and education professionals etc. ● □ Survey indicated some centers have some type of access to a “health consultant”
Parents	<ul style="list-style-type: none"> • Licensing regulations require basic info to parents and parents on governing body of licensed center • Regulations provide for equal access • IDEA Part B and Part C- Choice, least restrictive • Policy 2525 • Head Start Performance Standards • Child Care Subsidy Policy • Policy 2419-IEP • WV B-3 IFSP • Child care centers, facilities and homes have licensing regulations for minimum H&S – Standards for non traditional hour care • NAEYC and NAFCC Accreditation • Core Competencies will include parent partnerships/relationships, inclusion, behavior support training also requires annual parent surveys • Starting Points, CCR&R, Home Visiting Programs, Parent Educator Resource Centers and RAU provide families with consumer education • Provider Quarterly
Quality	<ul style="list-style-type: none"> • Center License renewal/inspection every two years • Environmental health inspects every 6 months

Assurance/Accountability	<ul style="list-style-type: none"> • Food Service License Quarterly • Fire Marshall inspects for license renewal • CACFP monitors homes 3 times a year and centers • Facilities annual Inspection • Head Start Annual Self Assessment and Federal review every 3 years • OEPA every 5 • Pre-k annual ECERS self Assessment • Special education reviews • WV B-3 Quality Assurance System • ELSF- assessment of programs on continuum • Infant and Toddler Quality Initiative • NAEYC Accreditation- intensive self study and validation every 5 years/annual reports- include parent/staff surveys, improvement plans • NAFCC
Qualified Staff	<ul style="list-style-type: none"> • NAEYC • NAFCC • One Step at a Time Infant and Toddler Training • CCR&R H&S training • Infant and Toddler Quality Initiative • WV STARS career pathway • Core Competencies • Licensing regulations- annual training req. and incremental qualifications • Head Start performance Standards • ELSF • Policy 2525/lic req. • Variety of mechanisms available for core competency training • Scholarships available for Child Development Specialist • ACDS Articulation • WVECTCR training calendar/website • Articulation Work Group • Core competencies Work Group
Quality Programs	<ul style="list-style-type: none"> • NAEYC evaluates equipment, environment, relationships, DAP, Build on H&S expectations • NAFCC • Infant and Toddler Quality Initiative • Behavior Support Specialist • Head Start TA and Program Performance Standards • Policy 2525 • ELSF • IEP/IFSP • Starting Points, CCR&R, Health Departments, Home Visiting Programs provide, coordinate, support health, screenings, fairs referrals etc. • Provider Quarterly-Health resources/articles • Health materials through Health Department, Maternal, Child and family Health • Self Assessment and study for accredited programs and WV Pre-k • Health Fairs and screens in local communities • Trails Vans • WVU Vision Initiative for Children
Collaboration	<ul style="list-style-type: none"> • Policy 2525 • Head Start performance Standards (community involvement) • WV Birth- Three

	<ul style="list-style-type: none"> • Policy 2419 • WVECTCR • Tadpole training (transition) • CCR&R , RAU, Quality Teams, PERC, • Collaborative Partnerships between primary program providers • Local County Plans for Pre-k • Health Fairs/Screens in local communities • Conferences and training • PIECES and subcommittee membership • CWB Committee established relationships with Oral Health, Primary Care, Home Visiting, Behavioral Health , FRN • WVU Vision Initiative for Children
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Weaknesses

Health and Safety Needs	<ul style="list-style-type: none"> • Duplication of services/effort(screenings, exams, EPSDT, overlapping programs) • No system for follow up • No universal form across systems • Access to specialists (pediatric dental and OT crisis) limited • Early Care and Education professionals have limited access to quality H&S ongoing training (including in-service) and support • Access to health issues and assistance in meeting acute and chronic care is lacking • Health Care Community not directly involved in providing support, technical assistance to early care and education programs – Coordinated, Consistent system does not exist • Preventive/Acute Health Care Services not provided in early care and education programs
Parents	<ul style="list-style-type: none"> • Do not have access to information/education • No consistent process for education • Information/education not up to date, various resources, resource not reliable/accredited etc. • Need central coordination and approval process
Quality Assurance/Accountability	<ul style="list-style-type: none"> • No quality assurance system in place at any level – state, regional, local • No data collection system in place (across systems) • Individual data collection systems exist but they are not necessarily compatible, or linked
Qualified Staff	<ul style="list-style-type: none"> • available • No oversight/TA of professional development for H&S • Training modules (current?) that build on one another not consistently available
Quality Programs	<ul style="list-style-type: none"> • No systematic way to evaluate/measure • No formal evaluation of training (H&S)
Collaboration	<ul style="list-style-type: none"> • No formal H&S system exists to collaborate on • “sporadic” collaboration with small entities (local collab) • No law enforcing collaboration

Opportunities

Health and Safety Needs	<ul style="list-style-type: none"> • State oversight • Qualified Regional Health Consultants
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	<ul style="list-style-type: none"> • Use of existing resources in CCR&R (i.e.: build capacity of staff to effectively deliver H&S education/information, case management etc.) • Funding from Medicaid for Administrative Case Management (Health check outreach exists) • Link EPSDT/Health Check with CC FACTS for tracking • Need HIPAA Policy
Parents	<ul style="list-style-type: none"> • Universal B-5 policy to support parents consistently • Central Hotline/website State level/Regional Level Consumer Education Material (medical home etc)
Quality Assurance/Accountability	<ul style="list-style-type: none"> • Universal B-5 policy • Build ITERS, ECERS FDCARS into system • Develop CQI loops Address conflicts in policy, consistency and integrity issues with regulations
Qualified Staff	<ul style="list-style-type: none"> • Universal B-5 policy • Low cost health insurance at state level • HC provide training related to CWB
Quality Programs	<ul style="list-style-type: none"> • Universal B-5 policy • Coordination of TA across early care and education programs • Expansion Involvement of Higher Ed Linkage with Health check outreach system
Collaboration	<p>HC establish relationship to medical community Partner with Primary Care Centers</p> <ul style="list-style-type: none"> • Coordination of governance/collaborative groups • Form CWB subcommittee in each county Pre-k team-expand to cover 0-5 • Funding from Medicaid • Braiding of funding across systems/programs (i.e. CC, Head Start, B-3 etc)

Threats

Health and Safety Needs	<ul style="list-style-type: none"> • Liability insurance driving professionals/specialist away • HIPAA-exchange of information complicated • Lack of finances • Lack of collaboration • Not all potential stakeholders identified • System stays the same
Parents	<ul style="list-style-type: none"> • Limited affordable health insurance for child and family • No oversight of information distributed- credible? • Lack of resources • Stigma attached to family support services-keeps families away
Quality Assurance/ Accountability	<ul style="list-style-type: none"> • Turf issues • Cost • Lack of resources/ staff
Qualified Staff	<ul style="list-style-type: none"> • Staff burn out • Staff turn over • Cost of professional development • Low wages
Quality Programs	<ul style="list-style-type: none"> • <u>Cost</u>
Collaboration	<ul style="list-style-type: none"> • Turf issues • Funding does not exist to attend meetings etc.

IDEAL SYSTEM:

The attached CWB Infrastructure System Chart details the desired components of a system that would provide early care and education programs with direction and support in creating healthy, safe and nurturing environments.

This chart portrays a system that builds on existing resources, eliminates duplication and provides early care and education programs with direction and support in meeting health and safety needs, including: training, technical assistance, parent education, referral and follow-up for children with health issues, coordination of services, and technical assistance and support for health care providers in meeting the needs of early care and education programs and the children and families they serve.

PIECES' CHILD WELL BEING INFRASTRUCTURE SYSTEM CHART

Health and Safety Needs

For this report 'Health and Safety' refers to the total environment needed to support a child's sense of well-being as defined by the committee. This includes but is not limited to:

1. health care, preventive and acute
2. sanitary, safe environments
3. emergency preparedness
4. nutrition
5. age appropriate, safe, equipment, materials, facilities and practices
6. attention to cognitive, social/emotional development and
7. nurturing relationships.

Ideally:

- . Parental homes and early care and education settings provide nurturing environments
- . Families have Medical Homes to provide consistent, preventive and acute health care. Families and early care and education programs have access to ongoing, responsive health care services, available in a timely manner to address physical, mental, dental, vision, hearing and developmental issues
- . Families and early care and education programs have available, responsive and timely assistance with referrals, followup and health information

Desired System Components

- . Quality Assurance: There is an active, ongoing system of quality assessment and improvement within early care and education programs and at regional levels as part of a State Level QA process
- . Technical Assistance: As part of the state QA process, there is a state, regional and local system of coordination and technical assistance around health and safety issues available to program staff, health care providers and families. TA is accessible in a timely and meaningful manner, under the direction of state oversight staff.
- . Staff Development: Staff training is coordinated at the state level as part of a comprehensive QA program that oversees the development, approval and scheduling of a set of core training modules, assures consistent delivery across early care and education providers, evaluates quality and effectiveness of the training and oversees the updating of materials to reflect changes in best practices, effectiveness and changing needs.
- . Parent Involvement: Parents are actively encouraged to be part of early care and education programs and to share their experience and expertise. Programs have open door policies and allow parent visitation without notice. Information relevant to family issues and children's experience in early care and education are regularly shared with parents. Relevant program policies are explained and copies provided to families on enrollment.

QUALITY ASSURANCE

As part of a State Level QA process there is an active, ongoing system of quality assessment and improvement within early care and education programs and at regional levels.

Licensing/ Regulations	Licensing reports are reviewed and deficiencies referred to TA staff for followup and development of plans of correction as part of an active, program, regional and state level QA process. Centers and Family Care providers have written QA plans that are approved as part of licensing and regulations
Policy/Standards	Head Start Performance Standards for Early Childhood Development and Health Services, 1304.20 through 1304.24; Caring for our Children 2 nd Edition and Model Policies are applied and used as basis for training, policy development and program evaluation.
Assessment	Early care and education Programs and Family Care Providers have a process of ongoing self assessment using ECERS, ITTERS, FDCRS to monitor environmental quality with annual self assessment and bi-annual external assessments
Accreditation	NAEYC accreditation is actively sought by early care and education programs - Standards are used to improve programs working toward accreditation - There is monetary gain for achieving accreditation- monies to support program costs in meeting accreditation standards is made available where possible
Professional Development	Program Staff receive training in quality assurance and are involved in program QA activities. Plans are initiated at state level to provide monetary gain so that staff salaries reflect participation and achievement of accreditation and quality programming
Resource and Referral Agencies	R&R agencies oversee QA activities for centers/providers in their regions and have a written QA plan for the R&R that includes assessment of outcomes of training programs, family satisfaction etc.
Consumer Ed	Families and Community agencies are asked to provide input into quality assessment of programs and are aware of the importance of quality programming for children. State hotline provides access for information/input.
Health Partners	Local Health providers are aware of program standards and provide support and input to improve health and safety standards in early care and education settings
Evaluation/ Research	State level QA program identifies relevant Data elements to be reported by programs to assess progress/change: See attached 'Indicators of Child Well Being'
Financing	Braided Funding
Collaboration	Partnerships between child care, local health care providers, public programs and community agencies with coordination by regional Health consultant and R&R agency, includes County Pre-K, Public Health, FRN, Starting Points, WIC , Federal Child and Adult Care Food Program, WVU Vision Initiative for Children, etc. CWB subcommittees are established as part of county Pre-K committees to oversee health and safety for 0-5 programs.
Opportunities	Universal Early care and education policy for 0-5 system-improved quality programs; coordination and efficient use of health resources, streamlined interface between services

TECHNICAL ASSISTANCE

As part of a state level quality assurance system, there is a state, regional and local system of coordination and technical assistance around health and safety issues available to program staff, health care providers and families. Under the direction of state oversight staff, existing regional Resource and Referral agencies and regional Health Consultants are responsible to assure that TA is accessible in a timely and meaningful manner. A state Hotline provides early care and education staff and families immediate access to information and assistance.

Licensing Regulations	Health consultants [HC] provide followup on licensing deficiencies to assist with plans of correction and provide guidance to staff around program policies/practices, health, safety, and nurturing issues
Policy Standards	HC provide interpretation of standards and assist cc providers to apply best practice standards and develop written policies to direct program improvement
Accreditation	HC support providers in gaining program accreditation
Professional Development	HC provide appropriate staff/parent in service and work with others to prepare core training materials, assess outcomes and recommend changes. They coordinate and oversee Medication Administration training and renewal for their region.
R&R	HC work with health partners in the region to develop a system of referral and followup for children in child care.
Consumer Ed Public /Awareness	HC provide information to, and assist families with, health and related early care and education issues. They work with community agencies and provide general health and safety information and support public awareness of early care and education issues.
Health Partners	HC provide TA to health providers/partners to educate them about health and safety issues in early care and education and to engage them in supporting local early care and education programs and families. Partners include Public Health Agencies, Pre-K programs, WIC, Dental Providers, EPSDT outreach, CHIP Outreach, Primary Care providers, Federal Child and Adult Care Food Program/National School Lunch.
Evaluation	HC participate in regular environmental assessments of programs and data collection to measure change in primary indicators of child well-being
Financing	Braided Funding
Collaboration	Includes health care providers, R&R trainers, Behavioral Health Specialists and WVU Vision Initiative for Children
Opportunities	Improve quality of early care and education programs- improve health and safety of children - increase parental understanding of H/S issues. Contribute to increased state level coordination and oversight of early care and education

STAFF DEVELOPMENT

Staff training is coordinated at the state level as part of a comprehensive QA program that oversees the development, approval and scheduling of a set of core training modules, assures consistent delivery across early care and education providers, evaluates quality and effectiveness of the training and oversees the updating of materials to reflect changes in best practices, effectiveness and changing needs.

Licensing Regulations	Require appropriate levels of staff in-service to assure that staff are aware of best practices and meet all specified requirements
Policy Standards	Staff are fully aware of program policies and standards through a process of review and sign off at orientation and annual in-service programs.
Accreditation	Staff are aware of accreditation process and requirements and participate in program development to meet accreditation standards
Staff Development for H/S	<p><u>Health and Safety Training</u> needs to be:</p> <ul style="list-style-type: none"> . Coordinated and non-repetitive . Accessible to staff at convenient times and places . Have quality content that is state approved and consistent across all programs . Linked to higher education <p><u>We need to:</u></p> <ul style="list-style-type: none"> . Develop a lending library of Training Modules . Develop a cadre of trainers . Develop health and safety training modules . Use WVDE for Special Needs training . Involve CACFP staff for Nutrition training <p><u>Outcomes:</u></p> <ul style="list-style-type: none"> . Qualified staff have the knowledge, ability and willingness to provide safe, healthy and nurturing environments . Health and Safety practices are taught and modeled by staff . Health and safety practices are integrated into daily activities and practiced by staff and children[Hand washing, sanitary toileting, diapering, food preparation, medication administration, oral health, handling of materials, playground equipment and safety, etc.] . Practice is supported by appropriate policies and standards, that assure sanitary, safe environments with written emergency plans and required drills. . Program policies support safe and healthy practices and are updated to reflect best practices and ongoing staff education. . Programs and policies within programs and the state oversight agencies nurture staff and build a stable workforce resulting in improved quality and continuity of care within programs.

Content of H/S
Training

Content for H/S training should contain at least:

Basic information including:

- . First Aid and CPR?
- . Medication Administration
- . Illness Management
- . Emergency planning and care [Illness, disaster, fire, family]
- . Abuse and Neglect
- . Shaken Baby Syndrom
- . Back to Sleep/SIDS
- . Documentation/reporting
- . HIPAA

Preventive Health Information:

- . Well Child exams, immunizations
- . Developmental Assessments including vision
- . Sanitation - diapering, toileting,
- . Nutrition -
 - . infant feeding
 - . basic nutrition of children 0-5
 - . menu planning for children by age group, special dietary needs
 - . The Federal CACFP/National School Lunch is integrated into programs and involved in educating families and staff about child nutrition.

Child Development:

- . The brain in the first 5 years
- . Personality types and Behavior management
- . Developmental issues

Nurturing Environments:

- . Environmental Assessments using ITERS/ECERS
- . Effect of the environment and relationships on physical and cognitive development
- . Special needs Training - use WVDE on case by case basis
- . Health Care Plans and communication with families
- . Appropriate use of staff and materials
- . Trails Van system and how to use

Health Care Provider
Orientation to Child
Care

Outcomes:

Qualified, informed care givers/staff and other in contact with children, are responsive to the individual styles, needs and personalities of children.
Staff are aware of, and practice appropriate interactions with children and families to support and nurture children's individual styles and potentials
Programs provide continuity of care for children with regular staff assignment of children to the same staff and internal groups.
Programs have routine procedures for documenting and communicating children's activities and behaviors to parents and each other.
Children receive a health check on arrival and any changes are recognized and communicated in a timely manner.
Families are involved in developing and updating written plans for their children. Where appropriate other care givers may be involved in developing these plan [OT/PT etc.]
Communications between care givers and between care givers and families share appropriate information in a timely fashion.
Written care plans describe goals and interventions for all children as a tool to communicate and measure individual progress. IFSP, IEP, Special health care plans are incorporated.

Training for Health Care Partners:

- . Orientation to early care and education setting and differing cultures[use HCCWV Tapes]
- . Role of Health and Safety Consultant/Coordinator
- . Needs of Families and early care and education programs/staff
- . Referral and followup for children in child care
- . Role of health care providers in supporting early care and education and families
- . Financial issues for families
- .HIPAA

Resources

Regional Health Consultant/Coordinators will develop a collaborative partnership between local health care providers, public health, early care and education programs and community agencies to promote health and safety issues, contribute to ongoing community and family awareness and support to create a nurturing community for all children

Involve Volunteer Health Consultants to:

- . Assist in orienting peers and other health care providers
- . Assist in development of system of referral and followup at regional and local levels

Need:

- . Referral source for families for economic assistance
- . Listing of health care providers who will see children regardless of ability to pay

Collaborate with existing Health Check Outreach Network to track and follow children's preventive and immunization schedules. Data on compliance could be available from this source if early care and education added to data base.

Potential Partners include: Home Visiting Programs/ Parent Education Programs, MIHOW, Parents as Partners etc.

CAPS

Healthy Kids Coalition etc.

State Oral Health

Oral Health Task Force

MCFH Oral Health

Primary Care

Rural Health

School Based Health

CCR&R

FRN

OBHS

CACFP

WVU Vision Initiative for Children

PARENTS

Parents are actively encouraged to be part of early care and education programs and to share their experience and expertise. Programs have open door policies and allow parent visitation without notice. Information relevant to family issues and children's experience in early care and education are regularly shared with parents. Relevant program policies are explained and copies provided to families on enrollment. Parents have access to health information, referral and assistance with followup for children's health issues.

Parent Education:

Parents are equal partners and critical to children's well-being

General information is available on entry into child care
 Standard packets of program policies and relevant regulations are provided on enrollment
 Families regularly are provided health information including:

- . Illness - preparing for illness - providing a back up plan
- . Early care and education program policies on illness, exclusion and return
- . Program Emergency plans, back up
- . Medication Administration Policy and rules
- . Required health exams, immunizations, screens.
- . Immunization records, schedule
- . Information/Authorizations needed
- . Dietary concerns, issues
- . Health History - Medical Home
- . Behavior Management Policy
- . Ongoing communications between parents and program
- . Core health and safety 'blurbs' are available to parents as appropriate--flyers etc.
- . Open door policy
- . Parent participation opportunities
- . Group meetings - scheduled topics
- . Regular Parent satisfaction surveys

Need:

- . Central clearing house to coordinate information
- . Public service HOTLINE for staff and parents to provide information, referral assistance

Programs communicate regularly with parents about child's needs, progress and daily activities

Programs develop a written plan of care in conjunction with parents to measure progress and changes over time.

Daily documentation is kept of child's activities, reactions and relevant changes and shared with parents on a daily basis.

Programs schedule plan reviews with parents on a regular basis...at appropriate intervals based on age and developmental stage.

RECOMMENDATIONS

A. QUALITY ASSURANCE SYSTEM:

The CWB Subcommittee recommends that DHHR implement a state level comprehensive Quality Assurance program that provides an ongoing system of quality assessment and improvement within early care and education programs and regional levels as part of the state QA process. The QA system includes the following components:

- . Health Consultants : As part of a comprehensive QA program the state DHHR initiate Health Consultant/Coordinator positions at state and regional levels to:
 - . Develop regional collaborations between local health care providers and early care and education providers to:
 - . Establish a system for referral and followup on children with health care issues
 - . Assist early care and education programs/providers to obtain needed health exams, screens etc. to meet licensing standards
 - . Serve as a resource for health and safety information and assistance
 - . Provide assistance to early care and education programs/providers in handling health/safety related issues
 - . Coordinate Medication Administration training within the region to assure adequate numbers of approved staff and appropriate renewals.
 - . Provide technical assistance to health care providers, and R&R staff in relation to health and safety issues
 - . Provide consultation to early care and education programs on request
 - . Provide TA to programs on health and safety licensing deficiencies, assist programs in preparing plans of correction and coming into compliance
 - . Work with early care and education programs to achieve accreditation
 - . Provide health and safety training as appropriate
 - . Coordinate regional QA activities
 - . Serve as regional representative on State QA Team
- . Technical Assistance: As part of a state level quality assurance system, there is a state, regional and local system of coordination and technical assistance around health and safety issues available to program staff, health care providers and families.
 - . Under the direction of state oversight staff, regional R&R Agencies and regional Health Consultants are responsible to assure that TA is accessible in a timely and meaningful manner.
 - . A state HOTLINE provides early care and education staff and families immediate access to information and technical assistance

- . Staff Development: Staff training is coordinated at the state level as part of a comprehensive QA program that:
 - . Oversees the development, approval and scheduling of a set of core training modules,. Assures consistent delivery across early care and education providers
 - .. State level oversight evaluates quality and effectiveness of the staff training and oversees the updating of materials to reflect changes in best practices, effectiveness and changing needs

- . Data Collection: A system of data collection is initiated as part of the comprehensive QA program that reports on elements critical to evaluation of program quality and includes those items identified as measurements of child well being within early care and education programs
 - . Data is utilized to measure and assess needs, strengths and opportunities within the early care and education system
 - . Findings are used as a basis for setting priorities and allocating funds
 - . Annual reports are made available to PIECES Advisory Committee and other interested parties such as the Legislature

B. UNIVERSAL BIRTH THROUGH FIVE POLICY:

The CWB subcommittee recommends that PIECES develop a ' Universal Birth through Five' policy for submission to the legislature that:

- . Reflects the recommendations of the PIECES subcommittees and provides the power of law to support collaboration between existing services and programs at State, regional and local levels. [Child Care/Head Start/ Private Health Providers/ Public Health Programs i.e. Health Check Outreach Network, Birth to Three, Pre-K resources/ CHIP outreach, Primary Care, Oral Health programs, Vision and Hearing programs, including WVU Vision Initiative for Children, WIC, Child Nutrition Programs, Family Outreach Programs etc.]
- . Incorporates the specific components defined in the Health and Safety Infrastructure System Chart to assure that qualities essential to child well being are promoted and supported.
- . That conflicting requirements between existing regulations be resolved so that programs have one set of requirements
- . That provides universal forms for reporting and health exams so that information is consistent and can be aggregated across programs for QA purposes
- . That requires a data base be established and specific data elements to be collected for measurement and assessment of progress across programs
- . That establishes a comprehensive Quality Assurance program to assess, measure and require ongoing quality improvement of programs as measured by ITERS, ECERS, Licensing, Accreditation, and specific Well-being outcome measures and includes provision of Technical Assistance, State and Regional Health Consultant positions and coordination and oversight of staff development programs and content.
- . That establishes a state HOTLINE for Early care and education Staff and families to provide Health And Safety information and responsive assistance.

ATTACHMENTS:

- . Regional Profiles [updated with current child care statistics]
- . Health and Safety Survey - Child Care Providers
- . Health and Safety Survey - Parents [in process]
- . Indicators of Child Well-Being
- . Health Consultant - Sample Job Descriptions
- . Head Start Performance Standards 1304.20 - 1304.24

