

# Early Education and Child Care Initiatives

## Chapter Child Care Contact E-News

September 2008

The American Academy of Pediatrics (AAP) Early Education and Child Care Initiatives is pleased to bring you the September 2008 issue of the Chapter Child Care Contact (CCCC) E-News. Each E-News issue contains a spotlight article, what's new, back to the basics, peer to peer learning, and an acronym list. We hope this electronic publication will help you find valuable resources and information on early education and child care initiatives. If you have any questions, comments, or ideas, please contact Stephanie Nelson at [snelson@aap.org](mailto:snelson@aap.org).

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### IN THE SPOTLIGHT

#### *A Peek into the Child Care Bureau*

The Child Care Bureau (CCB) was created in January 1995 to provide a central focus for federal child care programs. In May 2006, the CCB became part of the Office of Family Assistance (OFA) within the Department of Health and Human Services (DHHS) Administration for Children and Families (ACF).

Combining the CCB with the OFA, which administers Temporary Assistance for Needy Families (TANF), allows for greater coordination of the child care subsidy program with welfare reform efforts. It is critical that TANF and child care programs work closely together to ensure that states have all the resources and guidance needed to move families currently dependent on cash benefits into the workforce and to prevent families who are not TANF recipients from falling into welfare dependency.

The CCB administers the Child Care Development Fund (CCDF) (also known as the Child Care Development Block Grant). The CCB monitors implementation of State, Territorial, and Tribal CCDF programs and identifies trends, program achievements, and best practices. The CCB supports States in establishing child care policies and programs that take advantage of the flexibility that CCDF offers and that respond to the needs of low-income working families. In addition, the CCB provides a variety of technical assistance and professional development services targeted to the needs of CCDF staff in the States, Territories, and Tribes provided from CCDF.

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A minimum of 4 percent of CCDF funds must be used to improve the quality of child care and offer additional services to parents, such as resource and referral counseling regarding the selection of appropriate child care providers to meet their child's needs. To improve health and safety available in child care, many states have provided training, grants and loans to providers, improved monitoring, compensation projects, and other innovative programs.

As CCCCs, we strongly encourage you to contact the CCDF Lead Agency in your State to discuss opportunities for working together to improve the quality of care for children in child care. For more information and to find your State CCDF Lead Agency, please click [here](#).

## ABOUT HEAD START AND HOW WE CAN WORK TOGETHER

Head Start staff and programs serve children, families, and communities in the greatest need. These same communities are served by dedicated clinicians who have chosen to devote their talent, skills, and caring to vulnerable populations. Limited resources are an operational reality of these service models. In addition to the primary focus upon promoting school readiness, Head Start programs are designed to provide a support infrastructure to assist children and families in accessing and participating in ongoing comprehensive health care. Collaboration between Head Start programs and community providers of pediatric health care strengthens both systems of care, and enriches the lives of children, families, staff, and communities.

### **Office of Head Start Mission**

**Head Start is a national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families.**

The Head Start program provides grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. In fiscal year (FY) 1995, the Early Head Start program was established to serve children from birth to 3 years of age in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development.

Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. They engage parents in their children's learning and help them in making progress toward their educational, literacy, and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.

Head Start's commitment to wellness embraces the comprehensive vision of health for children, families, and staff. The objective of Child Health and Development Services is to ensure that, through collaboration among families, staff, and health professionals, all child health and development concerns are identified, and children and families are linked to ongoing source of continuous, accessible care to meet their basic health needs.

### **Head Start Program Performance Standards**

The Head Start Program Performance Standards require programs to:

- Assist parents in accessing the source of care if the child does not have an ongoing source of continuous, accessible health care;
- Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age-appropriate preventative and primary care;
- Assist the parents in making the necessary arrangements to bring the child up to date if the child is not;
- Establish procedures to track the provision of health care services;
- Obtain or arrange further diagnostic testing, examination, and treatment for each child with observable, known, or suspended health or developmental problem;
- Develop and implement a follow-up plan for any condition identified so that any needed treatment has begun;
- Perform or obtain linguistically and age-appropriate screening procedure to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills;
- Establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan;
- Provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids, or equipment for medical and dental conditions;

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- Assist parents to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process;
- Provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families;
- Encourage parents to become active partners in their children's medical and dental health care process and to accompany their child to medical and dental examinations and appointments;
- Provide parents with the opportunity to learn the principles of preventive medical and dental health. Information specific to the health needs of individual children must also be made available to the extent possible.

**The Head Start Program Performance Standards create a program infrastructure that supports children and families in accessing and participating in preventive and ongoing care delivered through a medical home. Active communication and collaboration between community providers of comprehensive primary care and local Early Head Start and Head Start programs strengthens the effectiveness of both systems of care, and optimizes outcomes of children and families.**

In addition to strengthening the direct provision of preventive health care and treatment services, collaboration between pediatric clinicians and Head Start offers other significant opportunities through which clinicians may use their commitment, knowledge, and skills to impact upon the health of their communities.

### **Opportunities for advocacy at the State level: Head Start State Collaboration Offices (HSSCO)**

The Head Start State Collaboration Offices (HSSCO) support collaboration and coordination of services at State and local levels, among Head Start and Early Head Start agencies and entities that carry out activities designed to benefit low-income children, birth to school entry, and their families. Health care is one of the 8 priority areas in with the HSSCO's assist local Head Start agencies in building linkages with local service providers.

**Interaction between AAP Chapters and HSSCOs would appear to be a natural fit for 2 such organizations dedicated to improving the quality of life and outcomes for children and their families.** To locate the HSSCO in your state, please click [here](#) and use the search feature.

### **Opportunities for advocacy at the local level: The Health Services Advisory Committee**

The Head Start Program Performance Standards require that every Head Start program form and maintain a Health Services Advisory Committee (HSAC) to advise in planning, operation, and evaluation of health services in Head Start and Early Head Start programs. The HSAC links Head Start programs to essential persons, organizations, and resources within the community. The HSAC plays an important role in ensuring that Head Start children have medical and dental homes that will remain in place after they leave the program. The HSAC also plays an integral part in the development of health policies and procedures for Head Start programs.

Participation on the HSAC of a local Head Start program can be a wonderful way for pediatricians and pediatric residents, pediatric nurse practitioners and nurse practitioner students, to develop and experience an advocacy role within their communities.

The role of the clinician or clinician in training participating on the HSAC is to provide information and guidance, along with other committee members, regarding the program's health services. These committees meet relatively infrequently in most instances. Service on the HSAC is not compensated. Contact may be made through the program director. To find a local program, please click [here](#).

In addition to serving on the HSAC, pediatric clinicians, practices and academic institutions can interact with local Head Start programs by making the program aware of their facility's capacity and desire to serve Early Head Start and Head Start eligible and enrolled children as a "medical home."

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Pediatric clinicians may offer to give group presentations to Head Start parents and staff about relevant health topics. They may also, as part of the clinical visit, promote parental awareness of the services available to children through Early Head Start and Head Start programs, especially for children with recognized disability. **Clinician referral to local Head Start programs can be enormous benefits to families.** *Pediatrics* article: [Pediatricians' Reported Practices Regarding Early Education and Head Start Referral](#)

**The development and application of advocacy skills within the community is one of the most effective ways to leverage our knowledge, skills, and commitment to the benefit of children and families.**

*Pediatrics* articles: [Pediatricians' Perspectives Regarding Community Child Health: Training, Involvement, and Expectations According to Age](#)

[The Pediatrician's Role in Community Pediatrics](#)

[The Pediatrician's Role in Family Support Programs \(currently under revision\)](#)

For academic institutions, participation in a Head Start program's HSAC can allow the experience of community advocacy to be incorporated into the training program, consistent with the mission and vision of the [Community Pediatrics Training Initiative](#).

The opportunity for faculty involvement and precepting or co-participation on the HSAC can expand a training program's capacity to address community pediatrics within the training model.

Support for high-quality Early Education programs by community pediatricians, through provision of a medical home for children, direct participation in a consultative or advisory role, and local, state, or national advocacy, benefits our children, families, and communities as described in the AAP policy statement [Quality Early Education and Child Care from Birth to Kindergarten](#).

### Other Resources:

[Office of Head Start](#)

[Early Childhood Learning and Knowledge Center \(ECLKC\)](#)

[Child Health Services](#)

[Mental Health](#)

[Oral Health](#)

[Keeping Up — Tracking Health Services](#)

[Head Start Locator](#)

[Section on Early Education and Child Care](#)

Submitted by: **Barry Marx, MD, FAAP, Senior Medical Advisor, Office of Head Start**

## WHAT'S NEW

### Needs Assessment

AAP staff conducted a needs assessment with all CCCCs, partners, and alternates in July. We hope to have the report distributed by late September. Thanks to all who participated. We appreciate your feedback!

### NCE 2008 — CCCC Networking Dinner

Mark your calendars to attend the AAP National Conference and Exhibition (NCE) in Boston, MA October 11-14, 2008. The Section on Early Education and Child Care Program will be Sunday, October 12th from 1:00pm-5:00pm. In addition, immediately following the program there will be a CCCC networking dinner and discussion on infectious disease, medication administration, and healthy behaviors. We would like to invite all CCCCs as our special guests. Please RSVP to [snelson@aap.org](mailto:snelson@aap.org). If you would like to see more information about registering for the NCE, click [here](#).

## BACK TO THE BASICS

CCCCs have been identified in each Chapter to provide a network of pediatric child care experts who can improve the health and safety of children in child care and engage parents in discussions about quality care and their options. Each AAP Chapter Contact is a member of the AAP Section on Early Education and Child Care and serves as a liaison between the chapter and the AAP regarding early education and child care topics and initiatives. CCCCs may work informally, in partnership with others, or may serve as chairperson for a formal Chapter Committee. Each CCCC is assigned to a mentor.

**Creative Idea or Suggestion:** Each issue, we will ask you to do “just one thing” in your role as a CCCC and we will include an example or two that you may find useful. This quarter we are asking you do one of the following:

- **Suggestion 1:** Contact your state CCDF contact (see spotlight article)
- **Suggestion 2:** Write an article for your Chapter’s newsletter or local newspaper. If you would like to share your article for other CCCCs to use as a template, please email [snelson@aap.org](mailto:snelson@aap.org).

## GLOSSARY OF ACRONYMS & TERMS

### *Common in Early Education and Child Care*

In each newsletter, we will try to feature common acronyms and terms in the area of early education and child care.

**TANF — Temporary Assistance to Needy Families**, which replaced the federal Aid to Families with Dependent Care (AFDC) program in 1996, is a federal funding stream that provides block grants of aid to enable states to provide time-limited cash assistance and work support services to low income families with children. Some TANF funding may be used for child care services to low income families.

**ACF — Administration for Children and Families**, within the Department of Health and Human Services (HHS), is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities.

**CCB — Child Care Bureau** supports low-income working families by promoting access to affordable, quality child care, and after school programs.

**CCDF — Child Care Development Fund** is administered by the CCB and is used to promote quality child care (see spotlight article).

## PEER TO PEER LEARNING

### **Erin McMaster, MD, FAAP — CCCC for Massachusetts**

Erin McMaster, MD, FAAP is a consultant for the University of Massachusetts child care centers and has developed teaching modules for staff with regard to medication administration, health care issues, etc. Dr McMaster recently gave a presentation on medication administration to a large group of child care workers in central Massachusetts to help them meet their requirements for accreditation. This was coordinated through a contact at the United Way.

She is also a school physician (Preschool—8th grade) and is working with school nurses on health issues. Dr McMaster teaches a seminar for pediatric residents and has developed a child care curriculum which all residents complete. For the past 2 years, this has included 4 lectures about early education issues and is hoping to expand this to include more observation time. She has had residents observe different child care settings on an individual basis, but has not yet been able to expand this for all residents.

This past year, Dr McMaster participated in a training sponsored by the Massachusetts Department of Health and Early Education and Child Care (EECC) in Child Care Health Consultation. It was a 4 day seminar that allowed her to increase her knowledge base, network with other consultants, and work to determine areas where we need more legislature for funding.

**We want to hear from you! In each newsletter we would like to highlight your work so that your CCCC colleagues can learn from and benefit from your ideas and efforts. Send us a description of something that you have accomplished this year. Please contact Stephanie Nelson at [snelson@aap.org](mailto:snelson@aap.org).**

**Thank you again for all that you do for children!  
Danette Glassy, MD, FAAP  
Chairperson, Outreach and Membership  
AAP Section on Early Education and Child Care**

**Permission is given to forward the CCCC E-News to individual colleagues. The editors welcome your submissions, suggestions, and questions. Please contact us at the address below.**

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