



# NSC Focus

A Newsletter of the Healthy Child Care Consultant Network Support Center  
<http://hccnsc.edc.org>

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Supporting Child Care Health Consultant Networks

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## FOCUS ON FEE-FOR-SERVICE CONSULTATION

Dear Colleagues:

This issue marks the final edition of *NSC Focus*, as the NSC will close its doors on August 14<sup>th</sup>. We have been fortunate to have the unflagging support of MCHB's early childhood champions—especially Dr. Phyllis Stubbs-Wynn, our federal project officer—since we began this work four years ago. We thank them for their leadership and vision.

Over the years, we have come to know and deeply respect many of you and your commitment to excellence for the early childhood services in your state. Despite the daunting challenges of the current economic climate, you have marshaled your resources and creative energy time and time again. We know that the young children in your state have a fearless advocate in you!

Promoting the healthy physical, social and emotional development of infants and young children remains a core issue in early care and education quality, and child care health consultants can play a critical role in enhancing provider practices. We thank you for all of your hard work on behalf of the healthy and safe development of our youngest children, and wish you well as you continue in the future.

With gratitude,  
Patricia Fahey  
Ann Schlesinger  
Pat Blackburn  
Wendy Nakatsukasa-Ono  
Gracie Askew



In the  
Spotlight

## COLORADO

Colorado's child care licensing regulations mandate medication administration training (MAT) and documented monthly health consultation for all licensed full-day child care centers operating less than 24 hours-a-day. (Family child care homes require the services of a nurse only for delegation of special health care procedures; monthly visits are not required.) Child care health consultants (CCHC) are defined in the regulations as RNs, NPs, or MDs, with knowledge and experience in pediatrics or maternal child health, and virtually all are fee-for-service consultants, paid by the child care providers they serve. **Linda Satkowiak**, Colorado's CCHC coordinator and director of Healthy Child Care Colorado (HCCC)—a collaborative effort among the Colorado Department of Public Health and Environment, the Colorado Department of Human Services, The Children's Hospital, and Qualistar Early Learning, the state child care resource and referral network office (CCR&R)—spoke with us about CCHCs in the state. **Karen Riley**, a self-employed CCHC, shared her experiences in building her CCHC business from its beginning 18 months ago.

While all Colorado CCHCs operate independently, Linda, an RN, provides training and support to many new and experienced consultants. Because she is also a consultant to several early education programs through The Children's Hospital, she is able to share her own hands-on experience and advice with other CCHCs. Karen, also an RN, for 14 years specialized in high-risk pregnancies and worked in a hospital maternity ward and NICU. The mother of three young children, she was inspired by one of Linda's child care health consultation trainings to make a career change and start her own child care consultation enterprise. With ongoing support from Linda and the advice of a small business planner, she has built a successful business.

### TRAINING AND SUPPORT

While training is not required of Colorado's CCHCs, HCCC offers CCHC training for nurses to receive orientation and information to better prepare them to become consultants.  
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## RESOURCES

Resources on fee-for-service consultation:

- ★ Colorado's consultation requirements chart:  
[http://hccnsc.edc.org/resources/data/CO\\_CC\\_Prog\\_Req\\_chart.pdf](http://hccnsc.edc.org/resources/data/CO_CC_Prog_Req_chart.pdf)
- ★ Sample Colorado Nurse Consultation Documentation Form:  
[http://hccnsc.edc.org/resources/data/CO\\_CCHC\\_Consult\\_Form.pdf](http://hccnsc.edc.org/resources/data/CO_CCHC_Consult_Form.pdf)
- ★ Iowa CCHC/Child Care Provider Agreement:  
<http://hccnsc.edc.org/resources/data/Iowa%20Business%20Partnership%20Agreement.doc>
- ★ Iowa's Child Care Business Health and Safety Quality Improvement Plan:  
<http://hccnsc.edc.org/resources/data/Iowa%20CC%20Health%20and%20Safety%20QI%20Plan.doc>
- ★ Examples of low-cost web hosting solutions:  
Weebly.com - <http://www.weebly.com/>  
Godaddy.com - <http://www.godaddy.com/default.aspx>
- ★ California Childcare Health Program:  
<http://www.ucsfchildcarehealth.org/>
- ★ Healthy Child Care America:  
<http://www.ucsfchildcarehealth.org/>

A newly-published article on the impact of CCHC training:

- ★ Crowley, A. A. & Kulikowich, J. M. (2009). Impact of training on child care health consultant knowledge and practice. *Pediatric Nursing*, 35: 93-100

Linda regularly offers this face-to-face one-day training. In addition, the Colorado Department of Public Health and Environment hosts a no-cost 30-minute online introduction to child care health consultation. This gives nurses interested in learning about consultation an understanding of the requirements and expectations of CCHCs before they enroll in the more detailed training, and helps them "know what they don't know." Linda refers all nurses to this very basic overview if they call her with questions about CCHCs. For those who wish to learn more, Linda regularly conducts a one-day regional training that goes deeper into the role of the CCHC, addresses consultation skills, and provides an overview of the child care industry and its regulations. Participants receive a CD containing the NTI training information, access to *Caring for Our Children*, and many other resources to support them and their work. While Linda directs CCHCs to find out who their local child care licensing specialists are, she emphasizes that CCHCs are *not* licensing specialists or inspectors, but rather partners with their child care providers. "It's all about the relationship," she says. "It's about building trust."

Linda's office is located at Qualistar Early Learning and through this alliance she is able to assess the supply and demand for CCHCs in local communities throughout the state. In some communities, the CCR&R has partnered with local public health departments to increase the supply of trained CCHCs. Partners then contact Linda who can travel to the local community to train potential CCHCs. Linda has also partnered with the state school nurse supervisor at the Colorado Department of Education to help inform school nurses about their role with licensed preschool programs within their schools.

Although Linda does not supervise or oversee CCHCs once they have completed the training, she makes herself available for advice and support to graduates. She maintains a database of trained consultants, and facilitates matches between child care providers and CCHCs who are accepting new clients. Karen has connected with several of her clients through such referrals.

Colorado licensing regulations require that documentation of consultation visits be reviewed by child care licensing specialists, and while Linda does not collect reports from CCHCs about the type or frequency of their consultation visits, she provides CCHCs with a sample documentation form that includes a checklist of information discussed and room for more detailed notations about the visit. Consultants can use these or adapt them if they wish.

### GETTING STARTED

When Karen was inspired to change careers and become a CCHC she knew *what* she wanted to do, but was not sure *how* to do it. Linda's one-day training provided Karen with a wealth of information, and also linked her to Linda's invaluable support. "It's so important to have someone there who knows the ropes and is connected on so many levels. Linda gave me confidence and advice that helped me make the transition from bedside nursing to consultation, and from

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## COMING EVENTS

### ★ September 15 – 18, 2009

**NTI CCHC On-Site Training; Chapel Hill, NC**  
The National Training Institute for Child Care Health Consultants (NTI) is train-the-trainer program that prepares child health and child care professionals to train child care health consultants (CCHCs) in their state, territory, or community.

Visit <http://nti.unc.edu/> for more information, or contact Abby Pinnix: [abby\\_pinnix@unc.edu](mailto:abby_pinnix@unc.edu) or 919-966-3780

NSC is a project of Education Development Center, Inc. (<http://www.edc.org>) an international, non profit organization dedicated to enhancing learning, promoting health, and fostering a deeper understanding of the world. NSC is administered in partnership with CHT Resource Group in Oakland, California. (<http://www.cht-rg.org>)

being an employee to my own employer. I couldn't have done it without her support."

Karen also found help by networking with friends who had recently started their own business and were able to direct her to the IRS, state, and city paperwork she needed to complete. A relative helped her find a low-cost web hosting service so she could build a website for her new business at minimal cost.

### **SETTING FEES**

CCHCs set their own fees, which generally range from \$50 to \$75 an hour in Colorado. Linda advises consultants to consider a number of factors in determining their rates. For example, will the consultation be a single training or a series of trainings? Does the hourly fee include telephone consultation? Will they charge for handouts or for travel expenses (especially in rural areas)? Linda encourages CCHCs to assess the value of their time and their skills, as well as the benefits to providers, in determining their fees. She recognizes that it takes experience to be able to do this, and she is available to help new CCHCs when they are starting out.

### **MARKETING**

With Linda's advice, Karen began to determine what she needed to do to market her services and begin to build a clientele. Karen found a free logo online and uses it on her business cards, as well as on a tri-fold brochure and her website, both of which describe her services and how to contact her. She took out an ad in the area phone book, which is also available online, and she regularly exhibits at state early education conferences such as the Colorado Association for the Education of Young Children, where she can speak directly with providers about her expertise and services. Once established, she found that word-of-mouth referrals from provider-to-provider has represented a significant source of new business, and a marker of customer satisfaction.

### **WORKING WITH PROVIDERS**

Karen's initial conversation with new clients begins with a breakdown of her services. "I start with telling them 'Here's how I can support you'," says Karen. She stresses her availability, letting providers know that they can reach her via phone or email whenever need arises during their operating hours. She carries a BlackBerry with a full text, email, and unlimited calling package, and also has a pager so that she is reachable even when the phone may be out of signal range. "I want to make sure my providers can find me!" she emphasizes.

She does not charge extra for these calls or for mileage, but charges a flat fee based on an average of a one-hour onsite visit each month, scheduled a month in advance at the end of each visit. She and the

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## **FREQUENTLY ASKED QUESTION: An interview with Lori Yu, CCHC**

Recently *NSC Focus* interviewed Lori Yu about her experiences as a fee-for-service CCHC. Lori, a pediatric nurse practitioner, has provided consultation services to Connecticut child care programs for nearly 10 years. She began her CCHC career when she applied for a CCHC position in the child care program associated with the hospital in which she worked as a pediatric nurse practitioner. She currently consults with 6 child care programs on a regular basis and provides medication administration training to others. Most serve infants, toddlers, and preschoolers. Connecticut child care licensing regulations require a weekly visit from a CCHC for programs serving infants and toddlers. New regulations that took effect in November require quarterly CCHC visits for preschool programs. Lori recently attended the NTI and will join the Connecticut CCHC training team in the fall.

### **Q. How do you establish a contracting agreement with the child care providers that contact you about your services?**

**A.** The process differs according to the type of request. For example, when I get requests for medication administration training alone, I charge a flat fee for training up to 12 participants. If the program has fewer than 12 people needing training, I will encourage them to partner with another provider who can share the expense. For infant-toddler programs, I conduct weekly visits to address program health and safety. I am very familiar with child care licensing regulations and I promote best practices. When I meet with a director for the first time, I share a typical scope of work that includes an initial assessment of the program, review and development of program health policies (e.g., emergency preparedness, asthma, inclusion, blood-borne pathogens), regular review of first aid kits, weekly checks of medications, and developmental and health screenings for children. Because I don't include required trainings (e.g., medication administration) as part of weekly CCHC services, I make sure that the director has included a line item in her budget to cover training costs in addition to the consultation. I typically spend 2.5 to 3 hours a week in programs with a combination of 60 - 85 infant-toddler and preschool children. In response to requests for consultation related to Connecticut's new requirements for preschool programs, I'm modifying my weekly infant-toddler schedule to one that provides only 2 hours quarterly. I begin the discussion by asking directors about their budget for CCHC services and negotiate a scope of work from there. Over the years, I've learned how much time services take; I sometimes have chosen not to sign on with a program if they cannot afford the time I need to do a good job. I do my best to use precious program dollars wisely; for example, I engage dental hygiene students from local community colleges to train kids on tooth brushing and oral hygiene. ★



## FREQUENTLY ASKED QUESTION (Interview with Lori Yu, continued)

**Q. Lori, you mentioned that you typically revise or develop policies for your client programs. What resources do you use?**

**A.** Since beginning as a CCHC, I've developed a set of policies and checklists that I can quickly modify to meet the settings and needs of new client programs. Many of my policies are based on *Caring For Our Children* and on policies developed by the California Childcare Health Program. I also draw on information on the Healthy Child Care America website. I try to make the policies user-friendly by using simple language and bulleting requirements. I make sure that all of my programs own a copy of *Caring for Our Children* and train them to use it as a reference when health-related questions arise. ★



## FREQUENTLY ASKED QUESTION

**Q. Because Connecticut regulations require consultation, CCHC services are a cost of doing business. Do you have any advice for state leaders in states where regulations are less prescriptive on ways to promote use of CCHCs?**

**A.** In my experience, program directors that have had the benefits of *professional* child care health consultation will do what is necessary to continue it. My clients tell me that the training, screenings, assessments, and advice that I provide make teachers' and administrators' lives easier and their jobs more fulfilling. While I know that child care dollars are tight, state leaders can promote the use of CCHCs by encouraging directors to tap into foundations and local grants to cover the costs of consultation for a year or two. During that time, the consultant can develop policies, set up systems, and train staff to build a healthy foundation for the program. My guess is that after the grant is over, many directors will value the CCHC role and find a way to utilize and compensate the CCHC.

Of course, the knowledge and professionalism of the consultant is critical. State leaders can help ensure that consultants provide high-quality services by using the NTI curriculum for initial consultant training and by providing them with ongoing resources and supports. Following my initial training in Connecticut, I attended several CCHC meetings sponsored by the Connecticut Nurses Association. We have begun to talk about forming a CCHC association in the state. ★

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provider sign a one-year contract, written in "non-legalese" with the assistance of her attorney, that spells out what the client can expect from Karen and what is expected of the provider, e.g., prompt payment, late fees. Karen bills monthly for the prior month, using QuickBooks to track her finances. She has never had to collect a late fee from any of her approximately 20 clients.

At her first visit, Karen brings the provider a notebook that contains a copy of her nursing license, information about her background and services, and sections for forms and reports. Because she completes all of her reports electronically, she shares these with providers upon completion, so that the notebook becomes a convenient recordkeeping resource for providers.

### NETWORKING

For many CCHCs, consultation can be an isolating occupation, and connection with others in the profession is vital. Karen sought support from other CCHCs early in her new career. She made initial connections at the regional training, but at first found that some consultants were reluctant to network with CCHCs who might be competitors. More recently, she has found that consultants realize that there is room for all of them, and they are more forthcoming in offering mutual support. "Being connected is so important," she told us. "It means you're not alone any more."

Linda continues to be central to making peer-to-peer connections among CCHCs and others in the early childhood field. She maintains an email distribution list of those who have taken her CCHC training, providing a supportive link among those in the field.

Karen has also found connections through an active email discussion group of school nurses. This listserv, hosted by the Colorado Department of Education, enables nurses across the state to raise common issues and receive insights and support from their peers. While only some of this group have links to state prekindergarten programs, the issues discussed by the group are often common to all of the participating nurses.

### LOOKING AHEAD

Both Linda and Karen recognize the value of assessing the needs of the child care community and evaluating the CCHC services they provide. In a 2002 telephone survey of nurse consultants and child care providers, Linda learned that directors felt they benefited through safer medication administration practices and a better understanding of universal precautions. She is currently seeking funding for another survey to obtain current data on consultant services and provider needs.

Karen is planning to conduct an email survey of state CCR&Rs to determine provider needs across Colorado, particularly the rural areas, where access to consultation is often challenging. She is considering expanding her business by hiring another nurse to meet the needs of rural providers that she is unable to reach herself. She also plans to survey her clients about her services to find out what is working, and what else they might need.

When asked what she thought the future of her CCHC business might be, Karen thought for a moment, then said simply, "The sky's the limit!" ★