

Child Care Health Consultant Training

Original Date: June 4, 2021

Family Supports Division | Approved for distribution by Jennifer Helseth, MPH, Health Systems Analyst

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Washington State Department of
CHILDREN, YOUTH & FAMILIES

Welcome!

This training serves to provide high level guidance and resources, aligned with the 16 nationally recognized CCHC competencies

- Consultation Skills
- Quality Health, Safety, & Wellness Practices
- Policy Development & Implementation
- Health Education
- Resource & Referral
- Illness & Infectious Disease
- Children with Special Health Care Needs
- Medication Administration
- Safety and Injury Prevention
- Emergency Preparedness, Response, and Recovery
- Infant and Child Social and Emotional Wellbeing
- Child Abuse and Neglect
- Nutrition and Physical Activity
- Oral Health
- Environmental Health
- Staff Health & Wellness



Consultation Skills

Job Description:

According to the American Academy of Pediatrics and the American Public Health Association in their publication *Caring for our Children*, the following are typical tasks performed as part of the CCHC role:

- Train childcare providers and parents in health, safety, and nutrition
- Assess and guide child care providers and parents about nutrition, health, and safety
- Provide resources and referrals for health services for providers, children, and parents
- Assist child care providers and parents in the management of care of children with special health care needs while in the child care setting
- Serve as a technical assistance resource, not a licensing inspector

Washington State requires that a CCHC be a registered nurse with recognized training and experience in the care of infants. Programs licensed for care must receive at least one monthly site visit when infants are present.

Additional Resources:

Description of role:

<https://nrckids.org/CFOC/Database/1.6.0.1>

Building relationships and consultation skills:

<https://eclkc.ohs.acf.hhs.gov/health-services-management/article/child-care-health-consultation-skill-building-modules>

Quality Health, Safety, and Wellness Practices

Evidence-based instruments should be used to assess and improve the quality of health, safety, and wellness practices in ECE programs

The CCHC and ECE staff can use their mutual areas of expertise in developmentally appropriate health, safety, and wellness practices to identify and implement strategies to improve the quality of programs

Refer to <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/child-care-health-consultants.pdf> for additional resources

Policy Development and Implementation

The CCHC may work with ECE programs to develop and review child care health policies. The CCHC helps programs develop policies that describe what they will do to promote health, safety, and wellness

The CCHC may also work with ECE programs to develop procedures that outline the specific steps required to implement child care health policies. The CCHC and ECE staff use their mutual areas of expertise in developmentally appropriate health, safety, and wellness practices to identify and implement strategies to improve the quality of programs.

Additional Resource:

<https://www.dcyf.wa.gov/practice/policy-laws-rules>

Health Education

The CCHC identifies, designs, and implements health education. They also work with ECE programs to build staff and family health literacy.

Could focus on health education in areas such as:

- Safe Sleep
- Developmental Screening
- Oral Health



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Resource and Referral

From <https://healthychildcare.unc.edu/cchc-competencies-health-and-safety-topics/resource-and-referral/>

The CCHC connects programs with community resources and expertise to enhance health, safety, and wellness services.

A CCHC also:

- Helps programs access appropriate resources to meet program and family needs
- Facilitates communication between programs and qualified specialists in fields such as mental health, early childhood education, disabilities, and nutrition
- Helps programs maintain current records of contacts, agencies, and organizations in the community, state, or tribe that can support the health and wellness needs of the program and families served

Resource and Referral

The CCHC plays a role in connecting families with community services, assistance programs, and resources to address their health, safety, and wellness needs.

A CCHC also:

- Identifies community service providers that can help families access health and social services
- Helps programs develop and maintain a current list of health care providers able to serve families
- Helps programs identify a staff member, consultant, or community resource to communicate with families whose preferred language is not English.

Additional Resource: <https://eclkc.ohs.acf.hhs.gov/publication/partner-cchc-improve-health-safety-tips-early-care-education-program>

Illness and Infectious Disease

Vaccines:

As of August 1, 2020 WAC requires medically verified proof of immunization status for child care entry

CCHC's are not responsible for assisting in the monitoring of vaccinations unless it is a negotiated task. Many CCHC's do offer to assist a center with their immunization support. An RN may access the Washington State Immunization Information System (WAIS) and can offer this access to a center as an added service. Some centers will be very excited to have this help and support for their whole center, but others will not need it.

Illness and Infectious Disease

Preventing the spread of illness:

Handwashing: encourage hand washing policies which include everyone washing hands when they arrive at the child care site, after sneezing/coughing, after wiping noses, after handling pets, and after diapering/toileting. All should wash hands before food preparation and meals.

Diapering/Toileting: Remind staff not to wash or rinse soiled diapers or clothing as it could increase the chance of germs spreading. All soiled clothing should be put in a plastic bag and sent home with the child.

Illness and Infectious Disease

Guidelines for a diaper changing area:

- Use the area only for diapering
- Set up the area as far away as possible from any food handling areas
- Provide running water so hands can be washed immediately after a diaper is changed. ideally, within an arm's reach of a sink
- Construct a flat surface for diapering high enough so that it doesn't place stress on caregivers' backs
- Surface should be clean, waterproof, and free of cracks
- Cover the surface with a disposable cover.
- Keep all creams, lotions, and cleaning items out of reach of children but within the caregiver's reach
- Add a guard rail at least 3 inches high
- Do not allow family members to change diapers anywhere but the diapering area
- Ensure both staff and infants hands are washed after a diaper change

Additional Resource:

<https://www.doh.wa.gov/Portals/1/Documents/8330/130-082-DiaperCCsm-en-L.pdf>

Illness and Infectious Disease

Cleaning toys:

- Toys should be cleaned and sanitized frequently.
- They can be placed in the dishwasher or washed with soap and water, rinsed, and sanitized with a bleach solution.
- After air drying, they can be returned to the play area.

Preparing, handling, and storing bottles/food:

- All child care providers should obtain a Washington State Food Worker Card
- Bottles of prepared formula or breast milk must be dated and labeled with the child's name and will not be used after 12 hours.
- Frozen breast milk can be stored at the child care site with the approval of the director.
- Many centers may have their own guidelines regarding breast milk. It's advised to inquire about the center's regulations in addition to state law.



Additional Resources

General Health & Safety Resources:

<https://www.healthychildren.org/English/health-issues/conditions/prevention/Pages/Prevention-In-Child-Care-or-School.aspx>

<https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/default.aspx>

Immunization Resources:

<https://www.doh.wa.gov/YouandYourFamily/Immunization/SchoolandChildCare/RuleChanges>

<https://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/HealthSafetyandDevelopment>

Exclusion of Sick Children:

<https://kingcounty.gov/~media/depts/health/child-teen-health/child-care-health/documents/posters/keep-me-home-if-EN.ashx?la=en>

<https://www.snohd.org/DocumentCenter/View/402/Keep-Me-Home-If-Poster-PDF>

https://www.co.washington.or.us/HHS/EnvironmentalHealth/Child_Care_Sanitation/upload/KeepMeHomeIf-Eng12122016.pdf



Children with Special Health Care Needs

The CCHC may play several roles to assist programs to serve infants with special needs:

- Identify infants with special needs. You may be called up on to work with the provider and family to identify needs, assist with language to use with family, and refer for assessment and follow up
- Assist families and providers to identify appropriate care of an infant with special needs
- Work with families and providers to care for infants with special needs in child care including developing a care plan to ensure the child's needs are met



Children with Special Health Care Needs

Legal issues

Nurses can provide health teaching and information but it is not within the scope of practice to delegate tasks (medication administration, feeding tubes, insulin injections, nebulizer treatments, etc.) to child care providers.

Nurses cannot teach procedures to child care providers, but parents may if they choose to . If a CCHC is asked, they can, with a parent present, assist in understanding the role that child care providers play in keeping the child safe in care.

If a nurse has a concern with how a procedure is being carried out, they should discuss this with the provider and the parent. They can work together to solve a center specific problem. (i.e. location, temperature, environment, staff comfort, etc.)

With parent present, they can, if asked, assist in understanding the role that child care providers play in keeping the child safe in care

Children with Special Health Care Needs

ADA and Child Care

The ADA prohibits discrimination towards persons with disabilities in employment, public services, public accommodations, and transportation. Licensed child care programs, whether family child care providers or centers, are considered public accommodations under the law. Providers must make reasonable accommodations to meet the special needs of an infant with a disability. The ADA prohibits child care providers from charging a higher fee to care for an infant with special needs, however, Working Connections Child Care Subsidy program through Washington DSHS pays a 30% higher than normal rate for caring for children with special needs.

Children with Special Health Care Needs

Early Intervention Services in Washington State

- DCYF and the Washington State Early Support for Infants & Toddlers (ESIT) direct the coordination of the statewide system of early intervention services.
- Families of eligible children will work with a variety of service providers to develop an Individualized Family Service Plan (IFSP) for children under age 3.
- Children over 3 years old who need specialized services will receive them through the development of an Individual Education Plan (IEP) with their local school district.

Children with Special Health Care Needs

- These services can be offered in a clinic, the home, or the child care or school setting.
- If you feel like an infant could benefit from services and they are not currently being offered, you can talk about it with the provider.
- You would not be offering a diagnosis, which would be inappropriate, but rather an experienced set of eyes and professional guidance.

Additional Resources

[https://nrckids.org/CFOC/Special Needs](https://nrckids.org/CFOC/Special_Needs)

<https://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthSafety/ChildrenwithSpecialHealthCareNeeds>

Growth & Development

- The health consultant should be aware of normal growth and development and the early signs that may indicate a child's need for further assessment.
- Should be knowledgeable about early intervention systems in the state and community in order to make or assist in referrals
- May be asked for opinions regarding development. Parent/guardian permission must be obtained before a specific child's development can be assessed officially by a CCHC.
- Should have knowledge of typical child development and be aware of resources to assist in sharing this information with child care providers, as appropriate.
- Should be looking for certain markers that children are growing and developing normally.



Additional Resources

<https://www.zerotothree.org/early-development>

<https://www.zerotothree.org/resources/1831-the-growing-brain-from-birth-to-5-years-old-a-training-curriculum-for-early-childhood-professionals>

Medication Administration

The child care program's health policy must include:

- How the center will handle medication administration
- Safe medication storage
- Whether the child care chooses to give children medication to children in care. (However, the licensee and program staff must make reasonable accommodations and give medication if a child has a condition where the Americans with Disabilities Act (ADA) would apply.)

If they choose to give medication to children in care, their policy must include:

- How the giving of medications will be documented (medication log)
- Permission to give medications signed by the child's parent or guardian, and by a licensed medical professional when appropriate
- Staff must be trained and authorized by completing medication management training prior to giving medication to children

Additional Resources

<https://apps.leg.wa.gov/WAC/default.aspx?cite=110-305-3315>

https://childcareta.acf.hhs.gov/sites/default/files/public/brief_2_administering_medication_final.pdf

<https://dcyftraining.com/courses/common/resources/DEL-Medication-Info-Sheet.pdf>

Safety and Injury Prevention

Outdoor space:

Should include a variety of surfaces, textures, colors, places to be, pathways, barriers, and structures. You may be asked to review the safety. It should be free of sharp edges, protrusions, and broken equipment. Shade should be provided to provide protection from the sun. Surfaces should be well maintained.

An added certification that a CCHC might be interested in would be the Certified Playground Safety Inspector. This is not a requirement but could be another service to offer:

<https://www.nrpa.org/certification/CPSI/>)



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Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: August 9, 2021

Revised Date:

Family Supports Division

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Safety and Injury Prevention

Car Seats:

Child care providers are in an excellent position to encourage parents to think about the use of car seats to keep their infants safe. By having community resources available, they can have a direct impact on the safety of the children in their care. If the provider wants to discuss proper use of a car seat with a family, suggest:

- Have a list of community programs that offer low cost car seats or free loaners
- Providers could share information in flyers, newsletters, or parent meetings with speakers from the community to talk about car seat safety
- Providers can consult with a certified child passenger safety technician about proper use of child safety seats.
- A CCHC could also become certified as a National Child Passenger Safety Inspector:
<https://cert.safekids.org/>



Safety and Injury Prevention

Poisoning:

Many exposures can be prevented by keeping toxic materials inaccessible to children by using them in a way that doesn't contaminate play surfaces or food, or by eliminating them from the child care environment.

Safety and Injury Prevention

SIDS Prevention and Safe Sleep:

- SIDS is the sudden and unexplained death of an infant under one year of age. It's the main cause of death in infants from one month to one year of age.

Infants should be:

- Placed on their back for sleep on a firm mattress
- The crib should be as bare as possible--no pillows, toys, loose blankets, or stuffed animals.



Additional Resources

Safe Sleep:

<https://safetosleep.nichd.nih.gov/>

<https://www.dcyf.wa.gov/safety/safe-sleep>

Toy Safety:

<https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/prevention/toy-safety/>

<https://www.cpsc.gov/safety-education/safety-guides/kids-and-babies/safe-nursery>

Safe Outdoor Environment:

<https://playgroundsafety.org/topics/topic/developmentally-appropriate-outdoor-learning-environments>



Emergency Preparedness, Response, and Recovery

You may be called upon to help child care programs develop or critique plans for emergency situations. Familiarize yourself with planning and documentation requirements of child care licensing and state and local fire codes.

According to FEMA, the most prevalent disaster risks in Washington are earthquakes, floods, landslides, wildfires, and winter storms. Some areas of the state are also at risk of tsunamis.

Emergency Preparedness, Response, and Recovery

Earthquake Preparedness:

Identify hazards that could contribute to risks. Advise providers to go through each room in the facility to complete a hazard assessment.

Wildfire Smoke:

If air quality is considered 'unhealthy for sensitive groups' or worse, children should not play outdoors

Additional Resources

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/334-332.pdf>

[https://www.pehsu.net/Library/facts/PEHSU Protecting Children from Wildfire Smoke and Ash FACT SHEET.pdf](https://www.pehsu.net/Library/facts/PEHSU%20Protecting%20Children%20from%20Wildfire%20Smoke%20and%20Ash%20FACT%20SHEET.pdf)

<https://info.childcareaware.org/blog/child-care-prepare-infant-toddler-emergency-evacuation>

<https://www.seattle.gov/emergency-management/prepare/childcare-provider#childcarepreparednesscurriculum>

[https://www.dcyf.wa.gov/sites/default/files/pdf/el-license/Final Child Care in Emergencies Plan 2019.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/el-license/Final%20Child%20Care%20in%20Emergencies%20Plan%202019.pdf)

Infant and Child Social and Emotional Wellbeing

From <https://healthychildcare.unc.edu/cchc-competencies-health-and-safety-topics/infant-and-child-social-and-emotional-wellbeing/> :

CCHCs assist programs to support children's executive functioning, self-regulation, and developmentally appropriate relationships with other children and adults.

A CCHC also:

- Reviews written discipline policies and observes procedures to ensure they align with positive guidance principles
- Identifies factors that enhance children's social and emotional well-being
- Matches programs with community resources, including mental health consultation



Infant and Child Social and Emotional Wellbeing

The CCHC connects programs to resources and strategies to assess and appropriately address social and emotional and behavioral concerns.

A CCHC also:

- Helps identify possible underlying health problems that contribute to social and emotional and behavioral issues and assists with appropriate referrals
- Works with staff to develop a method for observing and documenting information about social and emotional and behavioral concerns
- Supports staff in finding compassionate ways to share information about social and emotional and behavioral concerns with families
- Helps programs access mental health consultation to prevent suspension and expulsion of children with challenging behaviors
- Connects programs with mental health consultants who can address the effect of adverse childhood experiences (ACEs) on children's wellbeing and who can provide guidance on trauma-informed practices



Additional Resources

<https://healthychildcare.unc.edu/cchc-competencies-health-and-safety-topics/infant-and-child-social-and-emotional-wellbeing/>

<https://www.zerotothree.org/early-development>

<https://www.zerotothree.org/espanol/social-and-emotional-health>

<https://eclkc.ohs.acf.hhs.gov/mental-health/article/promoting-childrens-social-emotional-well-being>

<https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/development/infant-emotional-health/>

Child Abuse and Neglect

Washington State Child Abuse Mandatory Reporting Law

- Child care providers are required by law to report cases of known or suspected child abuse

The law states that:

- Child care providers are required to report suspected or known abuse. It's not their role to have proof or to investigate themselves
- If providers have a suspicion, and they report in good faith, they are immune from criminal liability if their suspicion is proven incorrect
- Child care providers are liable for a penalty if they fail to report. Not reporting child abuse is a gross misdemeanor under the law



Child Abuse and Neglect

Cases of suspected or known child abuse should be reported to Child Protective Services.

If you suspect a child is being abused at home, consult with the director about how a report to CPS will be handled. If you suspect a child is being abused at the child care facility, discuss your concerns with the director and then make a report to CPS.

Signs of child abuse and neglect in infants: chronic, severe diaper rash, repeated episodes of infants arriving in soiled diapers or clothing, dental injuries, and chronic failure by the family to provide adequate bottles and/or medication to meet the needs of the child

Child Abuse and Neglect

You can help prevent through education about:

- How to identify what infants need when they cry
- Appropriate caregiver responses to crying
- Appropriate ways for caregivers to handle the stress of caring for fussy infants
- Supporting the infants head
- The dangers of hard shaking and motions that cause the infant's head to whip back and forth

Child Abuse and Neglect

The CFOC standards list recommendations that are especially important in stressful infant/toddler settings:

- Providers should be able to take breaks and find relief during stressful times. Washington State employment law requires that hourly employees receive a 10 minute break for every 4 hours worked and a 30 minute lunch break for every 5 hours worked.
- The physical layout should allow all areas to be visible by at least one other adult at all times, including isolated areas for infant/toddler dressing, diaper changing, and toileting.



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Additional Resources

<https://www.dcyf.wa.gov/safety/what-is-abuse>

<https://www.dcyf.wa.gov/safety/mandated-reporter>



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Nutrition and Physical Activity

Infant feeding

Feeding is not only a time to provide nutrients for infants, but a time that's crucial to the development of healthy relationships between infants and caregivers. Responsiveness to an infant's hunger cues and close physical contact during feeding help facilitate healthy social and emotional development. The AAP suggests that infants drink breastmilk or formula for their first year of life and suggests introducing solid food around 6 months of age.

Nutrition and Physical Activity

Breast milk

The CCHC has an opportunity to:

- Encourage and support the child care provider in increasing the length of time mothers breast feed their infants
- Help child care programs develop feeding policies that include information about handling breast milk
- Help provide information about how breastfeeding benefits infants, mothers, and caregivers provide consultation and training to ensure that providers understand breastfeeding basics

Formula

Some infants may need specialized formula due to allergy or medical needs. Providers may ask the CCHC for guidance when families provide or request alternative formulas. You may assist them to ensure that infants are receiving proper nutrition by consulting with a Registered Dietician and the infant's health care provider.

Cow's and Goat's Milks: The American Academy of Pediatrics recommends that cow/goat milk only be served to infants 12 months of age and older.



Nutrition and Physical Activity

Choking prevention

- The menu could be reviewed by the CCHC for potential choking hazards.
- Foods that are dry and hard to chew such as popcorn and nuts, sticky foods such as peanut butter, and small and slippery foods such as hot dogs may increase the risk for choking.



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Nutrition and Physical Activity

Outdoor time and Physical Activity for Infants:

The WAC requires child care facilities to provide outdoor play time activities for all children in their programs.

Some ideas for outdoor activities for infants:

- Tummy time on a blanket
- A walk in a stroller or wagon
- Describe what you see/hear/feel--an airplane overhead, flowers on a nearby tree, etc.

Nutrition and Physical Activity

Tummy Time:

Some infants enjoy tummy time more than others, but it is important for their development. If a provider is struggling with a resistant infant, suggest they try for just a few minutes and then increasing the time as the infant begins to enjoy it.

- Place yourself or a toy just out of the infant's reach during playtime to get him/her to reach for you or the toy.
- Place toys in a circle around the infant. Reaching to different points in the circle will allow him/her to develop the appropriate muscles to roll over, scoot on his/her belly, and crawl.
- Lie on your back and place the infant on your chest. The infant will lift his/her head and use his/her arms to try to see your face. (From CFOC)



Additional Resources

Outdoor Play:

<https://www.kingcounty.gov/depts/health/child-teen-health/child-care-health/~media/depts/health/child-teen-health/child-care-health/documents/playing-outside-in-NW-weather.ashx>

<https://nrckids.org/cfoc/database/3.1.3.1#:~:text=The%20total%20time%20allotted%20for,age%20group%20and%20weather%20conditions.&text=Outdoor%20play-,a.,duration%20of%20infants'%20outdoor%20play.>

Nutrition Resources:

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Age-Specific-Content/Pages/Infant-Food-and-Feeding.aspx>

<https://www.cdc.gov/nutrition/infantandtoddlernutrition/index.html>

<https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Starting-Solid-Foods.aspx>

<https://www.nal.usda.gov/fnic/toddler-nutrition>

Physical Activity/Tummy Time:

<https://nrckids.org/CFOC/Database/3.1.3.1>



Oral Health

Teething:

Gums may be swollen and red and infants could be irritable, restless, and fussy. They may want to bite and chew to soothe their gums. Teething toys, especially cold ones, could help soothe symptoms. High fevers are not associated with teething and therefore other health causes should be investigated.

Oral Health

WAC Guideline:

At least once per day, an early learning provider must offer children an opportunity for developmentally appropriate tooth brushing activities.

(a) Tooth brushing activities must be safe, sanitary, and educational.

(b) Toothbrushes used in an early learning program must be stored in a manner that prevents cross contamination.

(c) The parent or guardian of a child may opt out of the daily tooth brushing activities by signing a written form.

Oral Health

CCHCs could guide and help structure a toothbrushing program

- Label toothbrushes with child's name
- Clean toothbrushes and allow to dry in between use
- Hand or store brushes separately so that cross contamination does not occur
- Children should be assisted with brushing
- Clean toothbrush holders often, but avoid exposing brushes to soap or cleaning chemicals
- Replace brushes every 3-4 months or after a child's illness to prevent reinfection

Additional Resources:

<https://eclkc.ohs.acf.hhs.gov/publication/checklist-child-care-staff-best-practices-good-oral-health>

<https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

<https://www.mouthhealthy.org/en/babies-and-kids>

<https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Brushing-Up-on-Oral-Health-Never-Too-Early-to-Start.aspx>

<https://cavityfreekids.org/>



Environmental Health

As a CCHC, you may be looked to as a resource regarding environmental health.

- Young children often have higher exposure to environmental chemicals in the home because of their higher breathing rate and natural activity of mouthing or sucking on household objects and surfaces.
- There are critical periods during early childhood development when small exposures to toxic chemicals can have permanent negative effects.
- Without efforts to protect children during early life, lifelong health can be negatively impacted.

Environmental Health

- A CCHC can also provide center staff and families understand best practices for young children in times of heavy wildfire smoke
- See Emergency Preparedness section for additional resources
- Smoke or extreme temperatures could be topics that a CCHC can assist in creating policies or processes that can be practically followed.

Additional Resources

[https://nrckids.org/CFOC/Environmental Health](https://nrckids.org/CFOC/Environmental_Health)

<https://www.doh.wa.gov/communityandenvironment/schools/environmentalhealth>

<https://www.epa.gov/childcare/environmental-health-topics-child-care-providers>

<https://www.doh.wa.gov/dataandstatisticalreports/environmentalhealth/chemicalsandchildren>

Staff Health and Wellness

Many infectious diseases affect child care staff as well as children in the child care environment. Some are more serious when contracted by adults, and others may have severe consequences for pregnant or immune-compromised staff members.

Cytomegalovirus (CMV) is of particular concern because it's a very common viral infection in infants. Exposure to CMV during pregnancy can affect the fetus, so it's recommended that pregnant staff should speak with their healthcare provider about potential risk and screening.

Recommended Immunizations for childcare workers: diphtheria, tetanus, measles, mumps, and rubella, flu, hep a, varicella if they haven't had chicken pox, and pneumonia. MMR is required by law, and many sites require Hepatitis B. Many sites may also require the COVID immunization.



Staff Health and Wellness

Mental Health:

- Infant and toddler settings can be stressful work environments
- Providers should be able to take breaks and find relief during stressful times
 - See Child Abuse and Neglect Section for more information regarding breaks
- CCHCs can help provide ideas for caregivers to manage stress in the child care setting

Staff Health and Wellness

Injury risks:

Biting:


- Biting may be the result of many things
- Normal development
- Teething
- Frustration
- Anger
- Stress
- Lack of communication or coping skills
- Lack of socialization skills

CCHC can train caregivers on bite first aid



Staff Health and Wellness

Public Health Consultation in Child Care



Health Consultant Tip

Problems and Solutions for the Child Care Work Environment

PROBLEM	SOLUTION
1. Incorrect lifting of children, toys, supplies, equipment, etc.	<ul style="list-style-type: none"> • Educate on proper lifting and carrying techniques • Encourage independence in children • Promote job rotation where possible
2. Inadequate work heights (e.g., child-size tables and chairs)	<ul style="list-style-type: none"> • Create a chair that would allow the staff to slide their legs under the table • Use sit/kneel chairs • Educate staff on proper body mechanics • Provide the staff with adult-size chairs
3. Difficulty lowering and lifting infants in and out of cribs	<ul style="list-style-type: none"> • Modify crib sides to enable them to slide down or modify the legs of the cribs to accommodate the staff. • Educate staff on the proper use of body mechanics.
4. Frequent sitting on the floor with back unsupported	<ul style="list-style-type: none"> • When possible, have staff sit up against a wall or furniture for back support • Perform stretching exercises • Educate staff on proper body mechanics
5. Excessive reaching above shoulder height to obtain stored supplies	<ul style="list-style-type: none"> • Redesign kitchen area, placing heaviest items at waist height • Reorganize snacks and supplies to simplify snack preparation procedures • Utilize step stools when retrieving items which are above cupboard height
6. Frequent lifting of infants and toddlers on and off diaper changing tables	<ul style="list-style-type: none"> • Educate staff on proper body mechanics • Have toddlers use steps in order to decrease distance staff are lifting the children
7. Forceful motions combined with awkward posture required to open windows	<ul style="list-style-type: none"> • Use step stool to allow for better leverage and reduce awkward posture • Have maintenance staff improve quality of window slide
8. Carrying garbage and diaper bags to dumpster	<ul style="list-style-type: none"> • Provide staff with cart to transport garbage • Relocate garbage cart closer to work area • Reduce size and weight of loads • Educate staff on proper body mechanics

King, P., Gratz, R., Scheuer, G., & Claffey, A. "The Ergonomics of Child Care: Conducting Worksite Analyses", *WORK: A Journal of Prevention, Assessment & Rehabilitation*, 6:25-32, 1996.

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Ergonomics:

Use proper lifting techniques when lifting children off the floor, and to/from cribs, highchairs, changing tables, etc.



Staff Health and Wellness

Exposure to toxic materials:

- Staff have frequent exposures to cleaning supplies and latex gloves that may cause irritation.
- Check composition of cleaning supplies and use only nontoxic materials. Irritation may be decreased if staff maintain good ventilation and use gloves while working with irritating substances.
- Staff can protect irritated skin with gloves--if a staff member has an allergy to latex, advise them to wear non-latex gloves

Additional Resources

<https://eclkc.ohs.acf.hhs.gov/mental-health/article/promoting-staff-well-being>

https://cchp.ucsf.edu/sites/g/files/tkssra181/f/SanitizeSafely_En0909.pdf

<http://www.snohd.org/261/Safety-Sanitation>

Thank you!

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