

## Child Care Health Consultation Provider Summit Notes

11-2-2019

### Goals:

- We are all expected to follow the same rules but not all geographic areas have the same resources (e.g., city of Seattle is resource rich vs. Another geographic area is not)
- Providers with years of experience and no formal education don't get the pay or respect deserved and they talk down to you
- Child care nurse hotline similar to our insurance hotline that can provide immediate help to providers and parents
  - A place to ask quick questions, send a picture and get advice (not a hired nurse consultant)
  - Could even be a separate insurance program or partnering with insurance company that already has this system set up
  - Hotline on the back of card
- Provide STARS trainings on diseases and have handouts with visuals and pictures of the diseases that are already printed
- There is no way currently of providing feedback about the performance of private nurse consultants
- Concerns about liability and supporting children with special needs: have free nurse consultation available
- Time frame- goal to start these goals
  - How will "well-prepared" individuals be assessed
  - And how will "we" feel that the best qualified individuals have been found
- Provide general mental health support for the providers themselves (e.g., have the nurse act like a social worker and connect providers to resources to support them such as WIC, housing, etc.)
  - Network of support for providers (hosting support group for providers)
- Respect the providers with years of experience
- How to collect the data (expectations they have)
  - Making sure child care providers are taking advantage of the system goals
- We need support from children's parents or support numbers to give them
  - There's not enough funding for South King County and Pierce County
- Is there going to be a "one-place shop" for us to reach out to so that we are not continuing to be redirected?
- To educate the provider based on the child's needs. To have a consultant that is educated about the child's culture so that the provider knows how to properly care for that child and their needs
- Mail the WAC handbook to ALL providers (there's too many pages to print, expensive to print)
- How are we collecting data to protect families on how data will be used?
- Specific training for children with special needs (resources), provide a nurse on duty free of charge
- New WAC requires health assessment for each child and we cannot do that. They need a nurse who could do that.
  - They need Somali nurse

- If we have more mental health consultants it will help
- There is nowhere to give feedback on the support that providers receive
- Supporting providers with nurse consultants not just children, connecting teachers with social supports like food stamps, therapy, housing and so forth
- Increased access to sub pool for the family home providers
- Increasing networking between centers hosting events, connecting local providers, provide a space with coffee and topic and pass out email contact list
- Common disease handbook with information and pictures for families and providers

### Gaps:

- How many nurse health consultants are there? How do you find one?
- Maybe reach out to retired nurses for a network
- Hard to find consultant nurses
- Can we get resources from the EA coach? Coaches should know more about CCHC
- CPR/First Aid- we should get reimbursed for all of this and other classes that we take that are required
- Spanish translation is not the same as the English translation (referring to both our materials and more generally)
- The state should reimburse providers for CPR, First AID, and blood training
- Need more support for toddlers and preschool age (behavior, mental health)
- Retired nurses- using own networks
- What support is there for children who are not good fit for your program but you don't have resources to assist with this child and family?
- Inequitable differences between centers and family home providers
- Very little focus on social emotional support, all focus is on hand washing and diaper changes, physical health
- Hard to get information from families when the subject is challenging (foster care, previous abuse, health issues)
- Unrealistic or unhelpful suggestions from consultants (don't let them touch each other when they are sick)
- Communication from doctors to families is conflicting with nurse consultant's instructions and create strife and conflict unnecessarily between care providers and families
- Lack of training for mandatory reporting requirements, nothing beyond the basics is available
- Ability to give feedback on nurse consultants, maybe anonymously
- Nurse consultants if required, should be free
- First aid/CPR should be free, if required
- In person trainings from public health department like the ones they have online for one-hour STARS training for free or different languages
- Add more resources and health consultation in other locations, such as the Kent area
- Hard to get a nurse consultant to come- hard to find nurses, size of program and type didn't require a nurse
- Most classes are conducted in English vs Spanish or other languages

- Online training (e.g., Ph) limit time can work on them and then you need to start all over
- Need more information about #4
  - Lot of kids with speech delays, need more information on phonics, sound production, etc.
  - Need step by step process
  - How long to retain
- Provide more support with termination
  - Steps
  - Behavioral observation journal
  - How long is too long
- Speech and delays red flags
  - Provide tips on how to help parents and teachers
  - Words/sounds
- Funding for all schools; not only for EA participants
  - Grants for toys to help child skill development (social, emotional, physical)
- EA coaches, communicate and provide information correct
- Private centers that choose not to be involved in state funded programs can easily circumvent and navigate best practices for children/laws that they should be following
- Problems in clarity with translation on Merit website
- They can't afford health consultant
- How to find health consultant source or where to go
- Language and culture barriers
- Resources need different languages
- Coaches add to talk about resource health consultant
- More support needed for toddlers-preschool: behaviors, skills and mental
- Participating in EA should not be mandatory for caregivers caring for children receiving subsidy
- Participating in Early Achievers should not be mandatory to care for children connected with DSHS

**Strategy:**

- Equity and anti-bias training for ALL health consultants
- Getting information to pediatrician and family practitioner on laws especially things which require Doctor's note etc. To avoid conflicts between families, consultants, teachers and doctors. These conflicts usually lead to multiple Doctor's visits/co-pays for families
- More free classes for providers and consultants
- Free posters to hang with information on them
- Toddlers need extra attention and help with skill sets
- Teachers need more support in supporting toddlers and parents, more resources, training and hand outs
- Better coordination EA coaches, CCHC and WACS