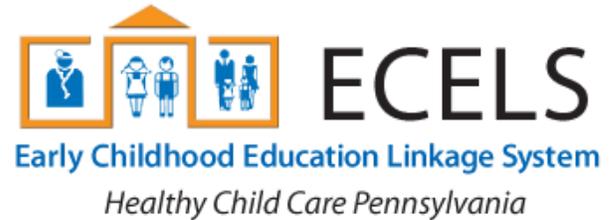
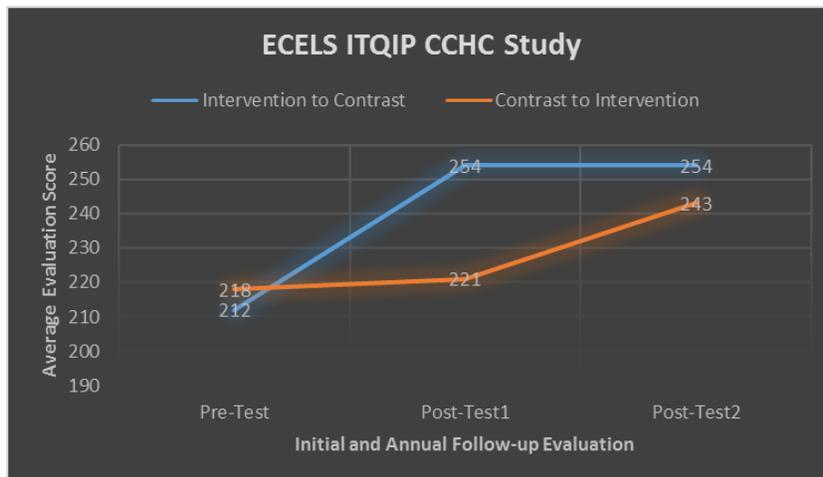


The Infant/Toddler Quality Improvement Project (ITQIP)



Project Summary:

Thirty-seven (37) Infant-Toddler child care centers at the STAR 2 and 3 level were recruited and randomly assigned to either an Intervention or a one-year Delayed Intervention (Contrast) group. The intervention was assignment of a Child Care Health Consultant (CCHC) to work with the program. ECELS Project staff selected 13 standards from a list provided by the Maternal and Child Health Bureau from *Caring for Our Children* for evaluation. Independent evaluators assessed performance of the 13 standards in the centers at project entry, 1 and 2 years later. Each center chose 3 of the 13 health and safety standards to work on with their CCHC. In the second year, in a cross-over comparison, a CCHC was assigned to work with the Contrast centers. The results demonstrated that working with a CCHC effectively improved performance of selected health and safety standards.



The results demonstrate that the intervention of working with a CCHC was very effective in the pre to post-test scores. This intervention helped to improve the overall quality of specifically targeted health standards, such as:

- receiving training on medication administration;
- receiving and reviewing safe sleep policies and training;
- receiving the necessary education, policies, and procedures for preventing and recognizing child abuse;
- following proper adult hygiene and proper diapering protocols
- ensuring infants and toddlers had adequate physical activities and outdoor play.

These improvements occurred in both the original intervention and when the control group was switched to a delayed intervention group. This very significant finding clearly demonstrates the strength of this intervention (CCHC coaching/mentoring) and its lasting value, since the original intervention group sustained its original quality gains.

Care Plans for Infants and Toddlers with Special Health Care Needs

The study revealed a lack of care plans for children with special health care needs. This topic was not associated with a statistically significant improvement for the Immediate Intervention centers. There was a statistically significant improvement for the Delayed Intervention centers after

Post-test2 on the question, "Every reviewed Care Plan for children with special needs includes the required elements."

Post-test2 revealed:

- 39 infants and toddlers identified with a special health care need in the remaining 26 centers.
- 62% of children with a special health care need did not have a Care Plan.

Examples of children who had special needs and had no care plan included: a child with gastro-esophageal reflux taking Zantac; a child with a history of febrile seizures, multiple children with asthma, multiple children with epinephrine auto-injectors on site, but no care plan describing what they were needed for; autism; non-febrile seizures; a child with torticollis and plagiocephaly.

Priority Recommendations to Improve Quality of Care in Infant Toddler Programs

1. Increase Child Care Health Consultation (CCHC) as a Quality Improvement Step

This grant demonstrates the effectiveness of CCHC intervention. CCHC is an evidence - based practice to support health and safety. CCHCs provide consultation (including assessment of performance and facility compliance with health and safety standards), technical assistance and professional development to reduce risk and promote health of young children and staff. *Caring for Our Children* [Standard 1.6.0.1](#) defines the depth of content areas addressed by child care health consultants. *Caring for Our Children* [Standard 1.6.0.2](#) states programs serving children younger than 3 years of age should have at least monthly visits from a child care health consultant.

How can CCHC be used more effectively in Pennsylvania?

- System-wide identification of CCHC as a key quality improvement component. This includes a proactive, ongoing relationship with child care health consultant as defined by *Caring for Our Children*.
- Strengthen the CCHC support in each Regional Key.
- Include CCHC in the STARS point system
- Promotion of individual program level identification of funds to allocate for CCHC support
- Identification of public/private partnerships to support increased implementation of CCHC
- Recruitment and professional development for additional health professionals to provide CCHC services

2. Include Child Care Health Advocate (CCHA) in the STARS Point System:

A CCHA is a staff member who has received professional development about how to make sure current health and safety issues are addressed in their program. This role is usually merged with the role of Director or Lead Teacher. CCHA's maximize the services of a CCHC. CCHA's can monitor basic health and safety performance within a program, and seek the support of a CCHC for more complex issues. The Regional Keys have provided sporadic funding of sections of the 3 credit hour course that uses the PA AAP CCHA curriculum at Northampton Community College.

3. Address Priority Risk Reduction Topics for Professional Development and Policy:

The federal CCDBG requirements increase the professional development needed in key areas identified by the ITQIP grant. However, more in-depth professional development options should be promoted that go beyond basic content.

- a. Medication administration: Professional development for staff giving medication must include observing those who administer medication in group settings to assure proper use of principles when children are actively receiving medication in child care.
- b. Safe sleep policy and practice.
- c. Care plan use and completion to understand and make "reasonable accommodations" for children with any special need.