

## STATE BY STATE COMPARISON OF CHILD CARE HEALTH CONSULTATION INITIATIVES

	<b>Licensing</b>	<b>Funding (See Note)</b>	<b>Auspices</b>	<b>CCHC Role</b>	<b>Challenges</b>
<b>NEBRASKA</b>	NE child care licensing regulations do not require early care and education providers to have a child care consultant nor do they address the scope or qualifications of CCHCs.	Variable by community. <i>See CCHC Matrix.</i>	Lead agency is DHHS, Division of Public Health	Establish relationships Support quality care Establish basic health and safety operational guidelines and plans Serve as liaison to other health professionals and comm. organizations Training, curricula, resource info	Sustainability Resources for training Resources for reimbursement for consultation
<b>IOWA</b>	The licensing system does not require child care health consultation, but the Iowa Quality Rating System requires CCHCs for higher quality ratings. Note the term CCHC is not used; all consultants are CCNC (licensed nurses).	Title V Maternal Child Health Block Grant (Title V MCH)  Child Care Development Fund (CCDF)  Iowa Community Empowerment Funding	Iowa Dept. of Human Services contracts with Iowa Dept. of Public Health for services.	Five IDHS-funded regional CCNCs placed in child care resource and referral agencies support community-based Title V CCNCs. The CCNCs provide services to child care businesses as described in <i>Caring for Our Children</i> .	Funding Staff turnover
<b>MISSOURI</b>	Missouri does not require health consultation as a condition for licensing.	Title V MCH  CCDF  Training funds provided by MODHHS through CDC.	Collaborative project between MODHHS and local public health agencies statewide. Each local agency has a contract with MODHHS with a scope of work, serving one or more counties.	Local agency assigns a primary CCHC, who is an RN. Others may collaborate. On-site and telephone consultation and training events. Health promotion programs for children and parents.	Funding
<b>KANSAS</b>	Health consultation is required for preschools and child cares if care of a sick child is to be provided. The facility must consult with a PHN to make written plans for care.	CCDF  Foster Care and Adoption Assistance Program (Title IV-E)  State Funding	CCHCs/surveyors work out of KDHE Bureau of Child Care and Health Facilities, which also provides grants to local agencies with CCHCs on staff.	Surveyors for licensing approval and renewal Health and Safety technical assistance	Funding Awareness Commitment

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<b>COLORADO</b>	Colorado's licensing regulations require child care centers to have monthly visits by a child care health consultant (CCHC) with delegatory authority, that is, a licensed RN, NP, or MD	Title V MCH  CCDF  The Children's Hospital  Qualistar Early Learning (QEL) - the child care resource and referral (CCR&R) network office for the state.	CHPHE contracts with QEL for project activities. The project coordinator operates out of QEL as an employee of the Children's Hospital.	CCHCs provide mandated medication administration training and evaluation for child care centers and may also provide all other services according to the definition of the role by Natl Training Institute for Child Care Health Consultants curriculum as well as services defined by licensing rules.	Sustainable Funding
<b>WYOMING</b>	Child care health consultation not required for licensing. However, WY has a system of allowing extended licensing periods to providers meeting criteria in three of six categories during the preceding two years. One of the criteria choices is monthly health consultation for all children served.	CCHC training through Schools of Nursing and Family and Consumer Sciences at University of WY.  CCR&R convenes and facilitates CCHC planning and networking.	No formal lead agency. Public health nurses in a small number of jurisdictions provide services.	Healthy Child Care WY established consulting teams of a trained CCHC and an Early Care and Ed professional. The vision was for the team to serve as collaborative expert resource to providers.	Limited Data Political climate
<b>MINNESOTA</b>	Licensed child care providers are required to have child care health consultants who are MDs, PHNs, or RNs; the majority of them are RNs. CCHCs must review center health policies before licensure and annually. Where infants are served, CCHC review occurs monthly.	Title V MCH  CCDF  Child care centers typically access consultation through contracts with local health jurisdictions and/or on a fee for service basis.	No formal lead agency. CCHC is supported through a partnership between MN Dept. of Human Services and MN Dept. of Health.	CCHCs provide assessment, consultation inc. policy development, and technical assistance to providers.	Funding Lack of lead agency Training not standardized Opportunities for school-based consultation to address the health and safety needs of children using school-based care services.
<b>SOUTH DAKOTA</b>	No information available.				

Source: <http://hccnsc.edc.org/states/>

**NOTE: Federal Funds:** Title V Maternal Child Health Block Grant (Title V MCH), Child Care Development Fund (CCDF), and Foster Care and Adoption Assistance Program (Title IV-E). **State Funds:** Child Care Resource and Referral (CCR&R). All other funding sources noted are uniquely local or state-allocated funds determined by program developers.