

Child Care Health Consultants

Research Findings and the U.S. Policy Landscape

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Who are CCHCs?

Child Care Health Consultants (CCHCs) support early childhood education programs in meeting children's health, safety, and developmental needs. Most CCHCs are nurses. They may also be physicians or other health professionals including specialists in mental health, public/community health, nutrition, or dentistry.

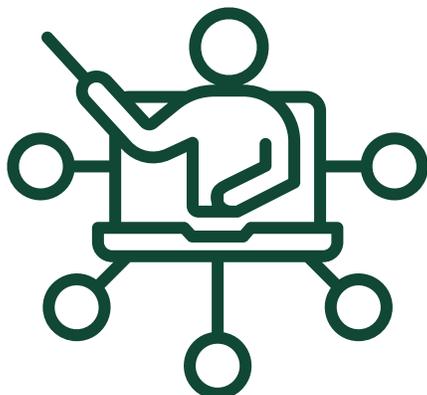
What do CCHCs do?

A little bit of everything! CCHC support is described by the National Center on Early Childhood Health and Wellness CCHC Competencies [document](#) including [consultation, providing resources, referrals, policy development and implementation, education, and health, safety, and wellness practices.](#)

Note that CCHCs do not typically provide clinical care.

Topics for Consultation

- **Care coordination:** Connecting to pediatricians/specialty care providers, public health departments, chronic disease management
- **Emergency preparedness:** Action planning, drills
- **Environmental health:** Toxin exposure, air quality, lead
- **Health and developmental screenings:** Vision, hearing, oral health, developmental milestones
- **Illness and infectious disease:** Training in sanitation, diapering, disinfecting, hygiene, immunization compliance
- **Injury prevention:** Playgrounds, toys, sleep, etc.
- **Nutrition and physical activity:** Safe food storage and handling, nutrition and physical activity guidelines
- **Preventing or reporting abuse and neglect**
- **Safe medication administration**
- **Social emotional and mental health:** Help staff identify concerns and communicate with families, make referrals
- **Special health care needs:** Training in caring for specific health needs, (asthma, allergies, seizure disorders)
- **Staff health and wellness:** Self-care, stress management, preventing burnout
- **Standards alignment:** Develop or revise policies (e.g., medication administration, infectious disease) to align with with county, state, and national evidence-based standards, laws, and regulations



What does the research say?

Research on CCHCs has looked at numerous topics, including:

- [child care providers' interest in consultation](#),
- [CCHC activities](#),
- [policy outcomes](#) (e.g., likelihood of set policies or [compliance with government standards](#)),
- [prevalence of CCHC use](#),
- health promotion (e.g., [use of screenings](#)),
- [health and safety practices](#) (e.g., handwashing),
- [caregiving quality](#),
- healthcare uptake (e.g., [immunization rates](#)),
- [how to train CCHCs](#),
- [challenges faced by CCHCs](#),
- and more.

CCHCs improve childcare practices

Although high-quality research on the effects of CCHCs is limited, some research suggests that CCHCs are beneficial.



- [A study in California](#) found that health consultant programs are linked to more and better quality policies in child care centers including but not limited to handwashing, medication administration, and cleaning.
- [A study in Pennsylvania](#) found that child care centers that worked with a CCHC for 1 year improved their compliance with some health and safety standards.
- [Surveys of Connecticut child care center directors](#) indicated that directors found CCHC visits beneficial.

CCHCs face challenges in their roles

[Focus groups from California](#) suggest that CCHCs face challenges including:

- Lack of administrative support (e.g., clerical support with making copies)
- Program management challenges (e.g., having multiple supervisors or agencies with competing needs)
- Lack of understanding of the role of CCHCs
- Difficulties related to childcare culture (e.g., staff or parent resistance, language and literacy barriers, etc.)
- Geographical challenges (e.g., long travel times)
- Lack of resources (e.g., referrals to services denied)

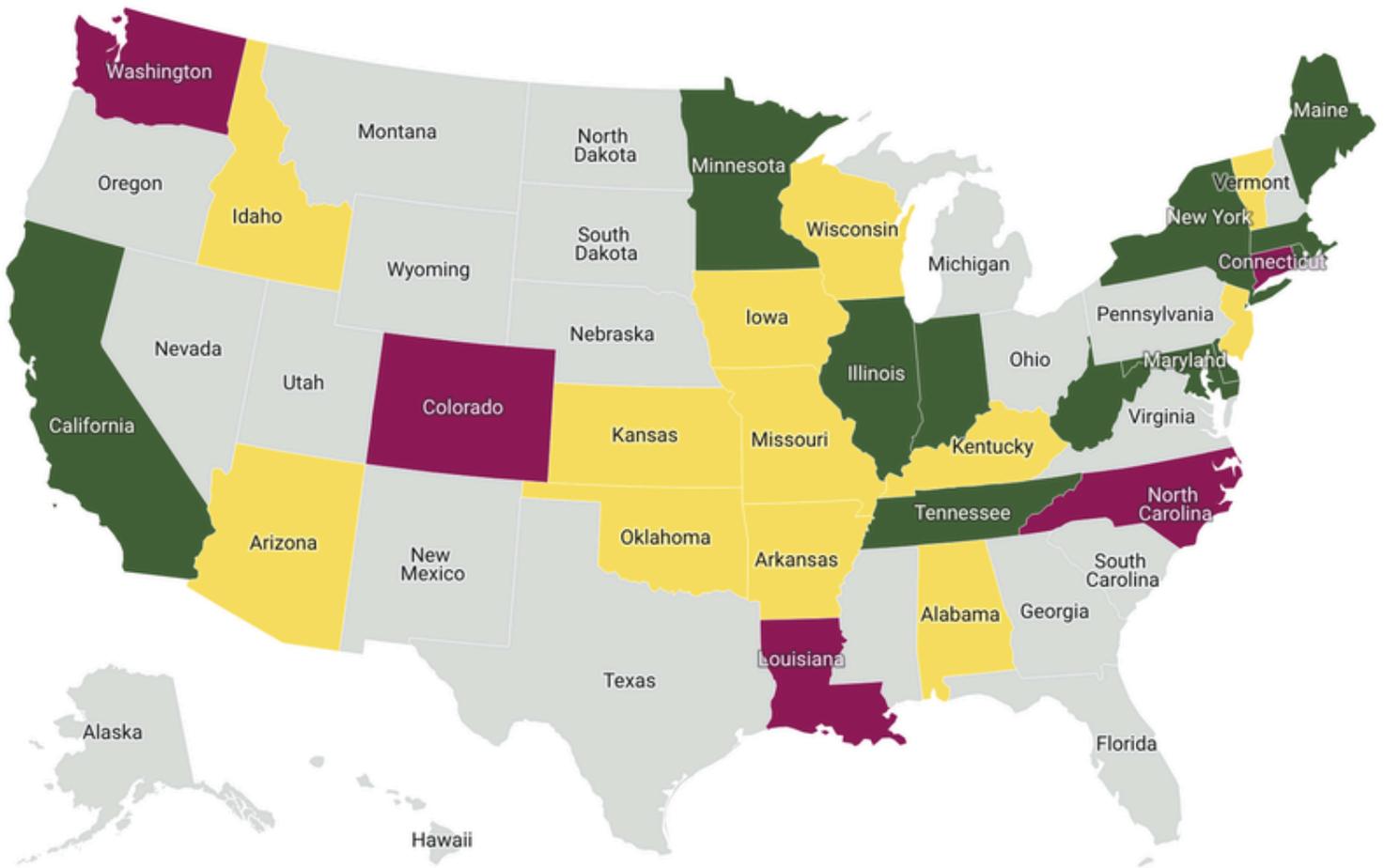
U.S. Policy Landscape

State policies vary in the ways they include CCHCs in early childhood policies and regulations. In this policy scan, [we identified three primary approaches to CCHC policies](#):

1. Early childhood education providers are required by law to consult with CCHCs.

2. Early childhood education providers are required by regulations and/or law to consult with a health consultant (not named CCHC specifically).

3. State agencies offers CCHCs to early childhood education providers but do not require their use by law or regulation.



Twenty-two states and Washington, D.C. do not have requirements or state programs related to CCHCs.

U.S. Policy Landscape References

States where ECE providers are required by law to consult with CCHCs.

Colorado	https://tinyurl.com/3sudxbr5
Connecticut	https://tinyurl.com/5dpznz7k
Louisiana	https://tinyurl.com/4pbvs6sh
North Carolina*	https://tinyurl.com/bddxpb9m
Washington	https://tinyurl.com/3dmwvu59

States where ECE providers are required by regulations and/or law to consult with a health consultant.

California	https://tinyurl.com/yymmjwxbd
Delaware	https://tinyurl.com/76dix2vp
Illinois	https://tinyurl.com/ywfhmjz5
Indiana	https://tinyurl.com/ypwsn6xs
Maine	https://tinyurl.com/2dckkte5
Maryland	https://tinyurl.com/3hb2am6u
Massachusetts	https://tinyurl.com/ev8kh7tp
Minnesota	https://tinyurl.com/y958m7jb
New York	https://tinyurl.com/58nt5mkx

State agencies offers CCHCs to early childhood education providers but do not require their use by law or regulation.

Alabama	https://tinyurl.com/4dps9mep
Arizona	https://tinyurl.com/3sftfbhv
Arkansas	https://tinyurl.com/59594dch
Idaho	https://tinyurl.com/2hke988j
Iowa	https://tinyurl.com/2jab4493
Kansas	https://tinyurl.com/2ftmanne
Kentucky	https://tinyurl.com/2rykcrf2
Missouri	https://tinyurl.com/bddxpb9m
New Jersey	https://tinyurl.com/yck7zfy7
Oklahoma	https://tinyurl.com/257ua7ay
Vermont	https://tinyurl.com/4wc7h8j4
Wisconsin	https://tinyurl.com/mr29afna

*North Carolina requires consultation for providers who serve “mildly sick children” as defined by state regulations

Additional resources

- NAEYC: <https://www.naeyc.org/>
- Alliance for Early Success: <https://earlysuccess.org/>
- Prenatal to 3 Policy Impact Center: <https://pn3policy.org/>
- Strategies for Children: <https://strategiesforchildren.org/>
- Childcare Aware: <https://info.childcareaware.org/hubfs/Collaborating%20for%20Child%20Well-Being%20Toolkit%20Sep2024.pdf>

Methods

Findings presented in this brief come from a literature review of academic peer-reviewed studies, as well as a review of research and findings from non-partisan think tanks, foundations, and organizations. Given the rapid nature of this search, other relevant studies may exist. In addition, please note that we did not use formal methods for summarizing results, assessing study quality, or exploring reasons for differences in findings across studies.

For the policy landscape, we systematically searched three databases: Thomas Reuters Westlaw, Bloomberg, and Overton using the terms “CCHC” “child care health consultant” and “child care + health consultant” to identify any laws, bills, or regulatory documents that referenced CCHCs. Then, we searched individual state childcare regulations for mention of health consultants, cross-checking [Fink \(2005\)](#) to check for changes or consistencies since 2005. Finally, we searched the [National Database of Child Care Licensing Regulations](#). A completed dataset with notes can be found [here](#).

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References for pages 1 & 2

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