

BUSINESS PLAN

for the

Coalition for Safety and Health in Early Learning



CSHEL

Coalition for Safety and Health in Early Learning, Washington State

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Executive Summary

The Coalition for Safety and Health in Early Learning (CSHEL) is a group of health professionals and others involved in the early learning field who strive to ensure children in child care and early learning environments in Washington state receive the highest quality care possible. Health and safety are key indicators of high quality child care and early learning environments. Our mission is: *To develop, promote, and advocate for quality child health and safety in early learning environments and out-of-school care in Washington State.*

CSHEL achieves its mission by collaborating with other agencies and community partners to disseminate health and safety information; providing important information on health and safety topics to key decision-makers in an effort to achieve consistency on issues statewide; and promoting evidence-based best practice in the care of young children.

CSHEL membership includes individuals active in health and safety in early learning environments, such as child care health consultants, a Healthy Child Care Washington representative, health/nutrition coordinators from ECEAP and HeadStart, pediatricians, Department of Early Learning staff, and other health professionals interested in the area of health and safety for early learning environments. Leadership for CSHEL is provided by two co-chairs who serve two-year terms. CSHEL meetings are held every other month on the third Friday from 9:00am to 12:00pm and follow a set agenda. Subcommittees meet in the afternoon whenever possible. Teleconferencing and videoconferencing are used to encourage participation from all parts of Washington State. Small workgroups are established to undertake specific projects

CSHEL group is continually growing and organizing itself, making itself ever stronger and more effective. Work that is yet to be done includes the development of a formalized outreach and marketing plan, securing financial resources, and refinement of the communications methods. An outreach and marketing plan is important in ensuring the messages of CSHEL are shared with the appropriate target audiences. This plan will include the production of materials to promote the coalition and establish credibility with partners and the community; a marketing plan for disseminating the coalition's information; the development of effective methods of communication with outside agencies; and media relations. To date, all work done by CSHEL has been through the work of volunteers. CSHEL will explore potential funding sources, including grants to help us do our work and get messages out to the community. Current communication relies heavily on

The Coalition for Safety and Health in Early Learning has a strong foundation, having been around for more than 15 years. The membership of CSHEL is comprised of a large number of dedicated individuals who have great ambitions and a desire to improve child care and early learning environments in Washington State. Every child deserves the best care possible. Every child caregiver deserves to have access to timely, accurate, and evidence-based health and safety information to help them provide the best care possible. CSHEL is committed to ensuring that this happens.



Purpose

Health and safety are key indicators of high quality child care and early learning environments. Studies have shown that high quality early learning environments have positive benefits for the children in areas such as language development, social skills, academic success, and even fewer juvenile arrests. It is estimated by the National Center for Educational Statistics that about 13 million children age 5 or less spend time being cared for by someone other than their parents. Many more children attend before and after school care programs. Unfortunately, not all child care and early learning environments are optimal places for children. In many child care and school-age programs, health and safety practices are lacking and minimum requirements are not being met.

Health and safety information is continually changing as new discoveries are made and new research is published. The Coalition for Safety and Health in Early Learning (CSHEL) is a group of health professionals and others involved in the early learning field who strive to ensure children in child care and early learning environments in Washington state receive the highest quality care possible. CSHEL works with other agencies and community partners to disseminate health and safety information, to achieve consistency on safety and health issues statewide, and to promote evidence-based best practice in the care of young children.

Mission Statement

To develop, promote, and advocate for quality child health and safety in early learning environments and out-of-school care in Washington State.

Purpose

To create and sustain a representative voice for children's health and safety by:

- Acting as a public health and safety resource for the early learning community
- Providing information and education to policy makers
- Raising awareness of the importance of health and safety in early learning environments
- Advocating for best health and safety practices in the care of children
- Providing a forum for collaboration and sharing of ideas
- Catalyzing positive change
- Fostering an environment for creative, diverse, and innovative thinking and practice
- Supporting the efforts of others promoting health and safety in early learning and care environments
- Collaborating with other groups locally, regionally, and nationally

Values and Beliefs

- Young children deserve the best quality child care and early learning environments.
- Evidence-based health and safety best practices are critical to a child's development and learning.
- Health and safety concerns should be addressed by individuals with professional education and background in the particular field.
- Training and on-going support on health and safety issues is an important means to improve quality of care.
- Caregivers should have access to information and guidance from health and safety professionals in order to provide the best quality care.

Background and History

In 1988, the Washington State legislature created the Child Care Coordinating Council (CCCC) in an effort to bring key players from various state agencies, early care advocates, business, and other interested parties together to focus the legislative agenda around child care issues. This coalition began as the Health and Safety subcommittee of the CCCC, tasked with advising the legislature on issues impacting health and safety in child care settings. The group was legislatively mandated and included representatives from the licensing agency (Department of Social and Health Services, now Department of Early Learning), Department of Health, Child Care Resource & Referral, HeadStart, ECEAP (Early Childhood Education and Assistance Program), local health jurisdictions, and others.

The CCCC was disbanded in 2004. The Health and Safety sub-committee continued until 2005 with the support of the Washington State Department of Health. Until this time, the committee had a dedicated, paid staff person who come to the meetings, took minutes, maintained an email list, and distributed notices. After 2005, it was decided that the committee would continue independently despite it's lack of a legislative mandate. The members felt that the issues addressed at the meetings were too important and needed to be dealt with at a state-wide level.

In 2007, the group named itself the Washington State Child Health and Safety Advisory Committee (WSCHSAC). The WSCHSAC created a charter and decided to remain independent of any agency sponsorship. In 2009, this business plan was developed and the name of the group was changed to the Coalition for Safety and Health in Early Learning (CSHEL).

During the early years as a subcommittee of the CCCC until 2004, members of this group worked in collaboration with Healthy Child Care Washington to put on statewide conferences. These conferences eventually partnered with Head Start. After a time money for such educational opportunities dried up. This committee and regional Healthy Child Care Washington meetings became the primary means for health professionals involved in child care and early learning environments to share information.

Description of Activities/Services

Over the years, this group has engaged in many varied activities and services geared towards improving the health and safety conditions in child care and early learning environments. Activities were geared towards different audiences, including child care and early learning agencies such as the child care licensing agency, HeadStart, and ECEAP; the legislature; other health professionals working in the field of early learning, including local health jurisdictions; and child care providers.

Education and Awareness

Past, present, and future health and safety education efforts include:

- Creation, production, and review of materials
- Utilization of various means of communication to disseminate health and safety information, including an email distribution list
- Education of groups and agencies in their work in early learning environments
- Dissemination of information based on best practice standards set by reputable organizations in the field of health, safety, and nutrition
- Development of white papers and position papers
- Coordination of statewide conferences and trainings
- Development of consistent core policies related to safety and health for use among early learning health and safety professionals and others
- Implementation of trainings for child care health consultants
- Use and maintenance of a website for information posting and sharing
- Development of methods to help educate parents who are seeking quality early care environments
- Presentation of trainings to child care providers and early childhood educators
- Promotion of networking opportunities for child care health consultants and others interested in health and safety issues

Policy Change

In an effort to affect policy change in areas of health and safety in child care, out-of-school care, and early learning environments, CSHEL has done and plans to:

- Use white papers and position papers to influence policy makers at the local and state level
- Work with legislators to pass regulations improving quality
- Assist with the development and review of relevant rules and regulations Collaborate with other groups working towards the same goals

Evaluation

To ensure that the goals and objectives of this coalition are being met, periodic evaluation will be conducted. It is important to note that health promotion efforts are difficult to assess. Surrogate outcome measures must be used to evaluate programs seeking to improve overall health and safety conditions and prevent disease. Methods that may be used to determine the effectiveness of CSHEL's activities include activity tracking, number of proposed policies put into practice, website hits, surveys, ease of access of child cares to health professional advice, and others. Specific evaluation techniques will be determined by the coalition based on the current work of the membership.



Management and Organization

This section describes the current organization and management of CSHEL. The organization and leadership may change based on the needs of the coalition.

Leadership Team

Leadership for CSHEL is provided a team of dedicated individuals who each serve 2 year renewable terms. Chairs are voted in during the September meeting and take position during the September meeting. The leadership team consists of:

- Two co-chairs to develop meeting agendas, run the meetings, organize workgroups; co-chairs will serve staggering 2-year terms.
- Communications Chair to disseminate information and minutes
- Membership Chair to coordinate a group of people to work on recruitment and retention, work with the membership to recruit new members, and maintain the membership list
- Secretary to take minutes and serve as timekeeper during meetings
- Liason to keep abreast of legislative issues
- Meeting and Technical Coordinator to schedule meetings and facilitate video and teleconferencing opportunities
- Webmaster to maintain accuracy of information on the website

Membership

CSHEL member provide a strong collective voice for health and safety in child care, early learning environments, and out-of-school care programs. Membership currently includes representatives from the following areas:

- child care health consultants
- local public health departments
- health/nutrition coordinators from ECEAP and HeadStart
- pediatricians
- Washington State Department of Early Learning (DEL)
- experts in social and emotional development of children
- child care providers
- Child Care Resource and Referral
- other health professionals interested in the area of health and safety in early learning environments

Representation from other groups may be sought out by the leadership or the membership. Individuals from the following organizations may be invited to attend meetings and/or become members: WAEYC, Child Care Unions/SEIU, Family Child Care Associations, preschool directors, School Nurses Association, School's Out Washington, OSPI, Washington State Department of Health school safety program, and others.

Membership is voluntary and encouraged. Both leadership and membership take a role in outreach to potential new members that may contribute to the representative voice of CSHEL. Membership may begin after an individual attends at least one meeting. Those wishing to join CSHEL as an active member must make a formal request to the membership chairperson. The individual is sent a copy of the bylaws to review and must sign a statement that they agree to follow them. Membership is updated annually.

Attendance is important to the function of CSHEL. A goal is to have at least one individual from each of the following health related disciplines, with expertise in early learning, be present at the meetings to ensure a broad scope of knowledge in addressing issues: nursing, nutrition, oral health, environmental health, health education, medicine, and social emotional health. It is the intention of the coalition to have at least one designated representative from each of the 3 Department of Early Learning service areas (Northwest, East, and Southwest) in attendance to ensure consistency of message and inclusion of opinions representing the entire state.

Members are expected to review agendas and minutes, stay current on projects and discussions, and participate through comment and vote. The members work together to bring about and catalyze change as determined by CSHEL. Any conflicts are resolved respectfully and in a timely manner. Members foster a meeting environment that is non-threatening and encourages all members to speak freely. Members cultivate a climate of openness and mutual respect and welcome exchanges of diverse opinions.

Meeting Information

CSHEL meetings are held on the third Friday of every other month – January, March, May, July, September, November. Meetings begin at 9:00am and end at 12:00pm, with subcommittees meeting in the afternoon on the same day, whenever possible. The meetings are led by the co-chairs elected as described in the leadership section above. Members are expected to arrive to meetings on time. They are also expected to take an active role in in the coalition's activities. The coalition adheres to the designated agenda unless a vote is approved to change the agenda.

The convened members strive first for consensus on agenda items requiring a group decision. If consensus cannot be reached a vote is taken. A 66% quorum (the minimum number) of charter members must be present for voting purposes. Each charter member has one vote per issue. A majority rule (one more than 50% of the quorum group) determines the voting decision. Items to be voted on are identified as such on the meeting agenda. Absentee charter members can vote by proxy if desired and are encouraged to communicate with the meeting co-chairs if interested in proxy voting. The anonymity option is available and will be used as needed and as agreed upon by the membership.

To encourage representation from across the state, CSHEL meetings have included teleconferencing, videoconferencing, and webinar options.

Subcommittees

As needed, subcommittees may be formed to set up a forum for more depth discussion on a particular topic. One subcommittee is the ECEAP/Head Start Consortium subcommittee. This group currently meets immediately after the regularly scheduled CSHEL meetings to discuss issues specific to its membership. Subcommittees receive time on the CSHEL meeting agenda to give a report.

Workgroups

Small workgroups are established to undertake specific projects (examples may include brochures to be used statewide, position papers, involvement in other organizations such as STARS or QRIS, etc.). Involvement in workgroup activities is voluntary. The workgroups include members with a range of disciplines, employers, and regional affiliations. To ensure efficiency, the size of the workgroup may be limited by the co-chairs. Each workgroup has a designated lead and an established timeline. Workgroup members keep the membership apprised of the project's progress, incorporate team feedback in the project, and carry the project to completion. Workgroups receive time on each meeting agenda, as needed, to report on progress and present final products to the group for a vote.

Official Statements and Recommendations

CSHEL is an organization of professionals with expertise in health and safety, especially in the setting of Early Learning and Out-of-Home Care. As an organization, official recommendations or statements may be requested from CSHEL for purposes of policy development. CSHEL will strive to provide these as requested, and will work to insure that the information relayed is an accurate, up-to-date compilation of research and best practices.

The process to insure accurate, up-to-date official statements and recommendations will be the following:

- 1) A topic is solicited or identified for the development of an official recommendation or statement.
- 2) A CSHEL member is recruited to put together a draft statement/recommendation, using evidence based research and best practice information. The statement/recommendation will include the references so readers will understand the strength of the statement or recommendation.
- 3) If time allows, the draft will be presented at a CSHEL meeting for input from the members. If time does not allow, this will occur through an online solicitation of feedback from members.
- 4) The original author will incorporate the feedback as deemed appropriate.
- 5) The Leadership Team will review the draft for accuracy and to insure it is free from bias.
- 6) In the event that there is no consensus from the large group and/or the Leadership Team on an issue, a document may still be created. The lack of consensus will be noted and the document will be clear that it is an "opinion" document and not evidence based.
- 7) The Co-Chairs will create the final draft and sign off on the document.

Collaborative Relationships

CSHEL is committed to working with other groups with similar goals. These groups may be invited to present information and participate in CSHEL meetings.

Outreach Plan/Marketing

Development of an outreach and marketing plan is important in ensuring the messages of CSHEL are shared with the target audiences. The plan will include the production of materials to promote the coalition and establish credibility with partners and the community; a marketing plan for disseminating the coalition's information; the development of effective methods of communication with outside agencies; and media relations. Much of this work is yet to be done.

Branding

CSHEL has developed an official logo and letterhead. The coalition has produced an informational brochure about CSHEL. Branding activities will provide recognition for materials and documents arising from the coalition's work. A website has been developed. Strategic planning will include discussions about the development of an electronic newsletter and the maintenance of a website.

Marketing

During the strategic planning, CSHEL will decide the particular target audience(s). Depending on the issue, the audience may be parents, child care providers, legislators, licensors, or others. Discussions will take place about methods for getting the word out about important issues. Strategic planning will address how our audience will benefit from the information received from this coalition, the potential activity restrictions members who work for public agencies may have, and whether or not we have the resources to have a presence at conferences, events, and public meetings.

Communication

Currently, information is shared among CSHEL members through an email distribution list maintained by the leadership. During meetings, updates from outside agencies which affect health and safety in early learning environments are shared and guest speakers are invited as deemed appropriate by the membership or co-chairs. Development of a system for maintaining email lists and listservs, maintenance of the website, effective file sharing, and updating membership information is in the process of development.

When a workgroup project is completed, the project leader will present the project to the membership at the meeting and share the pending information with outside agencies as appropriate after review by the membership. Through the use of white papers and position papers developed by workgroups and agreed upon by the membership, outside agencies are provided with information on best practice for health and safety in early learning environments. The development process for white papers, position papers, and official comments from CSHEL includes a thorough review of health research and data published by reputable professional organizations specializing in health care and child care health, followed by the compilation of this health and safety information into a format which can be easily used by individuals and groups outside of CSHEL.

Improved methods of communication with groups, providers, agencies, and others that are affected by the CSHEL's work need to be established. It will be determined if there any key agencies with whom we need to develop a strong communication link with and if so, how the coalition should go about accomplishing this.

CSHEL will also work to get appropriate information on health and safety in early learning environments out to the general public through media relations and a strong web presence.

Needs Analysis

All work produced by CSHEL is evidence-based. Determination of the topics that need to be addressed shall come from a variety of sources, including: requests from early learning agencies, media, concerns brought up by the child care community to coalition members, etc.

Media Relations

As deemed appropriate by the membership, public media may be used to disseminate information to the community at large. Formats may include television, newspaper, and web publishing.

Financial Plan

Sources

To date, all work done by CSHEL has been through the work of volunteers. Members of the coalition have donated their time and talents to ensuring the success of projects and the continuation of the coalition.

CSHEL will explore potential funding sources, including grants, to help carry out its work and get messages out to the community. Funding may be needed for such things as: room rental fees, staffing, production and maintenance of a website, etc. Another potential source of financial aid would be to ask for donations of resources such as photocopying, a dedicated laptop computer and LCD projector for the coalition, etc.

Fiscal Agent

For the purpose of grants, CSHEL has partnered with the Community Pediatric Foundation of Washington (CPFW) as the acting fiscal agent. The Community Pediatric Foundation of Washington is a 501-c3 non-profit organization started in 2001. The mission of the CPFW is aligned with the mission of the Washington Chapter, American Academy of Pediatrics (WCAAP): The promotion of the health and well being of children in Washington State. The Board of the CPFW is made up of three past presidents of the WCAAP.

Summary

Coalition for Safety and Health in Early Learning is comprised of dedicated health and safety professionals and others with an interest in ensuring that children in out of home care are in safe and healthy environments. The coalition has a long history and great ambitions. Every child deserves the best care possible. Every child caregiver deserves to have access to timely, accurate, and evidence-based health and safety information to help them provide the best care possible. CSHEL is committed to ensuring that happens.