

Early Childhood Education Linkage System
PA Chapter, American Academy of Pediatrics
Rose Tree Corporate Center II
1400 North Providence Road, Suite 3007
Media, PA 19063
Phone: (800) 243-2357 [PA only] or (484) 446-3003
Fax (484) 446-3255
Email: ECELS@paaap.org Website: www.ecels-healthychildcarepa.org



ECELS/Healthy Child Care PA Health Consultant Registry

ECELS/Healthy Child Care PA (ECELS-HCCPA) is a program of the Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) designed to improve the health and safety of children in out of home early learning and school – age (child care) programs. A critical part of ECELS is the work of health care professionals with early learning and school – age programs. This work may include one or more of a variety of tasks. For example, telephone consultation, conducting on-site visits, finding updated health information to share with early educators, making referrals or facilitating communication between a child’s medical home and the child’s educators, writing an occasional article for ECELS newsletter, *Health Link Online*, or serving on the advisory committee of early learning and school – age program. Studies show when consultants work with early learning and school – age programs, quality improves.

We appreciate your willingness to work with early learning and school – age programs. An estimated 418,000 children throughout the Commonwealth are enrolled in some form of child care outside their own homes. These children need safe, healthy, and developmentally appropriate care. You can help by serving as a consultant to one or more early learning and school – age programs in your community. ECELS-HCCPA will support your efforts through mentoring and resource materials. Our web site www.ecels-healthychildcarepa.org contains valuable tools that you may find helpful for child care work or other pediatric activities. To know when ECELS posts significant new information, sign-up for Email Alerts on the home page of the ECELS web site.

To become an ECELS Child Care Health Consultant, complete the attached form and return it to ECELS. There are two forms, one for providing technical assistance and one for providing instruction to programs. Complete either one, or both, depending on your interests. A member of the ECELS staff will contact you to answer any questions you may have about Child Care Health Consultation. When an early learning and school – age program in your area requests assistance that matches your area of expertise and interest the ECELS-HCCPA staff will contact you, describe the request and ask if you are willing to have us link you with the early learning and school – age program. If you are unable to help, we will try to find someone else.

If you are already working with an early learning and school – age program(s), list the name and address of the program on the enclosed registry form and return it to ECELS. Please contact us with any questions at (484) 446-3003 or 1-800-24-ECELS (PA only) Thank you for your interest. We look forward to working with you!

Sincerely,

Susan S. Aronson, MD, FAAP
ECELS Pediatric Advisor

Libby Ungvary, MEd
ECELS Director

HEALTH CONSULTANT REGISTRY FORM
Early Childhood Education Linkage System (ECELS)/Healthy Child Care PA

| | | | |
|---------------|---------------------------|-------------|--|
| Name _____ | | | |
| Address _____ | | | |
| City _____ | State _____ | Zip _____ | |
| County _____ | Telephone (_____) _____ | Email _____ | |

Place of Employment _____

Address _____

City _____ State _____ Zip _____

County _____ Telephone (_____) _____

Do you prefer to receive mail at home at work (please check one)

May we call you at work? Yes No Best time to reach you _____

What counties are you willing to work in? _____

Please indicate your credentials: AD RN BSN MSN PhD CRNP CPNP MD DO _____other
POAS # _____

Areas of Interest (Check all that apply.)

- | | |
|---|--|
| <p><input type="checkbox"/> Working with a specific early childhood education/child care program</p> <p><input type="checkbox"/> Being available for telephone consultation to a child care provider</p> <p><input type="checkbox"/> Providing health screening for children or staff in child care programs (please specify) _____</p> <p><input type="checkbox"/> Teaching classes on health related topics for child care providers</p> <p><input type="checkbox"/> Becoming a certified instructor for the ECELS Pediatric first aid course</p> | <p><input type="checkbox"/> Writing articles for ECELS health & safety newsletter, <i>HEALTH LINK Online</i> Subject Area: _____</p> <p><input type="checkbox"/> Serving as a consultant for a Head Start program</p> <p><input type="checkbox"/> Working with child care programs to facilitate inclusion of children with special health care needs</p> <p><input type="checkbox"/> Arranging routine health services for children in child care programs who lack care</p> <p><input type="checkbox"/> Other (please list contributions you can make) _____</p> |
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Are you currently working with an early childhood education/child care program?

No Yes If yes, please provide the following information:

Program Name _____

Program Director _____

Address _____

City _____ State _____ Zip _____

County _____ Telephone (_____) _____

Please return this form, a copy of your professional license and resume to:
PA AAP, ECELS; Rose Tree Corporate Center II, 1400 N. Providence Rd., Suite 3007, Media, PA 19063
(484) 446-3003 or (800) 243-2357 PA ONLY

For Official Use Only: _____

