

# HEALTHY CHILD CARE IOWA (HCCI)

## SPM#3 Percent of Early Care and Education (ECE) Programs that Receive Child Care Nurse Consultant Services



Healthy Child Care Iowa (HCCI) began 25 years ago working to improve the quality of health and safety in Early Care and Education (ECE) programs serving infants, toddlers, preschoolers, school-aged children and their families. Iowa Department of Public Health (IDPH) and Iowa Department of Human Services (DHS) have an interagency agreement defining their partnership to support HCCI and the Child Care Nurse Consultant (CCNC) program. Title V Maternal and Child Health (MCAH) agencies incorporate public health principals and practices in ECE programs by providing CCNC services. HCCI provides structure and fidelity for CCNCs at the local level.

CCNCs incorporate principles of health equity when working with ECE programs providing consultation, training, technical assistance, information and referral as well as care planning for children with special health needs. The CCNC program is evidence-based and helps to ensure that children have access to healthy and safe care. Research indicates that child care health (nurse) consultants support healthy and safe early care and education settings and protect and promote the healthy growth and development of children and their families.

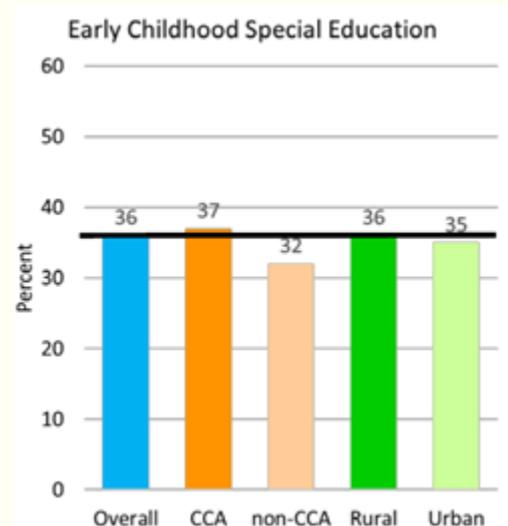
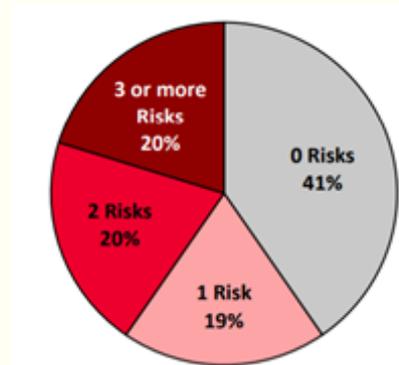
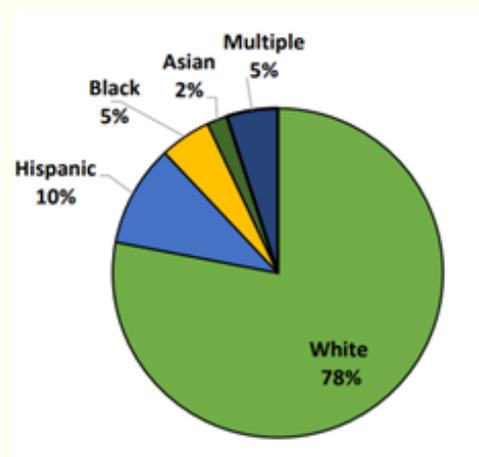
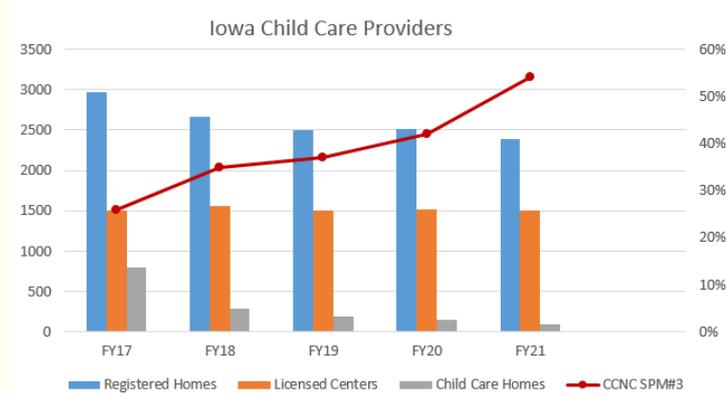
In May 2019 the National Center on Early Childhood Health and Wellness (NCECHW) released Child Care Health Consultant (CCHC) Competencies. NCECHW is a collaborative effort between the Office of Head Start, the Office of Child Care and the Maternal and Child Health Bureau. In Iowa, CCHCs are licensed registered nurses (RN) with specialized training and are identified as CCNCs. HCCI has adopted the CCHC Competencies to guide the CCNC role.

# CHILD CARE IN IOWA

In Iowa, 75% of working families with children under the age of 6 years utilize child care. Iowa has 3999 regulated child care providers (centers/preschools, before/after school and homes). Currently there are not enough child care slots to meet the needs of working families and 23 percent of all residents live in a child care desert. That number is even higher when looking for infant and toddler child care. Child care supply is especially low among certain populations, with 35 percent of rural families and 24 percent of low-income families living in areas without enough licensed child care providers. Approximately 50-60% of child care providers accept child care assistance (CCA).

Who are Iowa's children? The 2019 Preschool Development Grant Statewide Data reported:

- 27,321 children birth through age 5
- 22% non-white
- Iowa infants have 2x the rate of being born to a teen mother compared to national averages (4% vs. 2%).
- 49% of Iowa's children qualify for Medicaid or WIC at the time of birth.
- 40% of children experience 2 or more risk factors at birth that are related to kindergarten outcomes (i.e., poverty, unmarried mother, teen mother, mother without a high school education, inadequate prenatal care, preterm/LBW, or prenatal smoking).
- Rural children have more cumulative risks than urban children (e.g., 46% have 2 or more).
- Young boys are 7.5 times more likely to be suspended in kindergarten, and 2.4 times more likely to have an IEP in kindergarten compared to girls.
- Over one-third of child care centers (n=591) reported partnering with early childhood special education.
- Families reported wanting more help navigating the systems of support for children with disabilities.
- Families reported that there is not enough childcare providers for children with special needs.



# CCNC SERVICES

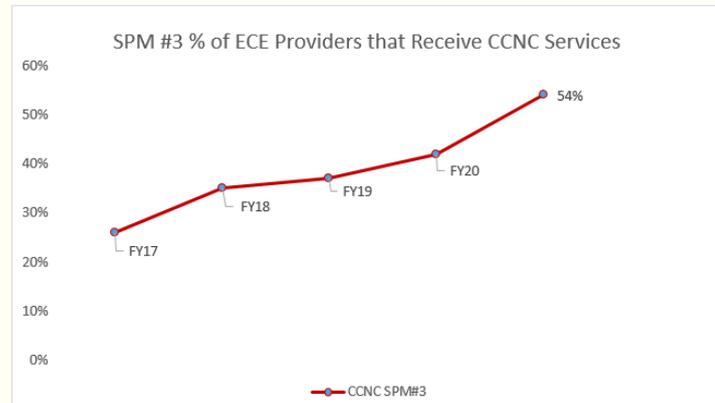
In 2016-2017 the Iowa Governor's office along with the Department of Management, DHS, Department of Education (DE) and IDPH/HCCI participated in the National Governors Association (NGA) Technical Assistance Grant: *Fostering Cross-Sector Collaboration to Address the Health and Success of Children and Families*. Iowa's goals for the NGA grant included creating a framework to coordinate consultation (CCNC, CCR&R, Positive Behavioral Interventions and Supports -PBIS) efforts and support collaboration across systems (education, human services, health); and to provide consistent state guidance to support integrity of consulting services across the state.

Accomplishments of the NGA grant:

- Consistency in CCNC contract language
- Braiding of funding, with gap filing from DHS
- Local CCNC expansion with 36 CCNCs statewide serving all 99 counties.

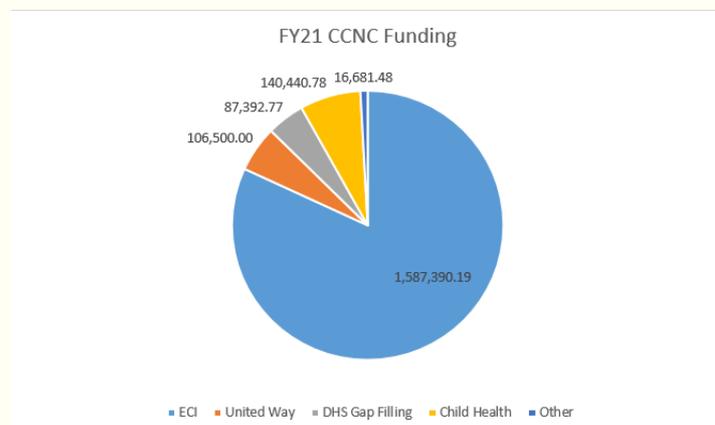
## MCAH SPM #3

Over the past 5 years, the percent of ECE programs that received CCNC services has increased from 26% to 54%.



## FY21 CCNC Year End Data

- 2153 child care programs receiving CCNC services with 95% improving in health and safety.
- 54% of programs statewide participating with CCNC services.
- 2075 child care visits (face to face and virtual) completed.
- 13,807 technical assistance provided (up 51% from FY20).
- 458 children with special health needs identified, 96% with a care plan in place.
- 154 (face to face and virtual) trainings presented by local CCNCs.
- 1388 ECE providers trained, 94% reported increased knowledge.
- Increased funding.
- Cost per program = \$900.33



# CCNC SERVICES AND QUALITY

## Iowa's Quality Rating System

The number of ECE programs participating in Iowa's quality rating system has increased with 39% of regulated child care programs currently participate in the program. The current QRS system allows ECE programs to choose activities for "points". Many programs choose to work with their local CCNC for health and safety points, however CCNC services are "optional". This will change in Iowa's new quality rating system (Iowa Quality For Kids - IQ4K) when it is released in 2022. IQ4K will have a continuous quality improvement approach incorporating a focus on health and safety as well as medication administration. CCNC services will be a requirement for both homes and centers in IQ4K starting at a level 2.

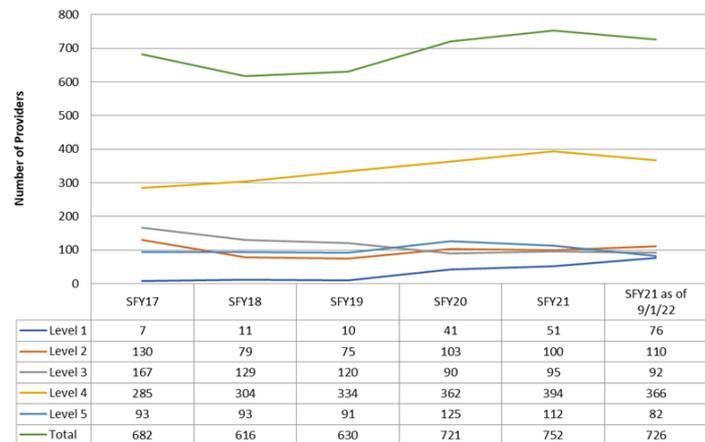
## COVID-19 Pandemic

Iowa's Emergency Preparedness Plan for Child Care includes HCCI state staff and local CCNCs assisting in communicable disease response. During the COVID-19 pandemic, 76% of Iowa's child care remained open. Iowa's COVID-19 guidance for child care was a collaborative effort between IDPH and DHS. ECE program requests for CCNC services increased during the pandemic with CCNCs providing consultation to programs on COVID-19 planning; reopening; health and safety policies; managing positive cases, exposures and outbreaks; and improving quality.

## Children with Special Health Needs

In Iowa 6.4% of children have asthma. 18% of U.S. children have a prescribed medication. Allergies are now considered to be one of the most common medical conditions among children with 56% of all food allergy/anaphylaxis Iowa insurance claims in the 0-13 years age group. CCNCs assist with special needs care planning, medication management and training so that ECE providers are competent for meeting the safety and health care needs of children.

Child Care Center QRS Participaton



Child Development Home QRS Participation

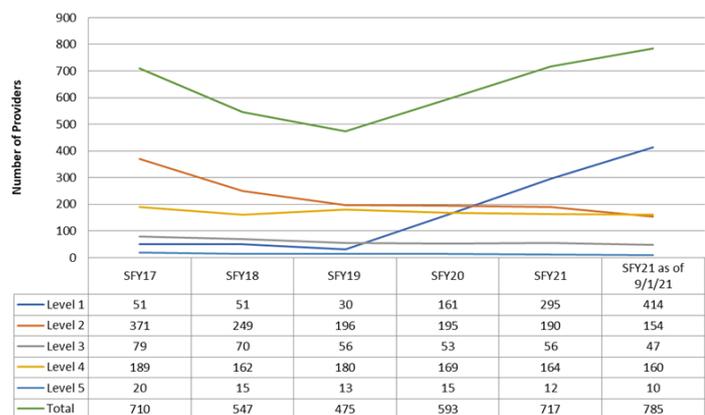


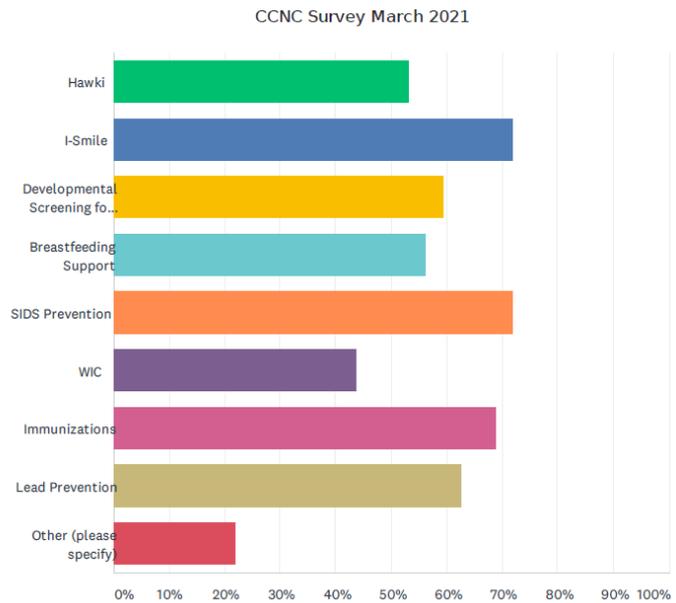
Photo: CDC/Scott Housley

# SUCCESSSES/CHALLENGES

## HCCI/CCNC Program Successes

- Statewide CCNC Services in all 99 counties.
- MCAH SPM #3 % increases in the past 5 years.
- CCNC program fidelity visits with 90% inter-rater reliability using the Health and Safety Checklist assessment tool.
- Partnering with DHS for developing child care health and safety COVID-19 pandemic guidance.
- HCCI program and CCNC services successfully pivoted to provide child care health and safety services following pandemic guidance documents and going virtually for meetings, trainings, and annual CCNC professional development.
- CCNC impact on other CAH activities

Thinking about the past 2 years, in your CCNC role have you had an impact on the following Child Health activities? (check all that apply)



## HCCI/CCNC Program Challenges

- Local braiding of funding without adequate state level base funding. Some counties with limited or no CCNC funding. This is a challenge despite DHS and CAH gap funding.
- CCNCs report FTE range of 0.3-1.0 FTE with only 62% working in the CCNC role full-time (CCNC Role Guidance requires a minimum of 0.5 FTE).
- 34% of CCNCs report there was a greater need for services than the number of CCNC hours allotted.
- 42% of CCNCs report that they do not attend (are not invited to) CAH team meetings.
- Increased need for CCNC services for children with health and behavioral needs - consultation/care planning, PBIS training/coaching.

For more information contact:

Heidi Hotvedt, RN BSN

Healthy Child Care Iowa Program Coordinator

Iowa Department of Public Health

515-321-8137 [heidi.hotvedt@idph.iowa.gov](mailto:heidi.hotvedt@idph.iowa.gov)