Program Description

The Infant and Toddler Initiative weaves together multiple layers of strategies to enhance the quality of child care provided to infants and toddlers. These include:

- Development of systems at the local and state levels that link health, safety and child care/early childhood programs;
- Training and technical assistance provided to child care health consultants in local health jurisdictions on skills and standards related to child care quality;
- Consultation and training provided to child care providers and parents to enhance their use of practices that promote health and safety; and
- Information and referral to parents to assist them with their placement of infants and toddlers in child care settings.

Key partners who carry out these strategies are local health jurisdictions, the Washington State Department of Health, Washington State Child Care Resource & Referral Network agencies, the Promoting First Relationships Program at the University of Washington Department of Family and Child Nursing, and Consultant Jan Gross of Pacific Rim Real Time Systems. Funding support is provided primarily from the U.S. Department of Health and Human Services, Maternal Child Health and Child Care Bureaus; the Washington Department of Social and Health Services, Division of Child Care and Early Learning; and the Washington Department of Health, Office of Maternal Child Health.

The evaluation results will provide partners in the efforts to improve child care health and safety with data needed to make continuous quality improvements.
Issues Addressed in Child Care Settings

All counties reported that they addressed issues of prevention (68.9%) more often than those of intervention (31.1%).
Issues Addressed in Child Care Settings (continued)

- The majority of encounters by child care health consultants with child care providers occurred in person (61.5%), with almost a quarter more (23.9%) occurring over the telephone.

- More than half of all encounters (56.9%) lasted over an hour. The average amount of time spent on encounters was 130 minutes.

- Communicable disease, diapering and hand washing were priority issues in 29.9% of consultations. Other frequently discussed topics included social-emotional issues or bonding/attachment (17.0%), and physical or cognitive development (14.7%).

- Issues addressed by child care providers with the consultants typically varied by community. For example, the most prevalent topics were: communicable disease in Skagit County and King County; immunizations in Clark County; nutrition in Grant County; and speech, hearing and vision in Spokane County.

Changes in Child Care Practice: Knowledge, Awareness, Behavior, Communication and Health

The data suggest that child care settings benefit from the consultations received.

- Progress is made in many ways (e.g., knowledge, communication, behavior). The greatest amounts of progress following consultations happened in communication between providers and parents (29.3%) and in the ways that providers work with children (26.3%).

- In the majority of consultations (74.3%), at least some progress toward addressing priority issues at child care centers and homes was achieved. “Great progress” occurred as a result of the consultations in almost one-third of the centers and homes.

- In 93.9 percent of consultations where improved communication between parents and providers was proposed, providers reported evidence of improved communication.

- In consultations in which knowledge or awareness changes in child care providers were proposed, evidence of increased knowledge or awareness occurred 83.3 percent of the time.

- In almost all consultations (93.2%) where behavioral (i.e., practice) changes among providers were proposed, they happened.

- Of 400 providers surveyed by the Washington Child Care Resource and Referral Network, two-thirds reported using the expertise of their local child care health consultant.

Priority Issues in Child Care Settings

(Frequency with which issues were addressed by child care health consultants)
Increased Collaboration Among Child Care System Partners and Improved Capacity

- HCCW worked with 121 organizations at the federal, state and local levels during the pilot period. Most of the collaborations were quite substantial. Of the total, 37 percent were interactions that created or conducted new activities. Another 44 percent helped HCCW coordinate or extend existing activities.

- Consultants engaged in many system building efforts at the local level. Case studies of six local health jurisdictions revealed the following common successes:

  - **Positive Changes for Child Care Providers.** Examples: greater access to health and human services and to public health nurses; increased educational and training opportunities; and improved health policies.

  - **Positive Changes for Families.** Examples: better access to resources for children with developmental disabilities; streamlined care and intervention for families; and keeping families together.

  - **Positive Changes in the Community.** Examples: a new licensed facility in isolated rural area and increased knowledge of child care quality issues.

- Local child care health consultants improved their core competencies in training skills, environmental health, growth and development, social/emotional health, communicable disease and other areas. Most made great progress in using their new skills and knowledge.

The current system shifts the focus from counting outputs to tracking actual changes in consultative practices, in systems, in child care providers’ awareness and behaviors, in parent and child care providers’ communication, and in child care policies and environments. These changes will, in turn, improve the health and safety of children in child care.

Even though this pilot phase measured activities and changes in only a small number of child care settings and the work of only a few child care health consultants and system partners, the results show that the Infant and Toddler Initiative of Healthy Child Care Washington is having a significant impact on the health and safety of children in child care. With full implementation of the evaluation efforts, we expect to be able to assess where and in what ways the program is having its greatest impacts and gain additional insights for program improvement. This sustainable and replicable approach to evaluation will remain an integral part of the HCCW Program and is beginning to influence thinking about evaluation in other program partners.

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