



# Healthy Child Care Washington

## 2003-2004 Evaluation Report

### Executive Summary

Prepared by Organizational Research Services, June 2004

This report describes the results of the initial implementation of the evaluation for the Infant and Toddler Initiative of Healthy Child Care Washington (HCCW) conducted over a six-month period (October 2003-March 2004). Initially conceived by the Washington State Department of Health as part of a small federal grant received in 1995, HCCW was intended to integrate health and safety improvements into child care, early childhood and after-school settings.

HCCW has blossomed over the years into a statewide system of partners that envisions a united effort among child care providers, parents, educators, policymakers, advocates, researchers, pediatricians, social service agencies and health professionals whose goal is to maximize the resources focused on creating healthy and nurturing environments for children. This evaluation report focuses on part of this effort, an initiative to improve the quality of child care for infants and toddlers.

## 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 strategies include the following:

- 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 in skills and standards related to child care quality
- Consultation and training provided to child care providers and parents to enhance the use of practices that promote health and safety
- Information and referral to parents to assist placement of infants and toddlers in child care settings

Through these strategies, HCCW impacts the following:

- State and local partners
- Child care health consultants working in the state's 35 Local Health Jurisdictions
- Child care providers working in centers or homes across the state
- Parents with infants and toddlers in child care settings
- Infants and toddlers

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, Promoting First Relationships-University of Washington Department of Family and Child Nursing, and Pacific Rim Real Time Systems, Inc.

Funding support is provided primarily by the U.S. Department of Health and Human Services, Maternal Child Health and Child Care Bureaus; the Washington State Department of Social and Health Services, Division of Child Care and Early Learning; and the Washington State Department of Health, Office of Maternal and Child Health.

## Evaluation Design

Organizational Research Services (ORS) worked closely with HCCW staff, system partners and other contractors to help HCCW create a sustainable, results-oriented evaluation system. Data collected in the pilot and initial implementation phases confirmed this system documents actual changes in child care practice and the capacity of Local Health Jurisdictions to provide child care health consultations.

The evaluation is designed to move beyond counting outputs, such as the number of consultants trained and the number of child care providers they serve, and instead focuses on the outcomes, or “So what?” questions, such as “What changes occur in the lives of children/families and communities as a result of child care health consultations?” The following outcomes are measured by this evaluation system:

- Increase the resources that are available to train child care providers and offer them technical assistance, information and referrals
- Expand the use of skills and standards for child care health consultants
- Enhance the use of practices by child care providers that promote the social, emotional and physical health and cognitive development of infants and toddlers
- Improve communication between child care providers and parents about child care quality and their children's development and behavior

Data collection tools include the following:

- An encounter form to track daily interactions between child care health consultants and child care providers and meetings with community partners
- An action plan form to track planned and actual changes in the child care settings or the practices of the child care providers that are intended to enhance the health and safety of children
- An action plan form to track changes in the training and practices of child care health consultants
- A collaborative system development tracking log to record collaborations involving system partners

The tool for tracking encounters was implemented by 27 child care health consultants in 26 Local Health Jurisdictions serving 27 counties. The tool for tracking changes by child care providers was carried out by 19 child care health consultants in 13 Local Health Jurisdictions serving 15 counties. Full implementation by all 35 Local Health Jurisdictions will begin July 1, 2004. While these data should be viewed as preliminary results, we can gain significant insights into the types of results that Healthy Child Care Washington is producing.

## Evaluation Results

### Child Care Health Consultant Activities

Child care health consultants track data on each *major* interaction (encounter) they have with providers or others (e.g. parents, systems partners).

- 1,167 encounters were documented by 27 child care health consultants from 26 Local Health Jurisdictions serving 27 counties.
- Through these encounters, participating child care health consultants had **potential impacts on more than 6,461 child care providers and 28,546 children.**
- **Most encounters (79.2%) were consultations.** More than half (54.4%) were in-person and almost one-quarter (23.3%) were by phone. Other activities captured include trainings and meetings.
- **More than one-third of consultations (37.2%) lasted more than one hour.** This time period includes research, preparation, travel, and follow-up. More than one-quarter of these consultations (27.3%) lasted 31-60 minutes, and one-fifth (21.3%) lasted less than 15 minutes.
- Consultations were often initiated by providers, who requested **40.2 percent of the recorded consultations.** Consultants initiated consultations more than one-third of the time (38.0%).
- Consultants address a variety of key topics, of which 27 topics were documented. Issues most commonly discussed during encounters included **Communicable Disease (27.4%), Health Policies (13.0%), Special Needs (10.8%), Social/Emotional Development (9.3%), Emergency Preparedness (7.8%) and Physical Growth and Development (7.7%).**
- **Consultants held 97 trainings and trained more than 998 individuals,** including child care providers, mental health care providers, out-of-school-time providers and local R&R agency staff. Common topics of trainings included Special Needs (24.7%), Non-Communicable Health (22.7%), and Communicable Disease (20.6%).

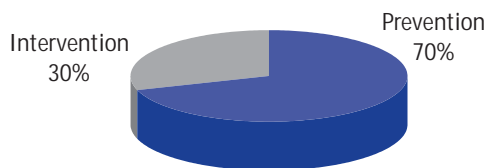
## Evaluation Results (continued)

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

Consultants work with providers to create action plans that document major issues, strategies suggested for providers to address the issues, and providers' success in solving them after 30 days.

- 437 Action Plans were completed at more than 109 child care sites by 19 child care health consultants serving 15 counties.
- Consultants and providers addressed 841 issues through the action plan process.
- The action plan process covered a variety of topics. Most common were: **Communicable Disease** (19.0%), **Emergency Preparedness** (12.1%), **Health Policies** (10.7%), **Sleeping Issues** (8.8%), and **Special Needs** (6.7%).<sup>1</sup>
- Consultants reported addressing issues of **prevention (70.3%) more often** than issues of **intervention (29.7%)**.

#### Focus of Child Care Health Consultations

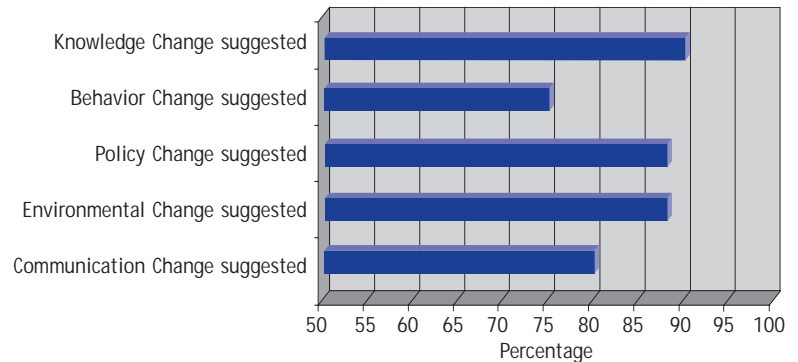


- Most issues addressed **affected populations (81.9%)** rather than individuals (18.1%).
- Providers made progress in the majority of issues identified during consultations (82.8%). "Great progress" was made for more than half (53.7%) of the issues, and almost one-third (29.1%) showed at least "some progress."

Child care providers often enacted the changes proposed during the consultation.

#### Changes in Child Care Provider Practices

(% of issues where progress on suggested type of change was in evidence)



- In consultations in which knowledge and awareness changes were proposed, **evidence of this type of change occurred 89.6 percent of the time.**
- In consultations in which behavioral changes were proposed, **evidence showed behavior changes occurred 74.8 percent of the time.**
- In consultations in which policy changes were proposed, **evidence showed policy changes occurred 88.3 percent of the time.**
- In consultations in which environmental changes were proposed, **evidence showed environmental changes occurred 88.1 percent of the time.**
- In consultations in which improved communication between parents and providers was proposed, **evidence of improved communication was demonstrated 79.8 percent of the time.**

<sup>1</sup>Percentages of topics covered vary between encounters and action plans because encounters capture more and different types of interactions by child care health consultants than the action plan forms.

## Evaluation Results (continued)

### Improved Capacity among Child Care Health Consultants

- State consultants from Promoting First Relationships University of Washington Department of Family and Child Nursing and Pacific Rim Real Time Systems, Inc. worked with 29 child care health consultants from 27 Local Health Jurisdictions. Local child care health consultants improved their core competencies in Social/Emotional Development, Bonding/ Attachment, Consultation Skills and Training Skills, with the majority showing “some” to “great” progress in using their new skills and knowledge.

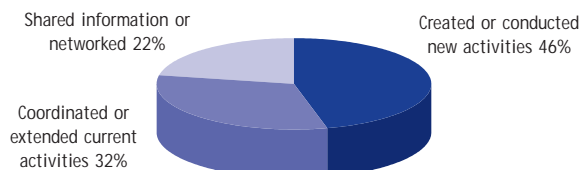
### Increased Collaboration among Child Care System Partners

HCCW partners and the child care health consultants are engaging in substantial collaborations with early childhood systems partners.

- Child care health consultants documented 117 meetings with systems partners, including Local Health Jurisdictions from other counties (23.1%), licensors (19.7%), child care providers (17.1%), Head Start/Early Head Start programs (17.1%), physicians and nurses (12.8%) and early childhood education organizations (9.4%).
- HCCW partners worked with more than 50 organizations comprised of many local, state and federal partners.
- The collaborations by HCCW have been substantial. More than one-quarter of all meetings and collaborations (26.1%) have sparked initiation or enactment of new activities. Over one-third (34.8%) helped HCCW coordinate or extend existing activities. More than one-third (39.1%) involved sharing information and networking.

#### Level of Collaboration in Meetings with System Partners

(A measure of how often the collaborations led to expanded or new activity)



The HCCW evaluation tracks actual changes in consultative practices in systems, child care providers' awareness and behaviors, parent and child care providers' communication, and child care policies and environments that will improve the health and safety of children in child care. The data provided on the impacts of these strategies support partners in their efforts to continuously improve child health and safety.

The initial evaluation implementation results show 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, we will be able to assess where and how the program is having its greatest impacts and gain additional insights for program improvement.

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