

Child Care Health Consultation Data Points

Social Conditions

Expulsion & Suspension

- Students with disabilities represent just 13% of the nation’s preschoolers, but they account for 75% of all suspensions and expulsions.¹
- Children ages 3 to 5 with behavioral problems were 43 times more likely to be suspended or expelled than their peers who are typically developing.²
- Children with autism are 10 times more likely and children with developmental delays are 7.5 times more likely to be suspended or expelled than their peers.³
- African American boys make up 18% of preschool enrollment, but 48% of preschoolers suspended more than once.⁴
- Hispanic and African-American boys combined represent 46% of all boys in preschool, but 66% of their same-age peers who are suspended.⁵
- The National Survey of Early Care and Education shows that about 20% of early learning educators serving children under five reported receiving specific training to support children’s social and emotional growth in the past year.⁶

System Outcomes

Immunization Status Reporting

- Only 16% of child care centers statewide are reporting on the immunization status of children in their care. Meanwhile, 98% of school-age settings are compliant with reporting immunization status.⁷

Infant Nurse Consultation

- In 2017, there were 1,297 child care providers licensed to serve infants within King County, yet there were only 5 private child care health consultants serving infants identified in King County outside the City of Seattle (which is served by Seattle-King County Public Health’s Child Care Health Program).⁸
- In DCYF’s fiscal year 2018, DCYF licensors across the state reported five child care providers licensed to serve infants being non-compliant with the infant nurse consultation WAC.⁹

Types of Care

- In King County, there are 1,939 providers with capacity for 63,846 children.¹⁰
- According to the National Center for Children in Poverty, between a third and one-half of employed parents use FFN child care for children under 5.¹¹

Child Outcomes

- Sudden infant death syndrome (SIDS) is the leading cause of death among infants 1 month to 1 year old. 20% of SIDS deaths occur in child care settings.¹²

¹ Heasley, Shaun. (2018). *Preschoolers with Disabilities Inordinately Suspended*.

² Ibid.

³ Ibid.

⁴ U.S. Department of Education. (2014). *Civil Rights Data Collection: Data Snapshot (School Discipline)*.

⁵ Ibid.

⁶ Ibid.

⁷ Washington State Department of Health. (2017-2018). *Washington State School Immunization Data*. [Note: WAC 246-105-060 (2)(b) states: “[Schools and child care centers] must maintain child immunization records and submit an immunization status report under chapter 28A.210 RCW either electronically on the Internet or on a form provided by the department. The report must be submitted to the department by November 1 of each year.”]

⁸ Child Care Aware of Washington. (2017). *Child Care Data Report*. [Note: WAC 110-300-0275(4) states: “A center early learning provider licensed to care for any infant shall employ or contract with a child care health consultant to provide health consultation to support the practices of staff working with infants and to support the needs of individual infants.”]

⁹ DCYF Child Care Licensing Data Analysis Team, personal interview, January 11, 2019.

¹⁰ Child Care Aware Washington. (December 2018), *2018 County Data Reports*.

¹¹ The Annie E. Casey Foundation. (2006). *KIDS COUNT Data Book*.

¹² American Academy of Pediatrics. (2016). *Risk Factors for Sleep-Related Infant Deaths in In-Home and Out-of-Home Settings*.

Early Findings
Public Engagement – Phase One
Updated 3-26-19

Through public engagement to date, community members and stakeholders have shared their experience with the following barriers and gaps affecting child care health consultation in King County:

1. **Finding a nurse health consultant is challenging** - Monthly infant room visits are required in licensing WAC¹³. There is no consistent mechanism for child care providers and caregivers to locate a qualified nurse consultant to conduct monthly visits or review their health policies and practices.
2. **CCHC has benefits beyond the infant room**—Despite the value that child care health consultation creates for providers and caregivers, it is only required within the infant rooms of licensed child care facilities. Providers and caregivers caring for children over one-year-old engage with a health consultant on a voluntary basis, if the providers know that services are available and how to access them.
3. **Available resources are not well coordinated**—While support services for child care providers, caregivers, and child care health consultants may be available in some areas, there is not a coordinated system that describes available resources and makes referrals through one centralized access point.
4. **Access and support are limited** – Providers and caregivers lack access to specialized consultation to support the successful inclusion of children with behavioral, emotional, developmental, nutritional or health needs.
5. **Current practices inadequately support providers and children** – The new WAC¹⁴ limits how/when children are suspended/expelled for health/behavioral health reasons. Some children are disproportionately suspended/expelled. The system does not adequately support provider and child success.
6. **Availability of health consultation is uneven** - Child care providers and caregivers do not have equitable access to consultants across King County. There are not enough child care health consultants to meet demand.
7. **Cost of CCHC promotes inequities** - Child care providers and caregivers carry the burden of the costs of child care health consultation. This may lead to inequitable access to services.
8. **Funding is not adequate** – Since the loss of Healthy Child Care Washington, funding for health consultation has not been adequate to meet the needs of child care providers.
9. **Data are missing** – The work of child care health consultation is not being shared publicly because no entity or place is collecting data around outcomes.
10. **Different types of consultation are needed for providers, caregivers, and children to be successful**— Caregivers and providers from different communities, cultures, and locations may benefit from different types of child care health consultation. The activities, functions, and methods of delivery that work well in one community may not work well in another.

¹³ WAC 110-300-0275(4) states: A center early learning provider licensed to care for any infant shall employ or contract with a child care health consultant to provide health consultation to support the practices of staff working with infants and to support the needs of individual infants.

¹⁴ WAC 110-300-0340 (2) Expulsion states: An early learning provider may expel a child only if: (a) The child exhibits behavior that presents a serious safety concern for that child or others; and, (b) The program is not able to reduce or eliminate the safety concern through reasonable modifications.

- 11. The workforce is currently not reflective of the communities being served** – Providers, caregivers, and children in King County are very diverse. Our current workforce of child care health consultants is not adequately reflective of the race, ethnicity, and primary languages of these communities. There have been missed opportunities for people of color to join the workforce.
- 12. There has not been discussion or agreement on whether/what qualifications should be required of different types of health consultants** – Child care health consultation is provided in diverse ways, by different individuals, with varying qualifications and experience.
- 13. Training in fundamentals of child care health consultation is not available** – New child care health consultants, or those interested in the profession, currently have no way of obtaining baseline knowledge about how to provide health consultation within child care settings.
- 14. Awareness about and opportunities for employment are limited**—There is a lack of awareness about professional development pathways to become a child care health consultant. Additionally, there are limited opportunities for employment as a child care health consultant. Routes of employment include Head Start/ECEAP programs, King County, school districts, non-profit agencies, and private practice.
- 15. Roles of Seattle/King County Public Health Child Care Health team have changed in King County** – Historically, the Seattle/King County Public Health Child Care Health team provided consultation services to providers across King County. Now, the team’s primary role is to provide consultation to the City of Seattle Preschool Program with limited consultations to providers not contracted with the City of Seattle.
- 16. Responsibility for health consultation is unclear** - Within the early learning community, there are varying opinions on whose role and responsibility it is to support child care providers in meeting early learning health and safety standards and practices.
- 17. Information from different sources often conflicts** –There is no current system for consultants, coaches, licensors and others to discuss common child care programs on their caseloads. Providers report receiving what they perceive as conflicting information and have difficulty sorting and prioritizing regulations, evidence-based recommendations, and Early Achievers indicators of quality.
- 18. Health experts are sometimes not included in state-level decisions** – DCYF (formerly DEL) child care licensing rules and regulations are intended to keep children healthy and safe. Agency staff with early learning health expertise are not always at decision-making tables. This can result in policies and rules not being adequately informed by evidence-based health and safety practices. Child care health consultants report not being included or involved in drafting policies or procedures.
- 19. A high Early Achievers rating does not guarantee full health and safety standard compliance** – Early Achievers (EA) was not designed to validate program compliance with basic health and safety standards. Providers may earn a rating of 3-5 from EA while experiencing challenges meeting health and safety standards of child care licensing and EA indicators. State-level professional development efforts have largely been focused on early childhood classroom environments and teacher-child interactions. Less resources have been devoted to training and coaching providers on health and safety standards.
- 20. It is difficult to reach family, friend and neighbor (FFN) caregivers**—Informal FFN caregivers do not consider themselves to be a part of a system of child care, therefore they are not considered or well-connected in many of our existing systems. Formal groups of FFN caregivers are limited to SEIU members for FFNs receiving subsidies, Kaleidoscope Play & Learn participants, and community agencies representative of FFN cultural groups.