

Child Care Nurse Consultants

2007 Advocacy Statement

Background:

Iowa children are in child care.

Seventy-one percent of Iowa children under the age of six years live in a family where both parents work. On any given day, nearly 80 percent of Iowa's young children are in some form of child care outside of their own home. Many studies show that the quality of child care affects a child's development. Inferior child care is associated with poor outcomes for children. Health and safety are crucial aspects of quality care. The highest risks of physical harm to children in group care settings are from injury and infectious disease. Children exposed to a poor quality child care are less likely to be prepared for the demands of school and more likely to have their socio-emotional development derailed.

Improvements are needed in Iowa child care.

A 2002 study by the Midwest Consortium including Iowa, Nebraska, Missouri and Kansas, found that almost 80 percent of Iowa child care rated poor or mediocre quality at best. The quality of infant care in Iowa was poorer than the quality of child care in other Midwestern states.

Nurses are needed to improve child care in Iowa

Community health nurses credentialed as Child Care Nurse Consultants have the expertise needed to assist child care businesses improve the health and safety in daily practice. Iowa child care businesses call upon nurses' expertise related to the following:

- preventing infectious diseases
- preventing child injuries
- developing asthmas and other health emergency protocols
- helping with medication
- caring for children with special health needs

Iowa has Child Care Nurse Consultants but not enough funds.

A variety of funding sources are used to support Child Care Nurse Consultants. Currently, most funding sources are variable and allocated on a year-to-year basis. This does not allow communities to meet the needs of child care businesses and the families they serve.

Policy recommendation for state funding:

- ◆ Allocate \$1,200,000 to Iowa Department of Public Health (IDPH). \$1,100,000 would be assigned to local Maternal and Child Health (MCH) agencies to support a CCNC. \$80,000 would be retained by IDPH for 1 FTE to provide technical assistance and training to local MCH agencies. The remaining \$20,000 would be used for products, training, and printing health materials for child care businesses.

For more information, contact:

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