Cedar Valley's Promise Quarterly Report FY21

Contractor: CCR&R

Program Service: Child Care Nurse Consultant -Consultation Contract

Place a border 1st Quarter July 1 -2nd Quarter: October 3rd Quarter: January around September 30

1 - December 31 1 - March 31 4th Quarter: April 1 -June 30

quarter you are

reporting Due: October 20

Due: January 20

Due: April 20

Due: July 20

CVP funding expended will be retrieved from monthly claims submitted.

Please report any additional funding below from other sources that support the services CVP is supporting financially. Include the dollar amount and source. This may be reported at year end.

Other Funding Source:	Amount of Funding:					
Source 1	\$		-			
Source 2	\$		-			
Source 3	\$		-			
Source 4	\$		-			

Output Measures:

# of On	T							
# of On- Site or Virtual Visits- Duplicate d	3		0		13		19	
# of Early Learning Programs Particpati ng, unduplicat ed	46		80		56		42	
Provider Type	Non- Registered	2	Non- Registered	6	Non- Registered	0	Non- Registered	4
(Total should	Registered	17	Registered	29	Registered	10	Registered	12
match	Licensed	27	Licensed	45	Licensed	26	Licensed	23
Row 27)	DE	0	DE	0	DE	1	DE	3
	Total	46	Total	80	Total	37	Total	65
	<u>-</u>	-	•	-	•		-	

# of Rated Programs out of Total from Row 27	Level 1	1	Level 1	1	Level 1	1	Level 1	3	
	Level 2	4	Level 2	5	Level 2	5	Level 2	5	
	Level 3	6	Level 3	5	Level 3	9	Level 3	5	
	Level 4	11	Level 4	18	Level 4	21	Level 4	16	
	Level 5	1	Level 5	3	Level 5	1	Level 5	4	
# of Children with Special Health Care Needs Worked With	1		0		1		2		
# of Technical Assistance Contacts, Duplicate d, provided to the Programs in Row 27	128		200		112		78		
# of Visits where Program Improved Health & Safety	3		0		12		19		
Barriers Encounter ed	COVID-19 continues to be our biggest barrier this quarter with numerous child care centers and homes having staff and/or children testing positive. Emails and/or phone calls were utilized to check on health status of centers and homes.								
Success	 Utilizing the health and safety protocols provided by the IDPH, the CCNC was able to resume QRS Tools - Child Record Review and Injury Prevention. Covid-19 has forced many of us to learn and utilize Virtual Learning. Virtual learning classes were scheduled for continuous learning opportunities and updating requirements. Virtual meetings were scheduled for administrative purposes and peer to peer support. Noteworthy results reveal an increased CCNC technical assistance services from non-registered home care providers, non-participating QRS child care homes, and non- 								

Stories

participating QRS child care centers. Child care providers were able to attend "zoom" classes and meetings from different counties and still receive credit for course work completed and/or updated information from guest speakers. Virtual communication is convenient and some benefits include: no travel time, ability to stay home due to inclement weather and still attend virtual/zoom class, low cost or no cost for class, decrease risk of exposure to diseases, and opportunity to converse with speaker and/or have group discussions.

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