BEST STARTS FOR KIDS

CHILD CARE HEALTH CONSULTATION

FINAL EVALUATION REPORT

King County

Best Starts for KIDS

Cardea

ACKNOWLEDGMENTS

This work is made possible by the Best Starts for Kids levy. Best Starts for Kids builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Best Starts for Kids is the most comprehensive investment in child development in the nation. King County's investments span from prenatal development all the way through young adulthood, building strength and resilience in our communities along the way.

CHILD CARE HEALTH CONSULTATION SERVICE DELIVERY PARTNERS

Chinese Information Service Center

Encompass Northwest

Kindering Center

Living Well Kent

Northwest Center for Kids

Sisters in Common

Somali Health Board

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KEY ACRONYMS

CCHC — Child Care Health Consultation

CEC — Child Care Health Consultation Evaluation Committee

FFN — Family, Friend, and Neighbor

TA — Technical Assistance

WAC — Washington Administrative Code

EXECUTIVE SUMMARY

INTRODUCTION

Best Starts for Kids (Best Starts) builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Child Care Health Consultation (CCHC) is a strategy that promotes the health and development of children, families, and child care providers (providers) by ensuring healthy and safe child care environments. Best Starts defines "child care providers" broadly, as inclusive of family, friends, and neighbor caregivers (FFN) and providers in license-exempt and licensed child care programs. Child care locations (sites) are supported by child care health consultants (consultants).

GOALS AND OBJECTIVES

In 2019, the CCHC evaluation focused on describing: 1) CCHC services, 2) how CCHC services and unique approaches contribute to provider outcomes, and 3) how CCHC services have been developed, implemented, and revised over time. In addition, the evaluation described the ways in which CCHC services support provider needs in King County across diverse geographic, cultural, and provider communities.

In 2020–2022, the CCHC evaluation evolved, exploring emerging themes from the first year of evaluation in 2019, including common elements of CCHC and the impact of service delivery on provider outcomes.

Now, I will listen to [the child]. I will lower to my knee and talk [to the child]. The power dynamic has changed, which is different than my [historical practice]. Now, [the child] and I have a great relationship.... He is happy to see me... [I am] relearning this relationship to be more loving...and our goal is to have a good relationship.

— FFN Provider

The evaluation continued to describe the ways in which CCHC services support provider needs in King County across diverse geographic, cultural, and provider communities. This included documenting the ways in which CCHC services were adapted in response to the COVID-19 pandemic and the resulting impact on CCHC service delivery and outcomes. The 2022 evaluation also sought to understand the child and family level impacts of CCHC services in child care and estimate the number of children receiving care from providers receiving CCHC services.

Because of COVID, [my child] cannot go to school or in public spaces... they are scared about meeting strangers. In the lessons [with the consultant, they encouraged my child to] speak up, and, every time they did interact, the [consultant] praised him. Now, he is able to speak up a little bit and speak much louder.

— Parent/Caregiver

SUMMARY OF SERVICES PROVIDED AND SERVICE TEAM

On average between April 2019 and March 2022, over 1,000 consultations were completed quarterly. The number of individual consultations decreased slightly in 2020, in light of the COVID-19 pandemic and the transition to new modes of consultation (e.g., virtual consultation). The number of individual consultations rose again in 2021. On average, about two (2) providers per child care location received consultation services.

Between April 2019 and March 2022*, there were:

14,319
Consultations

338
Group Trainings

1,366
Unique† Providers Served

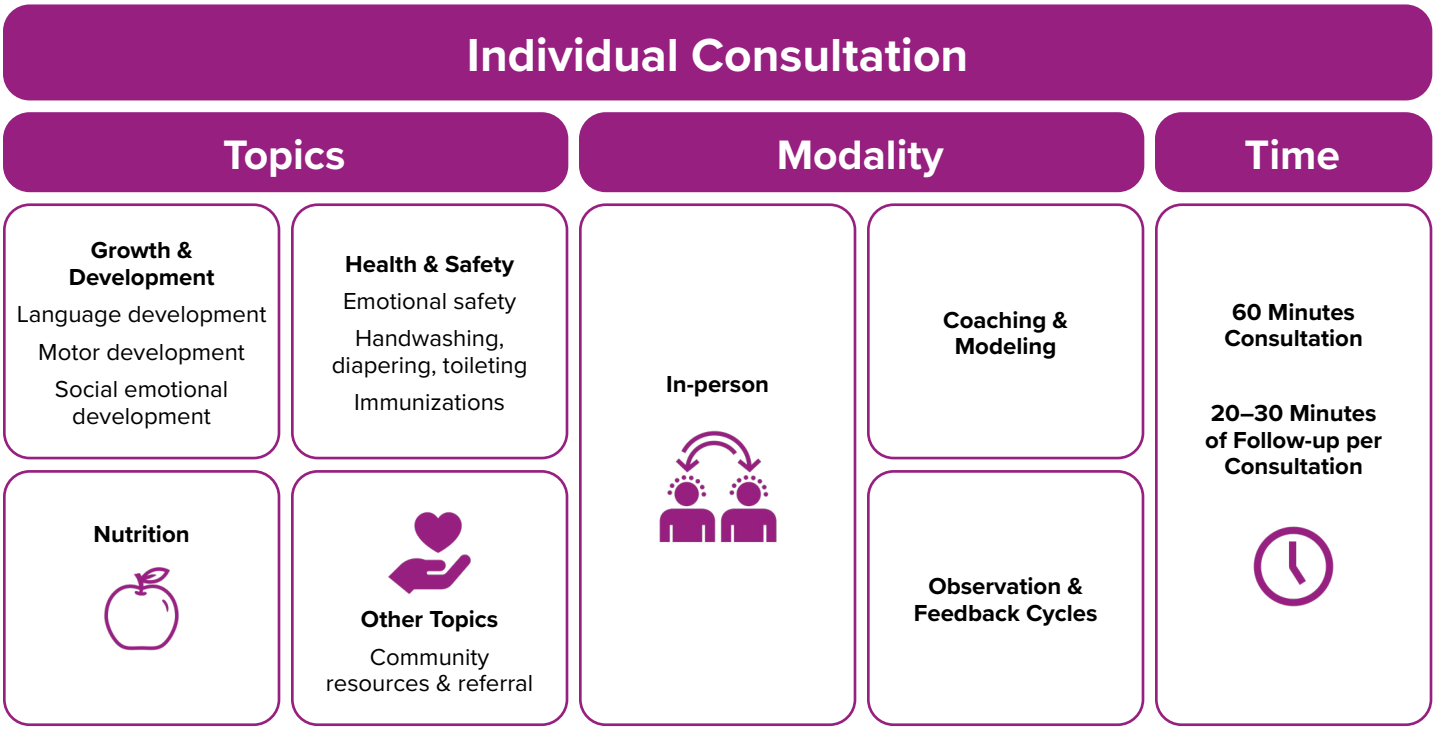
620
Unique Sites Served

* Refer to the Results section starting on page 27 for full data analysis and data considerations over the 2019 to 2022 time period.
† Unique refers to an unduplicated count of individual providers

NAVIGATING CCHC SERVICES DURING THE COVID-19 PANDEMIC

Providers experienced challenges stemming from the COVID-19 pandemic, including managing and adhering to health and safety guidelines, changes in enrollment, lack of resources, and emotional stress and grief. Best Starts-funded CCHC service delivery partners (service delivery partners) worked quickly to adapt their services to provide virtual consultation and address provider challenges and needs. Consultants shared information about the COVID-19 vaccine and helped providers get vaccinated, provided mental health and wellness support, helped develop policies for sites, suggested COVID-19 safe activities to do with children throughout the day, and distributed other resources and tools. In addition to adapting programs to address provider challenges and needs, service delivery partners attributed their focus on building strong relationships as central to their success in continuing to engage providers in consultation services after pivoting programs in response to the COVID-19 pandemic.

Before COVID-19 (April 2019 – April 2020)



Early COVID-19 (May 2020 – December 2020)

Individual Consultation

Topics

Growth & Development
Social emotional development

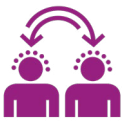
Health & Safety
Infection & communicable disease

Nutrition

Other Topics
Community resources & referrals
Staff/caregiver health & wellness

Modality

Virtual
Phone, video, email



Resources & Training Videos

Pandemic Crisis Support

Time

30 Minutes Consultation

20 Minutes of Follow-up per Consultation

Ongoing COVID-19 (January 2021 – March 2022)

Individual Consultation

Topics

Growth & Development
Language development
Social emotional development

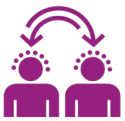
Health & Safety
Handwashing, diapering, toileting
Infection & communicable disease

Nutrition

Other Topics
Community resources & referrals
Child-caregiver relationship
Staff/caregiver wellness

Modality

Hybrid
In-person, phone, video



Pandemic Support

Shared Learning & Training

Observation & Feedback Cycles

Coaching & Modeling

Time

30–40 Minutes Consultation

15 Minutes of Follow-up per Consultation

DISCUSSION

WHY INVEST IN CHILD CARE HEALTH CONSULTATION?

Supportive early childhood development and education are key to children's future well-being. Studies have found that high quality early childhood programs and supports have led to positive educational attainment, social, economic, and health outcomes in later childhood and adulthood (Donoghue et al., 2017; Hahn et al., 2016; Healthy People 2030, n.d.; Perlman et al., 2016; Soliday Hong et. al., 2021). CCHC is a strategy that promotes the health and development of children, families, and providers by ensuring healthy and safe child care environments. CCHC services are designed to provide tailored consultation, training, and support to providers to address their most pressing needs and provide overall assistance in identifying and implementing change to improve health and safety. CCHC services also include strengths-based training and consultation across a broad range of physical, social, and emotional needs and concerns while being centered in trauma-informed practices.

> *It seems like co-regulation skills have advanced in this period. He can calm down his body or mind about something, listening to directions or listening to other children. He listens or is respectful of that.*
>
> **— Parent/Caregiver**

WHAT WAS THE INITIAL VISION FOR CCHC SERVICES?

In 2018, Best Starts funded seven service delivery partners to develop and implement CCHC services in King County. Some service delivery partners focused on developing culturally and linguistically responsive CCHC services, tailored to the child care setting (e.g., FFN care), and then worked with providers on foundational topic areas. Other service delivery partners primarily focused on specific foundational topic areas (e.g., inclusion of children with special needs) or developed learning communities among providers who worked in more isolated settings (e.g., family homes). Through Best Starts' flexibility and commitment to community-driven approaches, consultants were able to build strong relationships and devote time to in-depth conversations with providers to best meet providers' evolving needs.

> *When he's had a hard time, he has had the space and place to be upset and move on from it and rejoin the group. Also, before he was just doing parallel play [with the other children]. After working through that with teachers in school, [he is engaging in] cooperative play with classmates, and there are fewer conflicts.*
>
> **— Parent/Caregiver**

WHAT DID WE LEARN?

CCHC services have a positive impact on providers across consultation approaches and topics covered. Best Starts' investment in bringing service delivery partners with different models and approaches under a common definition of CCHC services aligns with the Best Starts Equity and Social Justice framework and appears to have advantages in strong service delivery to a wide range of providers. Through robust quantitative and qualitative data collection highlights, this deep-dive evaluation revealed that Best Starts CCHC service delivery supported providers in a wide range of child care settings, improving health and safety through provider-centered, strengths-based, and comprehensive approaches. Ultimately, CCHC service delivery had a positive impact not only on providers, but on children and their families.

Service delivery partners engaged teams of consultants and staff including program coordinators, administrators, and managers; consultants, community liaisons, and community health workers; nurses; other staff who specialize in speech-language pathology, infant mental health, inclusion, etc.. By engaging teams of consultants and staff, service delivery partners positioned themselves well to meet provider needs.

Service delivery partner staff met the needs of children, families, and providers through:

- Skills in relationship-building, clear communication, and strengths-based approaches
- Knowledge of child development and early learning, adult learning principles, and local resource and referral networks
- Experience working with caregivers and young children, including experience as providers
- Connections to outside resources for additional referral needs
- Familiarity with local policies and administrative codes

In addition, service delivery partners who supported FFN and licensed family home providers engaged consultants and staff who were culturally and linguistically matched with providers and families to ensure the delivery of culturally and linguistically responsive consultation.

> *[My child] is definitely more interested in other kids this year. He talks about kids that are friends and what he does with them. Before, he played alone or [said] negative things about peers. However, they are setting up peer interactions in the school. He is learning to enjoy social interactions.*
>
> **— Parent/Caregiver**

AREAS OF IMPACT

Providers received support with basic needs before engaging in consultation on specific topic areas

Consultants supplied providers with basic needs such as food, health, and sanitation supplies. Consultants supported providers with child care licensing including managing licensing requirements. Consultants also supported providers with child care management policies and procedures. (See supporting data on page 45)

Providers received support with a wide range of health and safety concerns

Consultants shared information about the COVID-19 vaccine and helped providers get vaccinated. Consultants also provided emotional support to providers, helped develop policies for sites, and shared COVID-19 safe activities to do with children throughout the day. (See supporting data on pages 49–51)

Providers implemented new nutrition practices

Consultants shared ways to prepare, store, and serve food to children using culturally responsive, strengths-based approaches. (See supporting data on page 52)

Providers learned to interact with children in developmentally appropriate ways

Providers learned to have developmentally appropriate expectations of children. In addition, providers gained confidence in and increased use of developmental screening tools. (See supporting data on pages 48–49)

Providers developed their capacity to care for children with special needs

Providers enrolled more children with special needs and developed inclusion strategies that enhanced the child care environment for children with special needs. (See supporting data on page 53)

Providers increased their ability to support challenging child behaviors

Providers gathered information about challenging behaviors and worked with consultants to develop tools and strategies to more effectively manage those behaviors. (See supporting data on pages 55–58)

Providers improved their relationship with families and children

Providers used the Ages and Stages Questionnaire (ASQ®) and had supportive conversations with families to share that their child may need additional developmental supports. The strong relationship between providers and families was especially supportive during the COVID-19 pandemic. Providers shared pandemic-related resources with families and supported families through difficult times. (See supporting data on pages 59–61)

Providers referred families and children to a variety of resources and supports

Across consultation approaches, providers indicated that consultants connected families with specialists to address developmental concerns. (See supporting data on pages 65–66)

Providers received support with personal health and wellness

Providers had conversations with consultants ranging from how to protect their back when changing diapers to support with chronic disease management. Consultation programs brought providers together to build a network and improve community connectedness. (See supporting data on pages 59, 62–63)

WHAT'S NEXT?

As Best Starts began implementing its vision for CCHC services, this evaluation provided ongoing opportunities for learning and program enhancements, documenting the impact of providing community-designed CCHC services to licensed and non-licensed providers in King County. In 2023, Best Starts invested in existing CCHC service models and added new service delivery partners to continue expanding the availability of culturally and linguistically responsive CCHC services. Through this strategy additional communities including Latinx, Afro-Indigenous, and Afro-Hispanic/Latinx will have an opportunity to design and implement culturally and linguistically responsive CCHC services to promote optimal physical and emotional health, safety, and development of children they serve. Alongside continued investments in CCHC services, Best Starts will build on lessons learned over the last 3.5 years to continue visioning a system of CCHC services in King County including developing a plan for ongoing evaluation of the CCHC system.

INTRODUCTION

BEST STARTS CHILD CARE HEALTH CONSULTATION BACKGROUND

Child Care Health Consultation (CCHC) is one of 12 Best Starts for Kids (Best Starts) prenatal to five investment strategies. The prenatal to five investment area aims to reach children and families where they are — in their homes, child care settings, and communities — to support healthy child development and family well-being. CCHC is a strategy that promotes the health and development of children, families, and child care providers (providers) by ensuring healthy and safe child care environments. Child care health consultants (consultants) provide tailored training, coaching, and support to providers to address their most pressing needs and provide overall assistance in identifying and implementing strategies to improve children's health and safety.

> *[Child care health consultation] is part of the work we're doing through Best Starts for Kids to make sure that every child has the best chance to grow up healthy and ready to take on the world.*
>
> **— King County Executive Dow Constantine**

In 2018, Best Starts invested in expanding the reach of CCHC to leverage communities' strengths and meet the wide range of needs in King County. Consultants supported providers throughout the COVID-19 pandemic by answering urgent questions about health and safety protocols, finding resources, and sharing basic needs. CCHC services also include strengths-based training and consultation across a broad range of physical, social, and emotional needs while centering trauma-informed practices. CCHC meets this definition and adds components that expand the reach of consultation to providers who are under-resourced or experience barriers to receiving services. This includes providers from communities of color and Family, Friend, and Neighbor (FFN) providers.

CCHC services are provided through Best Starts CCHC service delivery partners (service delivery partners)

- Chinese Information Service Center
- Encompass Northwest
- Kindering Center
- Living Well Kent
- Northwest Center for Kids
- Sisters in Common
- Somali Health Board

In 2018, program services were categorized into two approaches to service delivery. After reviewing ongoing evaluation data, type of child care provided/site served (i.e., licensed child care centers, licensed family homes, FFN, partial day or licensed exempt programs) became more relevant than the previously used approach categories.

From 2018 to 2020, Best Starts also invested in a CCHC Systems Development effort. Kindering Center received funding from Best Starts to gather partners and generate recommendations on how to develop an accessible system through which anyone offering CCHC services is connected, supported, well-trained, and working together to address unmet needs and alleviate race and place-based inequities.

The Best Starts CCHC strategy includes programs with the following characteristics:

- Uses a multi-disciplinary team, consisting of a nurse and mental health consultant, augmented with other staff (e.g., community health workers, nutritionists) as needed
- Follows best practices of public health programs and requirements of the Washington Administrative Code (WAC) while adhering to the standards outlined in Caring for Our Children (National Resource Center for Health and Safety in Child Care and Early Education, 2022)
- Uses approaches that are community-specific and focus on underserved providers
- Delivers culturally and linguistically relevant CCHC services that build on community strengths to support childrens' and families' well-being
- Shares models that are valued by communities, embedded in culture and social conditions and/or address children and families not served by traditional models
- Takes a holistic view of health and safety

CCHC programs are aligned with the Best Starts Equity and Social Justice framework by investing in organizations that:

- Serve and/or are embedded in communities of color, immigrant and refugee communities, low-income communities, communities of people with disabilities, and communities whose primary language is not English, in alignment with King County's Equity and Social Justice Ordinance, and as prioritized in the Best Starts Implementation Plan
- Provide services in communities and/or geographies where there are limited resources or service gaps, including communities where there are few or no services available, the services available are insufficient for needs, or available services are not relevant to specific community needs
- Expand services to providers who have been consistently and historically underserved by CCHC resources, including FFN and informal care providers, rural providers, and new providers seeking initial licensing
- Partner with community-based organizations serving diverse communities, including employing staff and leadership who are representative of the communities served, and using clearly defined processes for soliciting family, provider, and community input on needs and services

TIMELINE AND APPROACH

In October 2018, Public Health–Seattle & King County engaged Cardea for an evaluation of Best Starts' CCHC portfolio. All funded CCHC programs started in 2018. From October 2018 through December 2022, Cardea supported the evaluation of Best Starts' CCHC portfolio, including developing performance measurement plans for service delivery partners, creating an evaluation plan for the CCHC portfolio, implementing the evaluation plan, and preparing a final report.

EVALUATION TIMELINE

The data collection development and implementation phase required substantial effort to create a set of programmatic data collection tools for all seven service delivery partners that ensured that data elements and data quality would be comparable and in a quantifiable format. Developing the programmatic data collection also required significant technical assistance (TA) and capacity building to support each partners effort to incorporate data collection within their programs. **Figure 1** shows the high-level timeline of evaluation activities throughout the evaluation.

Figure 1. Evaluation activities timeline including development, implementation, and analysis

CCHC Partner Program Evaluation Plan Development

CCHC Evaluation Plan Development

2019

- Technical Assistance to CCHC partners on Data Collection (continued through 2022)
- Quarterly Data Submission by CCHC partners (continued through 2022)
- Quarterly Convening Data Presentations (continued through 2022)
- Matrixing of CCHC Evaluation Data Collection Needs
- Drafting of Services Data Collection Tools
- Update with Feedback from CCHC Partners and Finalize Data Collection Tools
- Training CCHC Partners on Tools
- Design and Build Excel Data Collection System
- Draft Provider Survey, Key Informant Interview and Focus Group Guides
- Provider Survey, Interview, and Focus Group Data Collection
- Preliminary Services Analysis and Review with CEC

2020

- Join CCHC and Child Care Health Program (CCHP) COVID-19 Calls (continued through 2022)
- Submitted Full 2019 Services Data
- Analysis of Services, Provider Survey, and Key Informant Interviews
- Creation and Dissemination of Year 1 Report
- Updated Data Tools for COVID-19 Pandemic
- Updated Year 2 and 3 Evaluation Plan Development
- Develop CCHC Partner-Specific 2019 Data Snapshots and Share with CCHC Partners
- Provider Survey Data Collection

2021

- Submitted Full 2020 Services Data
- Develop CCHC Partner-Specific 2020 Data Snapshots and Share with CCHC Partners
- Provider Survey, Interview, and Focus Group Data Collection
- Analysis of Services and Key Informant Interviews
- Updated Report Creation

2022

- Dissemination of 2021 Updated Report
- Estimate Number of Children in Child Care
- Parent/Caregiver Interview and Focus Group Data Collection
- Analysis of Services and Key Informant Interviews
- Creation of Year 1–3 Final Evaluation Report

2023

Dissemination of Final Evaluation Report

CCHC Systems Strategic Visioning

CCHC Systems Evaluation Planning

EVALUATION APPROACH

Cardea used a participatory approach for this evaluation, including significant input and feedback from the seven CCHC service delivery partners and CCHC Evaluation Committee (CEC) **(Appendix B)**.

Cardea used this intensive, iterative approach throughout the development of the evaluation plan, data collection tools, implementation process, analysis interpretation, and report development.

EVALUATION DEVELOPMENT

Cardea used several sources to inform the development of the evaluation questions. Cardea reviewed the literature to identify questions addressed through prior research and evaluation efforts. In addition, Cardea had in-depth conversations with CCHC service delivery partners to understand program design. Each service delivery partner began by working with Cardea to complete a logic model and evaluation plan in which they described their program and expected programmatic outcomes.

In October 2018, Cardea met in-person with each of the seven service delivery partners to learn more about program design, anticipated program activities and services, and existing data collection methods and measurement plans. Following this initial meeting, service delivery partners independently drafted evaluation plans using a template provided by Cardea that aligned with the Best Starts evaluation framework. Cardea then facilitated 2–3 virtual meetings with each service delivery partner to review and refine their evaluation plans. Following each virtual meeting, Cardea provided an electronic copy of the draft evaluation plan with comments for service delivery partners to consider, and service delivery partners revised their evaluation plans based on Cardea's feedback. Service delivery partners finalized their evaluation plans in mid-November 2018.

To develop an evaluation plan for the CCHC portfolio, Cardea used a matrixing process to determine overlapping programmatic elements and outcomes, as well as potential unique programmatic elements among service delivery partner evaluation plans. This process also informed a preliminary theory of change used to guide the evaluation **(Figure 2)**. Finally, the evaluation questions were informed by a 2017 evaluation of Public Health—Seattle & King County's CCHP, as well as feedback and input from Public Health—Seattle & King County CCHP, and Best Starts staff, and partners.

Figure 2. Theory of Change

King County Child Care Health Consultation Theory of Change

Activities
- Site-specific intake and action planning
- Tailored trainings and consultations
- Partnerships with referral agencies...

Outputs
...are implemented to promote change in knowledge, skills, self-efficacy, and practice among child care providers...

Outcomes
...to foster high-quality child-care environments and to build robust referral networks...

Impact
...putting children and their families on a path toward lifelong success

Long Term Impact
- Child care and preschools are of high quality
- Child care providers are knowledgeable of community resources
- Children are healthy
- Children are ready for kindergarten
- Children are flourishing, demonstrated by a curiosity for learning, resilience, secure attachments with parent or caregivers, and contentedness

Adapted from Best Starts for Kids headline and secondary indicators

Assumptions
- CCHC consultants are well-trained in delivering high quality, culturally and linguistically appropriate CCHC services
- CCHC services meet the needs of child care providers in King County
- There are adequate resources available for child care providers to implement CCHC recommendations
- There are culturally and linguistically appropriate referral agencies in place for children identified as having developmental delays or special needs

GOALS AND OBJECTIVES

OBJECTIVES

In 2019, the CCHC evaluation focused on describing: 1) CCHC services, 2) how CCHC services and unique approaches contribute to provider outcomes, and 3) how CCHC services have been developed, implemented, and revised over time. In addition, the evaluation described the ways in which CCHC services support provider needs in King County across diverse geographic, cultural, and provider communities.

In 2020–2022, the CCHC evaluation evolved, exploring emerging themes from the Year 1 evaluation, including common elements of CCHC and the impact of service delivery on provider outcomes. The evaluation continued to describe the ways in which CCHC services support provider needs in King County across diverse geographic, cultural, and provider communities. This included documenting the ways in which CCHC services were adapted in response to the COVID-19 pandemic and the resulting impact on CCHC service delivery and outcomes. The 2022 evaluation also sought to understand the child and family level impacts of CCHC services in child care and complete a point-in-time estimate of the number of children receiving care from providers receiving CCHC services.

EVALUATION QUESTIONS

The following questions guided the data collection tool development and analysis plan for the evaluation:

1. What defines CCHC services?
2. How have CCHC services been developed, implemented, and revised over time?
3. How does service delivery impact provider outcomes over time?
4. In what ways may children/families experience the impact of CCHC services in child care?
5. What is the estimated number of children in care with providers enrolled in Best Starts CCHC services?

METHODS AND DATA COLLECTION

Cardea used a mixed methods prospective design. Mixed methods were used to gain a deeper understanding of the evaluation results. Quantitative data were used to describe the components of CCHC service delivery and gain a preliminary understanding of the impact of CCHC services on provider knowledge and skills. In addition, this data provided service-level information about dosage of CCHC services. Qualitative data allowed for deeper insight into provider use and impacts of CCHC services. Please refer to **Appendix C** for additional details of evaluation methods.

DATA SHARING

Cardea set up data sharing agreements with each service delivery partner and a secure electronic system for child care health consultation service delivery partners (service delivery partners) to submit quantitative and qualitative data for analysis. During the initial implementation phase (spring 2019), service delivery partners were asked to submit services data on a monthly basis for Cardea to support data quality and improve the submission process for service delivery partners. Following the implementation phase, service delivery partners were asked to submit services data every three months beginning in June 2019. Under the data sharing agreements between service delivery partners and Best Starts, and between Cardea and Best Starts, Public Health — Seattle & King County requested that Cardea share three non-identified[1] data files: 1) CCHC individual consultation; 2) CCHC group training; and 3) provider follow-up survey.

1. In this context, non-identified data refers to data that do not include any information that could be used to identify an individual or child care location (e.g., name, date of birth).

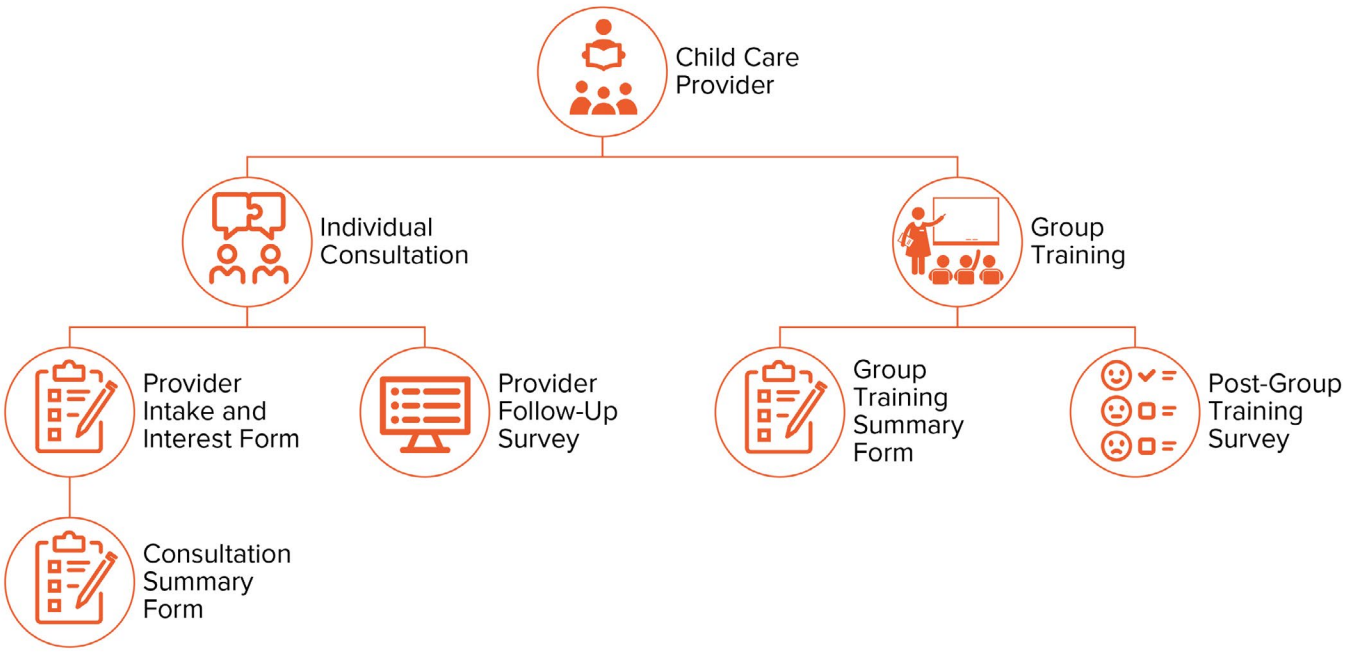
DATA COLLECTION

After finalizing the CCHC evaluation plan in late 2018, Cardea drafted, reviewed, and finalized the data collection process in early 2019. Cardea began the process by creating a matrix of current data collection elements used by service delivery partners, data collection elements used in the broader field of CCHC, and additional data elements needed to answer the evaluation questions. Data collection tools were updated in spring of 2020 to reflect changes in services in response to the COVID-19 pandemic.

QUANTITATIVE

Data collection tool development
Using the matrix, Cardea identified and developed five primary quantitative tools with standardized questions to collect service delivery and outcomes data across all service delivery partners: 1) provider intake and interest form, 2) CCHC consultation summary form, 3) provider follow-up survey, 4) group training summary form, and 5) post-group training survey **(Figure 3)**.

Figure 3. CCHC Program Data Collection Tools



Data collection tool implementation

In early spring 2019, Cardea trained all service delivery partners on the data collection process and tools for individual consultation and group training. The trainings gave service delivery partners an opportunity to practice using the tools and discuss next steps for implementation within their respective teams. Cardea provided extensive post-training support to each service delivery partner through individual TA and group drop-in sessions. By the end of first quarter of 2019, all service delivery partners were using the full suite of individual consultation and group training data collection tools.

Cardea primarily managed the provider follow-up survey process to minimize burden on service delivery partners. Cardea translated the survey into eight (8) languages and worked with the service delivery partners in fall 2019 to distribute the survey to providers online through Alchemer and on paper. The survey contained logic and dependencies to support an efficient survey experience. Please see **Appendix C** for additional detail. In 2019, online survey respondents received a $5 gift card, and paper survey respondents received a $5 equivalent toy that they could use with the children in their care as a thank you for participation. As providers continued to focus on caring for children during the COVID-19 pandemic, the provider survey was substantially shortened and only offered electronically to focus on gathering feedback that could support improving services. The revised, shortened survey was available in eight (8) languages and distributed through Alchemer beginning in December 2020 into January 2021. In 2021, the provider survey was revised to incorporate outcome questions from 2019 while continuing to keep the survey short. The 2021 survey was available in eight (8) languages, and distributed through Alchemer from December 2021 through January 2022. In 2020 and 2021, providers received either a $10 e-gift or physical gift card as a thank you for participation.

Excel data entry system

Service delivery partners entered data collected on all providers receiving individual consultation or group training into their respective administrative information systems. For service delivery partners that did not have an administrative information system, Cardea created an Excel-based data entry system. The data entry system was built over several months to include Visual Basic Macros and cell-based arrays to streamline the data entry process and increase data quality. Post-implementation, Cardea provided TA and ongoing support to manage the use and function of the data entry system.

QUALITATIVE

Cardea collected qualitative data using standardized, open-ended questions embedded within the five primary tools. Key informant interviews with consultants and providers provided a richer understanding of the facilitators and barriers to CCHC implementation and impact of services from the providers' perspective. As with the quantitative tools, Cardea drafted two key informant interview guides using the iterative review process described earlier, one tailored to licensed providers and another tailored to FFN providers. The 2019 interview guides were reviewed twice by the CEC, and the 2019 and 2021 guides were reviewed one to two times by each service delivery partner before being finalized.

Cardea completed 29 semi-structured, in-depth key informant interviews with licensed site administrators, licensed site providers, partial day providers, licensed family home providers, and FFN providers in the fall and winter of 2019 and 2021. Cardea provided consent forms to all interviewees in advance and obtained consent at the start of each interview. Interviews averaged 50 minutes in length, and Cardea worked with interpreters to complete interviews with 13 providers

who spoke Arabic, Cantonese, Mandarin, and Somali. Interviewees received $50 gift cards as a thank you for participation.

Additionally, Cardea interviewed consultants and CCHC program staff:

- Cardea facilitated two focus groups with consultants and one with consultants at Public Health—Seattle & King County in fall of 2019
- Cardea interviewed program staff from the service delivery partner agencies to learn more about their programming and adjustments made in light of the COVID-19 pandemic in 2020 and 2021

Cardea also observed and took notes during regular (biweekly, then monthly) Best Starts CCHC and King County CCHP COVID-19 check-in calls from Spring 2020 to Fall 2022. During check-ins, CCHC and CCHP staff discussed topics such as transitioning to virtual services, meeting the needs of providers during the pandemic, returning to in-person services, understanding the latest public health guidance, and sharing any virtual or in-person service delivery learnings or experiences with the group. These conversations contributed to an understanding of the experiences and perceptions of providers and consultants in service delivery partner organizations about CCHC.

Cardea conducted interviews and focus group discussions in 2022 with 22 parents and caregivers whose child(ren) received care from a provider who worked with a consultant.

Conversations were conducted in English and Mandarin. Interviews were about 30 minutes, and discussion groups were about 90 minutes with interpretation. Participants received a $75 electronic gift card as a thank you for participation.

DATA ANALYSIS

QUANTITATIVE

Cardea used statistical analysis software SPSS and R to generate descriptive statistics to explore the core and unique programmatic elements associated with the two approaches to service delivery and describe who is receiving CCHC services. Cardea also generated summary statistics to provide an overview of the preliminary impact of CCHC services provided, analyzing survey results among provider types, where applicable. Survey responses were not disaggregated by demographic data elements due to low response to the optional data elements. Data elements, including language, zip code, and provider type, were used to describe the broad reach and impact of CCHC services through the seven different service delivery partner program models.

QUALITATIVE

Key informant interviews with providers, consultants, and parents/caregivers provided an additional layer of context for understanding who is represented in CCHC service delivery; what elements of CCHC have an impact on providers, children, and families; and facilitators and barriers to implementation of CCHC. In 2019, Cardea developed a draft codebook using a coding structure provided by Best Starts and with CEC feedback. Using the codebook, two Cardea staff independently coded two interview transcripts to establish intercoder reliability and finalize the codebook and definitions. Cardea used NVivo to code the remaining interviews, identify themes, and explore relationships between themes. In 2021 and 2022, Cardea grouped data by similar themes from the 2019 codebook to inform analysis. Cardea applied a thematic approach to the qualitative analysis and reviewed detailed notes for each key informant interview, focus group, and meeting to memo initial observations about themes.

LIMITATIONS & CONSIDERATIONS

Service delivery partners began providing CCHC services before this evaluation was in place, limiting the amount of data available for the first year. As one of several services available to providers, it is difficult to isolate the specific effect of CCHC services.

The COVID-19 pandemic also began during CCHC service delivery, creating challenges to service delivery and evaluation data collection. As providers were busy responding to emergent community needs, there was less capacity to participate in evaluation activities in 2020 and 2021. Cardea did not conduct provider interviews in 2020. Additionally, a shortened provider follow-up survey was implemented in 2020 and 2021 to reduce burden for providers.

In addition, the purpose of CCHC is to grow provider skills which meant many parents and caregivers were not aware of CCHC services. Since providers are the primary recipients of CCHC services, this evaluation is focused on provider-level changes vs. child and family-level changes since those outcomes would be difficult to measure. The evaluation includes themes from conversations with parents and caregivers centered on their perceptions of, and experiences with, their provider. While themes from parents and caregiver conversations may not directly relate to CCHC impact, the additional perspective offers ways to improve CCHC services and understand possible connections between CCHC services and provider outcomes.

In 2019, the consistency and quality of data collection varied slightly across service delivery partners, given differences in capacity and infrastructure, program model, and services provided. One result was incomplete data for CCHC services, due to:

1. Staff turnover — One service delivery partner lost data on individual consultation services due to inability to recover all data entered by a former staff member during implementation of a new administrative information system
2. Challenges in differentiating individual consultations from follow-ups — One partner collected individual consultation data each time a consultant made contact with a provider, resulting in exclusion of this service delivery partner from some analyses

Cardea's ongoing technical assistance to service delivery partners largely resolved these issues for 2020–2022. However, since Cardea did not directly oversee data collection for service delivery partners that have administrative information systems, some data quality issues could not be resolved. Cardea continued to follow-up with service delivery partners to provide TA to resolve data quality issues.

While the evaluation questions and data collection tools were largely informed by service delivery partners, the provider follow-up survey and key informant interview guide were translated, which may have led to differences in the ways in which questions were framed. To minimize differences, a professional service was used to translate materials, and service delivery partners reviewed the tools in 2019 to ensure that translations maintained meaning and semantics. Professional interpreters with a background in social service provision were contracted to provide interpretation.

Cardea conducted qualitative data collection through key informant interviews and focus groups. Cardea relied on service delivery partners to select providers for key informant interviews to maintain confidentiality and trust between consultants and providers, potentially biasing the sampling of providers toward those who had deeper and more positive experiences with CCHC services. In addition, four interviews were conducted with a consultant as an interpreter, potentially biasing the responses of those providers to respond positively about the consultation services they received.

Finally, some communities were cautious about public services and sharing personal data due to the 2016 political climate and subsequent 2017 federal public charge rule which went into effect in 2019 when this evaluation began. Cardea worked closely with the CEC and service delivery partners to structure tools and data collection processes to minimize the impact of community caution around sharing personal data on this evaluation. This limited the level of demographic data collection. Cardea also prioritized developing strong relationships with CEC members and service delivery partners to build trust and continually work toward a set of common goals.

RESULTS

CCHC SERVICES SUPPORT A WIDE RANGE OF CHILD CARE PROVIDERS, CHILDREN, AND FAMILIES, PARTICULARLY THOSE WHO HAVE BEEN HISTORICALLY AND INTENTIONALLY EXCLUDED

Child care health consultants (consultants) and child care providers (providers) completed intake and assessment forms for CCHC services.

Between April 2019 and March 2022, 1,366 unique (non-duplicated) providers in 620 child care locations (sites) received CCHC services. Consultants worked with licensed child care centers; Family, Friend, and Neighbor (FFN) providers; partial day license-exempt providers; and licensed family home providers. Licensed child care centers often had multiple providers per site, while all other sites had fewer providers per site **(Figure 1)**. Due, in part, to the number of sites, FFN providers made up the largest proportion of sites served **(Figure 2)**.

Figure 1: The majority of providers who received CCHC services worked in licensed child care centers

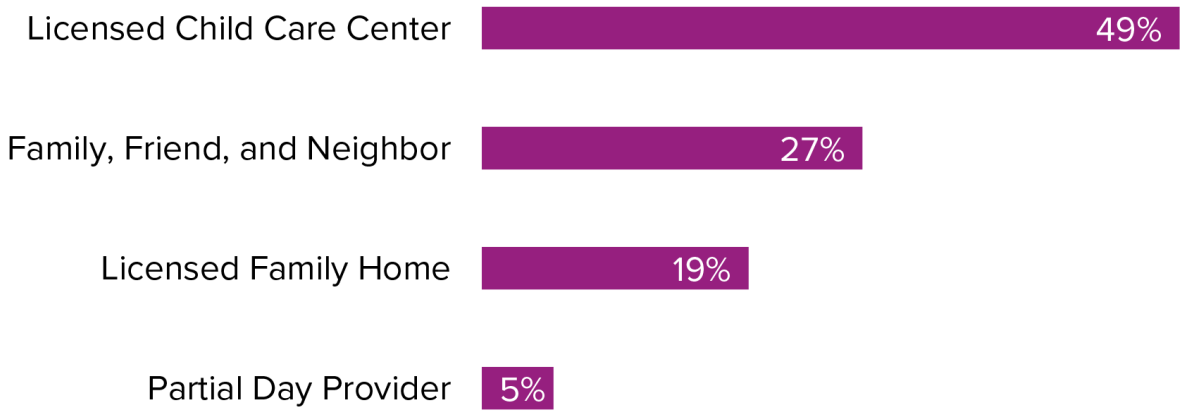
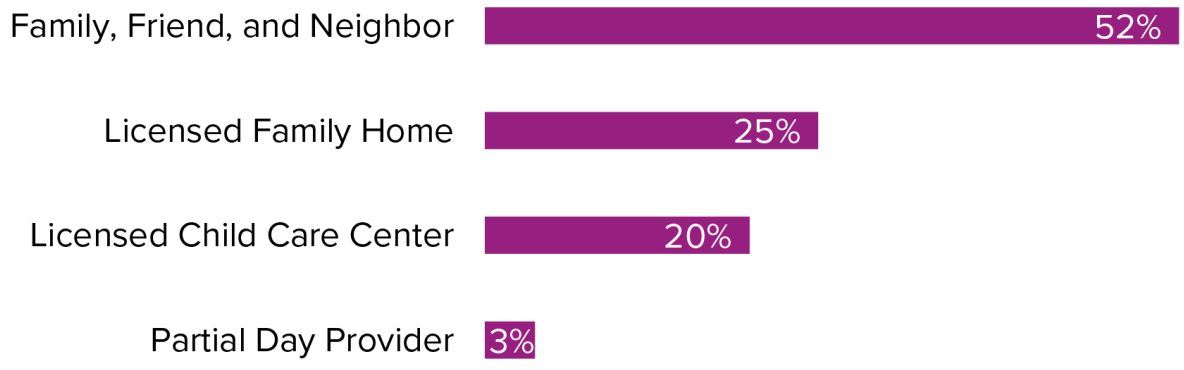


Figure 2: FFN providers made up the largest proportion of sites receiving CCHC services



All sites had an average of one provider per consultation, except licensed child care centers which had an average of two providers per site. Collectively, CCHC services reached a similar number of providers across types of child care providers. While fewer licensed sites received CCHC services, each site had a higher average number of care providers.

Most sites had a provider(s) who spoke a language(s) other than, or in addition to, English and had over one year of child care experience **(Table 1)**.

Table 1: Providers had a range of experience and roles and spoke a language(s) other than, or in addition to, English

Site Intake	All Sites %	FFN %	Licensed Center %	Licensed Home %	Partial Day %
Speaks a language other than English	67	86	63	68	18
Individual Provider Intake	**All Providers**				
Years of child care experience					
Less than 1 year	4	2	6	4	7
1 to 5 years	19	17	19	29	27
5 to 10 years	10	3	11	17	10
More than 10 years	18	9	27	11	10
Not specified	49	70	37	39	47
Role or relationship					
License-exempt/FFN provider					
Grandparent	11	48			
Another family relationship‡	3	14			
Friend/neighbor	2	8			
Licensed care provider					
Main teacher	33	1	39	65	43
Assistant teacher/caregiver	11		19	7	22
Site administrator	18		31	10	27
Support staff	3		5	2	4
Another role	1		1		4
Missing	18	29	5	15	2

‡ “Another family relationship” includes siblings, parents’ siblings, and cousins

Sites receiving CCHC services ranged from having a single child in FFN care to over 300 children in licensed child care centers. Less than a third (29%) of FFN providers had more than two children in care. Licensed child care centers had a range of six to over 300 children in care with about two-thirds of sites (66%) having less than 100 children in care. Under half (42%) of licensed family homes had 19 children in care, and half (50%) of partial day providers had less than 14 children in care. On average, licensed child care centers had the most children in care **(Figure 3)**. Collectively, CCHC services reached a similar number of children across sites. While licensed sites had a larger number of children in care, there was a larger number of FFN providers receiving CCHC services. **Appendix G** has more about estimated child reach. Providers who received CCHC services had children in care ranging from infants through school age. While child care is focused on caring for children from infants through age five, some sites provide after-school care which leads to an upper age range above five years of age **(Table 2)**.

Figure 3: Licensed child care centers have a higher average number of children in care

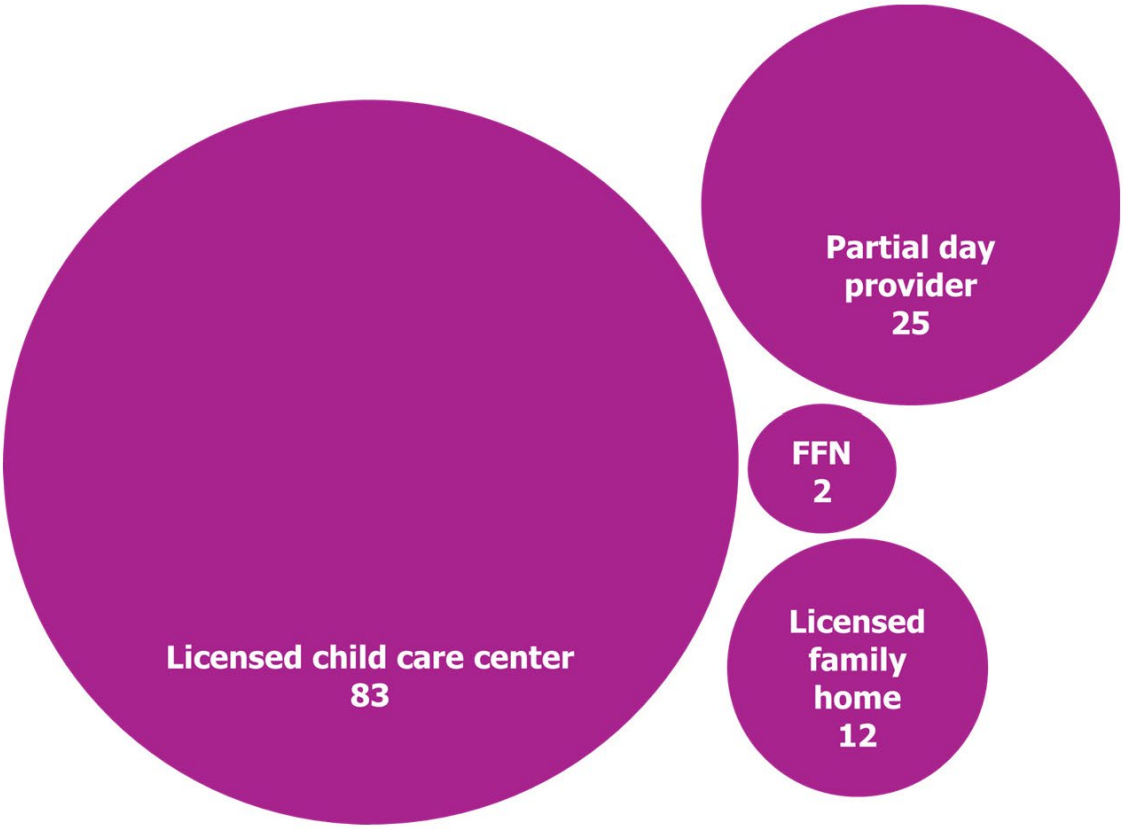
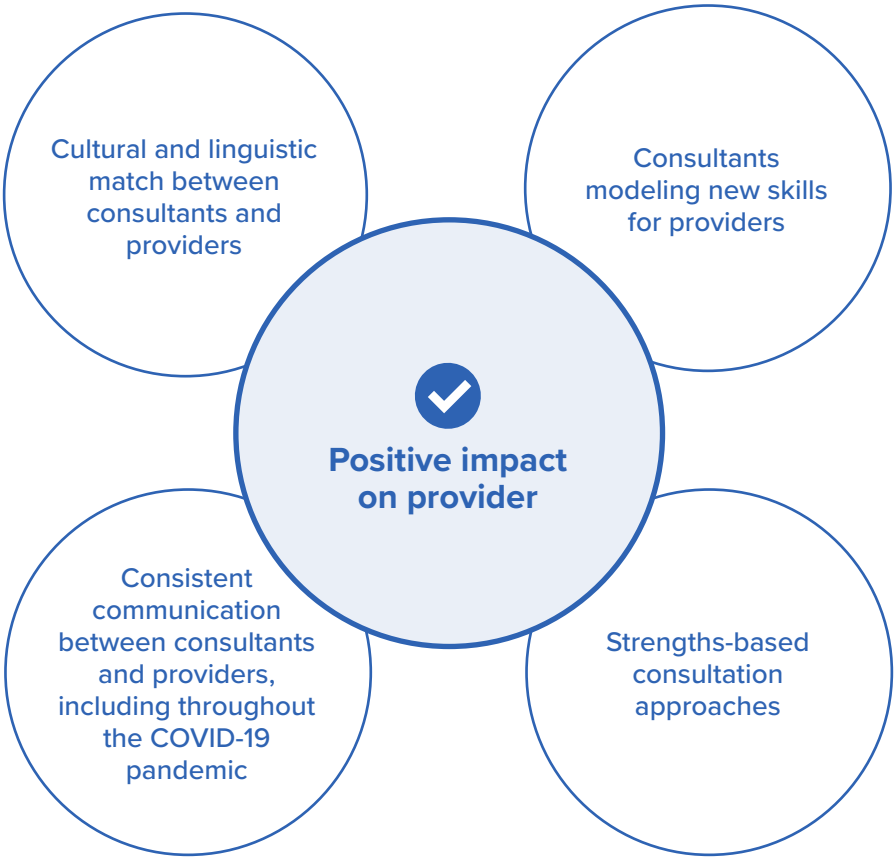


Table 2: Children served by sites receiving CCHC services were, on average, between one and six years of age

Site	Age Range
Family, friend, and neighbor Licensed child care center Licensed family home Partial day provider	2 – 5 years 9 months – 7 years 6 months – 9 years 2.5 – 6 years
Overall	**1.5 – 6.5 Years**

HAVING A CULTURAL AND LINGUISTIC MATCH BETWEEN CONSULTANTS AND PROVIDERS SUPPORTS SERVING A WIDE RANGE OF PROVIDERS, CHILDREN, AND FAMILIES

Four core components of consultation supported positive impact for providers.



Upon enrolling in CCHC services, providers completed an intake and assessment form for both the site and for each provider engaged in consultation.

About a third of sites had a majority of children of color in care. Most sites had at least one child or family who spoke a language that was not English **(Table 3)**.

Table 3: About a third of sites had over 75% children of color in care, and most had at least one child in care who spoke a language that was not English

At Time of Intake	All Sites %
Approximate proportion of children of color in care at a site (n=279)†	
0%	<1
1 – 25%	7
26 – 50%	5
51 – 75%	4
76 – 100%	29
Sites with at least one child in care/family who speaks a language other than English (n=414)‡	47

† Missing 341 (55%) site-level intake responses
‡ Missing 206 (33%) site-level intake responses

Many consultants who worked with FFN and licensed family home providers were from the same cultural and linguistic communities as the providers with whom they worked. Providers shared in interviews that this cultural and linguistic match helped them feel understood, without having to explain themselves or their culture.

Consultants explained complex consultation topics (e.g., child development, special needs) in a culturally responsive manner. Providers who participated in group trainings said that trainings were in their primary language and that interpretation services were available when needed. FFN providers noted that consultants encouraged them to teach children about their culture and primary language through play and story time. The cultural and linguistic match supported relationship building over time, and strong relationships supported consultation during the COVID-19 pandemic.

A few providers shared that they did not have a cultural or linguistic match with their consultants. A licensed family home provider whose primary language was not English and worked with an English-speaking consultant expressed that they would have preferred interpretation services for certain topics, including those related to licensing and the WAC and to the Ages & Stages Questionnaire® (ASQ®). A provider who received interpretation services at a group training reported that they were not able to fully understand the training content because the interpretation was word-for-word, making it challenging to understand certain concepts. In addition, consultants shared that some providers experienced challenges related to the lack of cultural and linguistic relevance of developmental screening, resources and referral processes, and assessment tools.

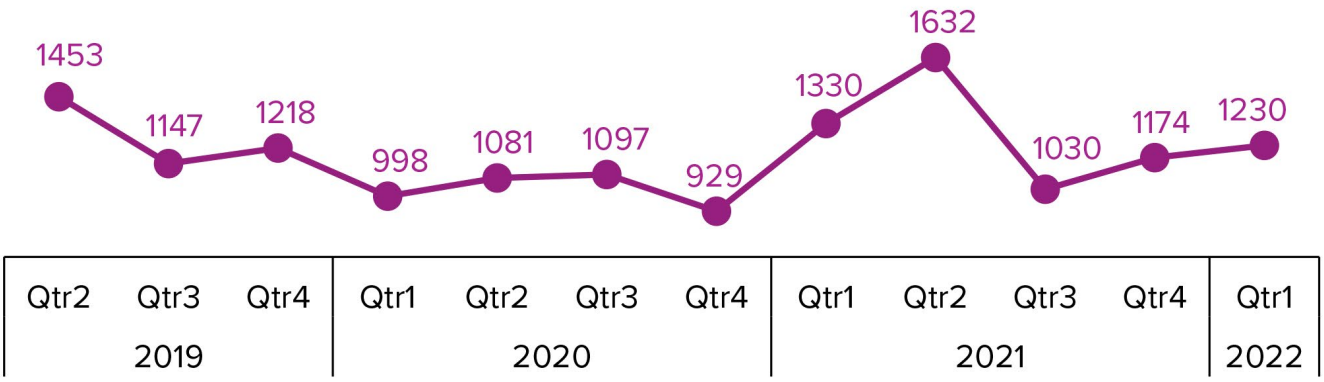
[Having the] same culture [as the consultant] makes it easy to understand [each other]. [For example, we can] have tea together... [for] friendship and to socialize.... [We can discuss] playing a Chinese instrument...and we don't have to explain [the practice of drinking tea, the instrument, or music] to each other.

— FFN Provider

CONSULTATIONS REMAINED STABLE THROUGHOUT 2019 TO 2022 DESPITE THE COVID-19 PANDEMIC, HIGHLIGHTING CONSULTANTS' ABILITY TO PIVOT TO MEET THE NEEDS OF PROVIDERS, CHILDREN, AND FAMILIES

Consultants completed a total of **14,319 individualized consultations** from April 2019 through March 2022 **(Figure 4)**. In the first quarter of 2020 at the start of the COVID-19 pandemic, consultations decreased as consultants focused on developing virtual consultation strategies, including setting up technology to connect on videoconferences and creating training videos. Half of all consultations during the onset of COVID-19 covered health and safety topics. By the spring of 2020, about the same proportion of consultations were covering topics around growth and development, and health and safety. The number of consultations rose again in 2021.

Figure 4: On average, over 1,000 individual consultations were completed each quarter*



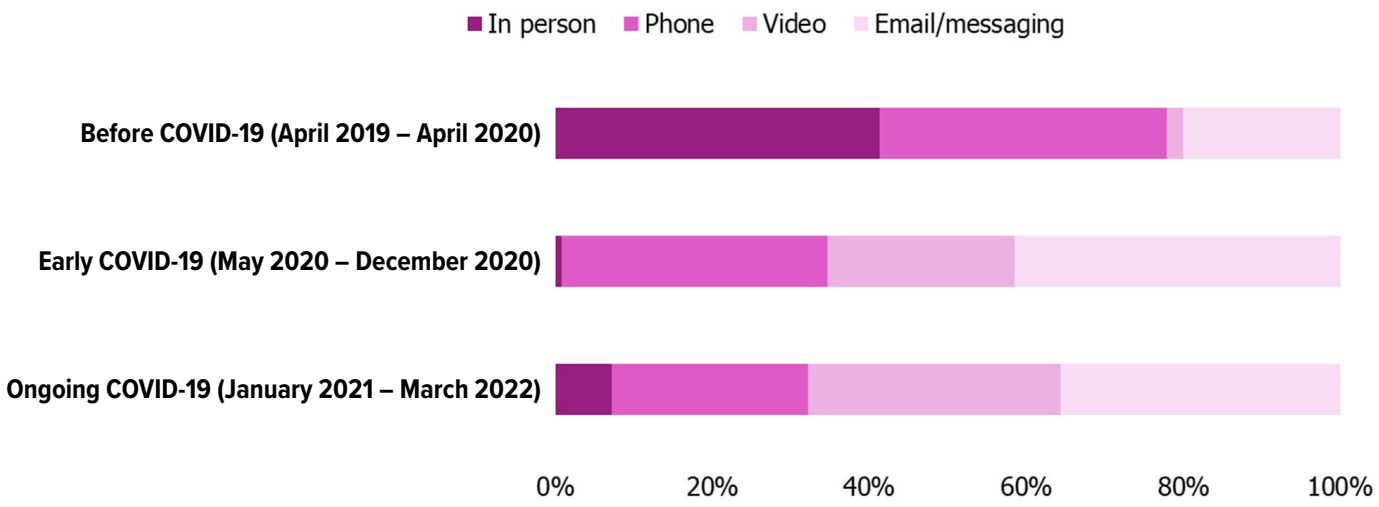
* Data on the specific reasons for the decrease and increase in the number of consultations in is not available.

CONSULTATION IS RESPONSIVE TO PROVIDERS' CIRCUMSTANCES AND NEEDS

CONSULTATION IS TAILORED AND PROVIDED THROUGH VARIOUS MODALITIES

Consultants worked with providers to tailor CCHC services through various modalities. Prior to the COVID-19 pandemic, most individual consultations were in person at the site, with options to connect via phone, video call, email, or messaging app. **Figure 5** shows how COVID-19 impacted this shift over time from in-person to virtual consultation support.

Figure 5: Modalities for individual consultation before and during the COVID-19 pandemic



In interviews, providers discussed their interactions with consultants. FFN and licensed family home providers described being able to call their consultants at any time with questions or requests to meet. Providers in licensed child care centers described meeting with consultants at standard times or setting up a consultation to discuss a specific question. They also reached out to consultants via email to ask questions between consultations. Providers shared that they highly valued the time consultants dedicated to answering all of their questions.

Many providers said their consultants would first observe the child care setting and child(ren) and then discuss observations and care strategies with the provider(s) and/or site administrator. Regardless of modality, providers reported that the consultant taught them new skills through modeling, including developing scripts for difficult conversations with families, demonstrating how to use sensory tools in the classroom, modeling how to wash children's hands, and sharing techniques for playtime and what to do when a child has a behavioral issue.

> *[The consultant] would model a conversation — when the child does this or says this — she would script it for us. Because she had been in the classroom, she knew exactly what was happening and the challenges that child was having. She would say, "Try this or try saying that" and would model the language or script.*
>
> **— Licensed Center Provider**

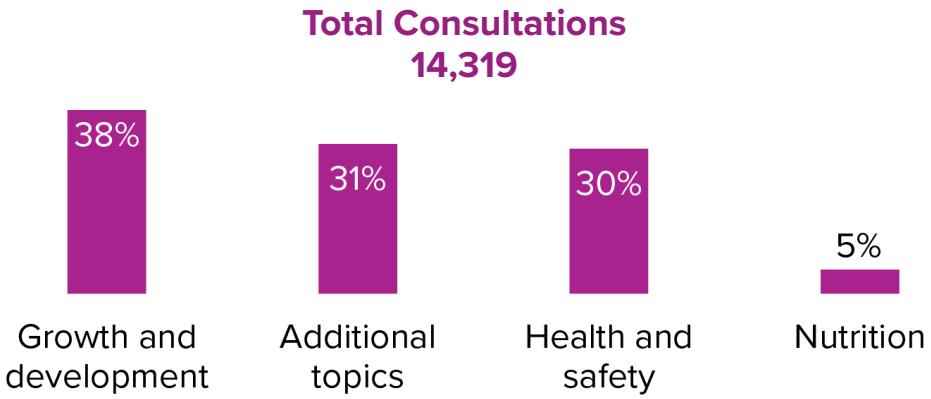
CONSULTANTS USE PROVIDER-CENTERED, STRENGTHS-BASED APPROACHES TO DELIVER CONSULTATION

Most providers who participated in key informant interviews appreciated the breadth of topics covered in individual consultations and group trainings. The four primary consultations topics included: 1) growth and development, 2) health and safety, 3) nutrition, and 4) other topics. The overall proportion of consultations covering at least one topic in each of the four primary categories is illustrated in **Figure 6**. Over a third of consultations covered a growth and development topic. One-third of consultations covered a health and safety topic and, similarly, around one-third covered another topic such as relationship building between child and provider, supporting children with special needs, classroom curriculum, family engagement, provider wellness, and licensing. A small portion of consultations covered a nutrition topic.

Providers said the consultant addressed every topic they wanted to cover in their time together. Consultants also shared child care ideas, suggestions, and resolution planning to proactively prevent potential problems that providers had not yet encountered or identified. Consultants strived to ensure the topics covered were driven by providers' needs, with providers sharing that consultants were person-centered and strengths-based when covering new concepts and skills. Parents and caregivers also shared that consultants built on children's interests and strengths when teaching new concepts.

> *[The consultants are] positive, and they meet you where you're at and help [you] grow from there.... [They] get to know the teachers, their expertise and style, and use that information to give suggestions that fit for the team. [The consultation] played into the team's strengths.*
>
> **— Licensed Center Provider**

Figure 6: Consultants covered a broad range of topics in four primary categories*



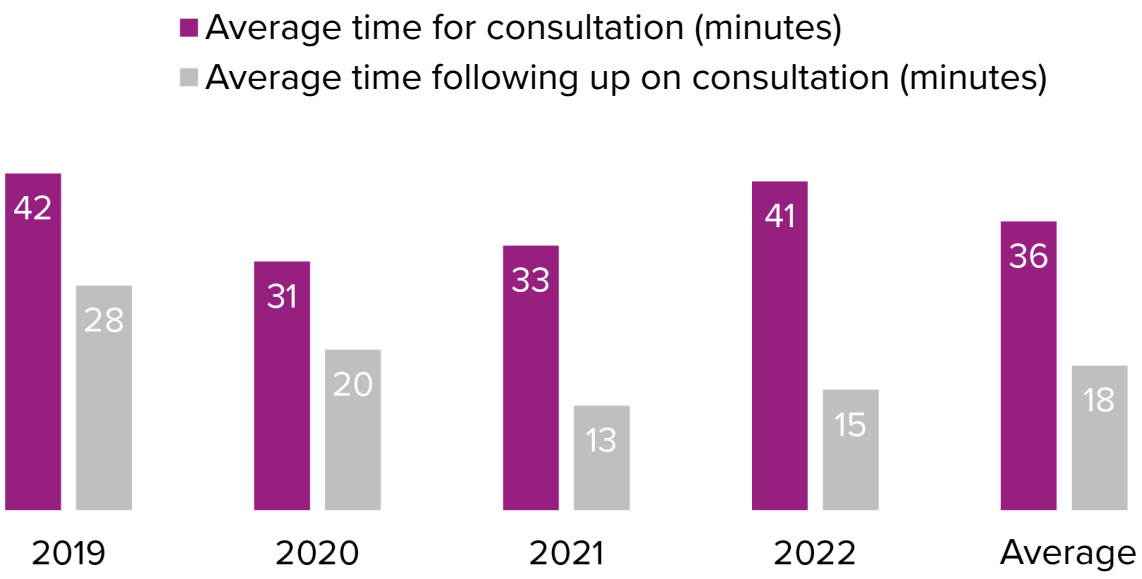
* Detail about specific consultation topics will be shared in later sections.

CONSULTANTS BUILT MEANINGFUL RELATIONSHIPS WITH PROVIDERS, FACILITATING THEIR ABILITY TO PROVIDE EMOTIONAL AND CRISIS SUPPORT

CCHC IMPACT ON PROVIDERS
Providers felt better supported when consultants had strong relationship building skills.

Consultants who participated in focus group discussions felt that positive relationships built with providers, site administrators, and teaching teams over time were the greatest indicator of their success in providing consultation. On average, consultants spent about 36 minutes per individual consultation with providers and an additional 20 minutes on follow-up related to provider questions and resource-sharing. The onset of the COVID-19 pandemic reduced the amount of time consultants spent with providers because providers were short on time, or because modeling and other types of coaching were more challenging via video, phone, and other virtual modalities **(Figure 7)**. Providers shared that consultants' interpersonal skills — coming from a place of empathy, creating positive relationships and building community, being easy to understand, listening actively, being passionate, and being friendly and patient — facilitated relationship and learning.

Figure 7: The average amount of time per individual consultation decreased with the onset of the COVID-19 pandemic



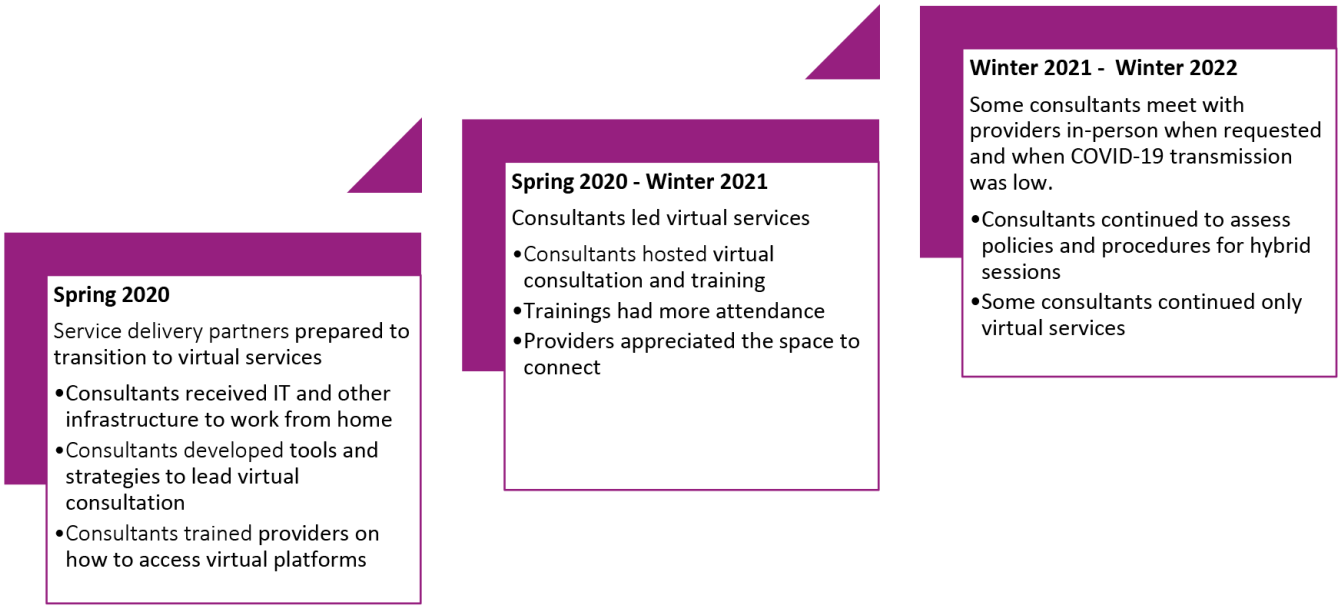
When working with providers who recently immigrated to the U.S., consultants stressed that, to build relationships, they had to understand the providers' cultural background, thoughtfully considering how to approach topics in discussions with providers and families. Consultants said they created partnerships through individualized coaching and modeling and followed up to discuss implementation of new practices and results. When facilitating group trainings, consultants noted that they worked to build a community of support among all those in attendance. Some consultants noted that it was difficult to gain providers' trust, but that meeting over time helped facilitate a trusting relationship. Some parents and caregivers whose children are in FFN care also said their consultants built a trusting relationship with their providers.

Providers shared that strong relationships with their consultants supported them in times of crisis. Consultants facilitated mental health and stress management group training and individual consultation to support providers in addressing isolation, stress, and burnout during the COVID-19 pandemic. Providers who were isolated relied on consistent communication with consultants for support, and many started reaching out to consultants more than before the pandemic. See **Appendix E** for additional qualitative findings on the challenges providers faced during the COVID-19 pandemic.

> *The consultants come from a place of empathy and not wanting to create an additional burden by being there, [no] extra pressure.... They come to help. There's no judgement. It has felt like a partnership where their suggestions really honor the values and realities of our program.*
>
> **— Partial Day Administrator**

PROVIDERS AND CONSULTANTS DEVELOPED NEEDED INFRASTRUCTURE THAT FACILITATED SHIFTING FROM IN-PERSON TO VIRTUAL CONSULTATION DURING THE COVID-19 PANDEMIC

Providers and consultants established relationships that facilitated shifting from in-person to virtual consultation during the COVID-19 pandemic. In addition, providers engaged with their IT departments at the start of the COVID-19 pandemic to support with remote work including transitioning to virtual consultation. Some providers received new hardware and training to facilitate the transition. Once consultants were set up, they initially engaged with providers virtually and shifted over time to hybrid (i.e., both in-person and virtual) services, based on local and national guidance, as well as provider needs.



CONSULTANTS USED A DEVELOPMENTAL APPROACH TO BEST MEET PROVIDERS WHERE THEY WERE AND TO IMPACT KNOWLEDGE, SKILLS, AND CHILD CARE PRACTICES

Consultants used a developmental approach to deliver CCHC services in a way that transformed the consultative relationships over time. Consultants initially focused on addressing providers' basic and emerging needs. Once providers' core needs were met, consultants were prepared to provide support on a range of topics and worked with providers to determine which topics would best meet their needs or answer their questions. Providers focused on foundational issues and topics related to health and safety and growth and development. Over time, consultants supported providers with more specific issues as providers were ready to go deeper into topics such as managing challenging behaviors and growing relationships with children and families.

Some consultants provided additional CCHC services such as group trainings and provider learning communities to build more social connection and peer-learning opportunities among providers. For example, one service delivery partner used a cohort model in which a group of licensed family home providers attended monthly trainings, each focused on a different child care skill. Consultants followed up with individual consultation so that each provider could ask questions and practice applying skills within the child care setting.

As a guide to the analysis results on pages 45–66, the figure below shows the developmental approach that consultants used to deliver CCHC services.

Basic and Emerging Issues

- Resource sharing
- Licensing
- Management of child care setting

Additional Topics

- Behavior support and exclusion/expulsion prevention
- Caregiver health and wellness
- Relationship and communication support

Foundational Topics

- Growth and development
- Health and safety
- Nutrition
- Inclusion strategies for children with special needs
- Supportive learning environments

Additional Services

- Group training and learning communities
- Parent/caregiver consultation
- Community resource referral and connection

The annual survey assessing provider outcomes, had a total of 411 responses across 238 sites from 2019-2021. In 2019 and 2021, the number of responses was similar (164 and 155, respectively). In 2020, there were 92 responses (see Methods section for more detail). **Table 4** describes survey respondents across all three years. Provider characteristics vary by provider type, due to the impact of COVID-19.* Overall, providers were satisfied with the CCHC services they received. Over 90% reported being satisfied, with almost no variation between the types of child care provided **(Figure 8)**. Over 95% of providers reported increasing their knowledge in at least one topic during the year in which they worked with a consultant **(Figure 9)**. In 2020 and 2021, survey respondents selected the topic category they found most important to cover with their consultant over the past year. **Figure 10** shows the proportion of survey respondents selecting each topic category as most important in 2020 and in 2021 overall and across the types of child care provided.

Figure 8: Most providers were satisfied with consultation

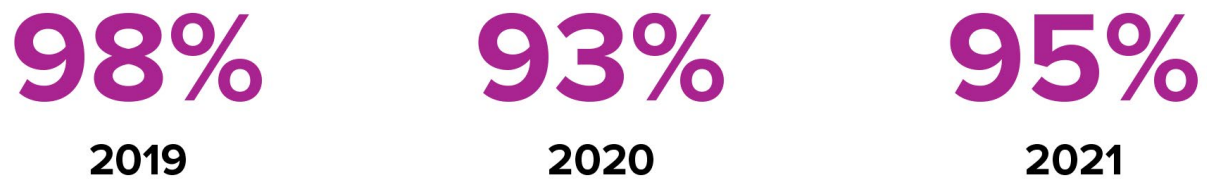


Figure 9: Most providers reported increasing their knowledge in at least one topic after working with a consultant

Table 4: Characteristics of providers/survey respondents*

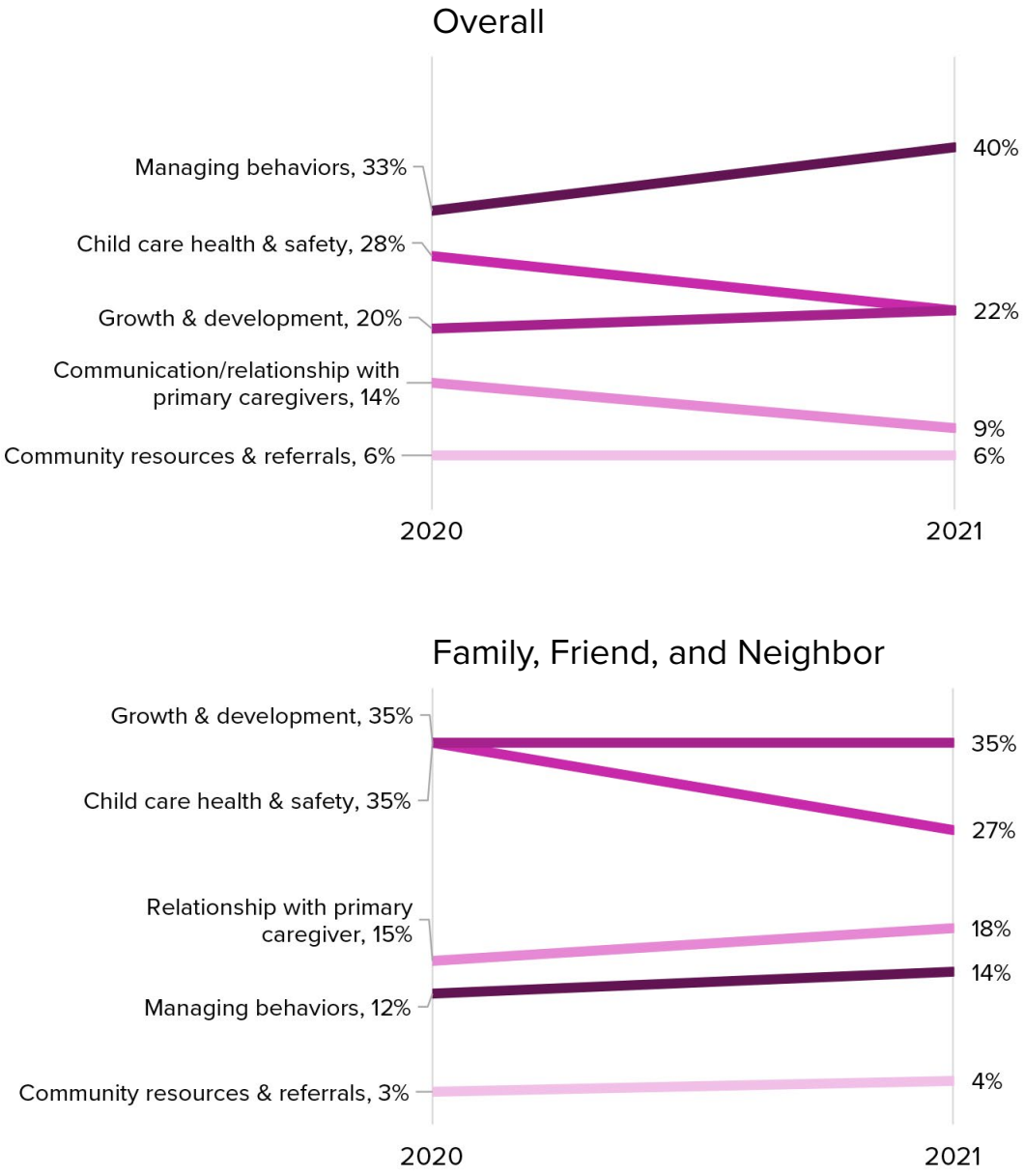
	All Respondents %
Provider type (n=411)	
Family, Friend and Neighbor	30
Licensed Family Home	25
Licensed Child Care Center	44
Partial Day Provider	1
Language survey completed (n=411)	
Amharic	-
Arabic	-
Chinese	23
English	68
Somali	7
Spanish	1
Actively receiving CCHC services (n=347) †	
Yes	75
No	25
Role in providing child care (n=411)	
Primary role-licensed	
Lead teacher/caregiver	29
Assistant teacher/caregiver	3
Site administrator	38
Relationship to child-FFN	
Grandparent	27
Other	2
Family friend	1
Race/Ethnicity^ (n=242)	
Asian	42
Black or African American	7
Hispanic/Latinx	4
Native American/Alaskan Native or Native Hawaiian/Pacific Islander	2
Somali	7
White	28
Multi-racial	7
Missing	3

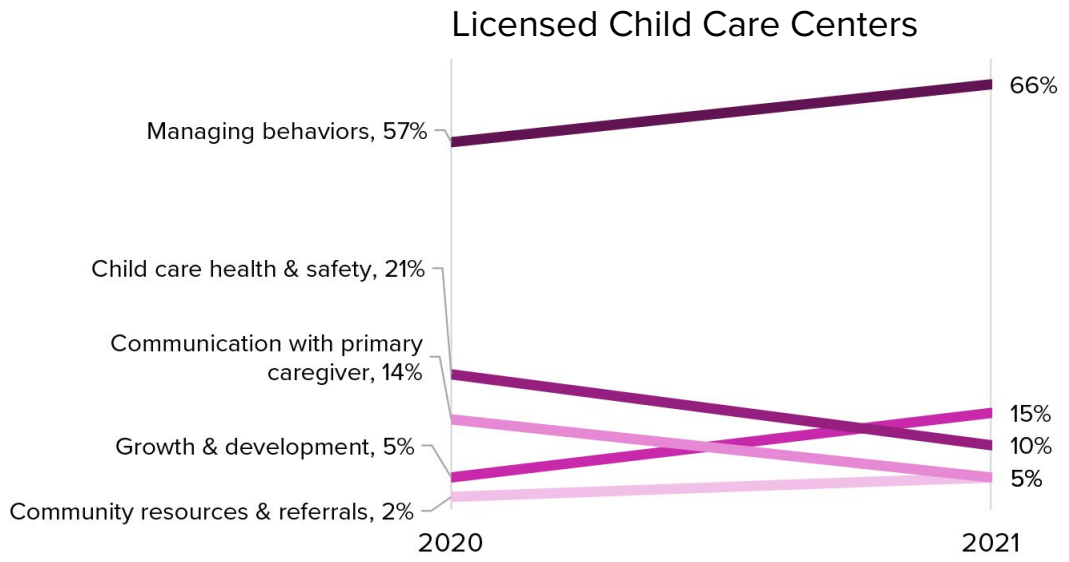
† Actively receiving CCHC services means the child care provider was currently engaged with a consultant at the time of the survey

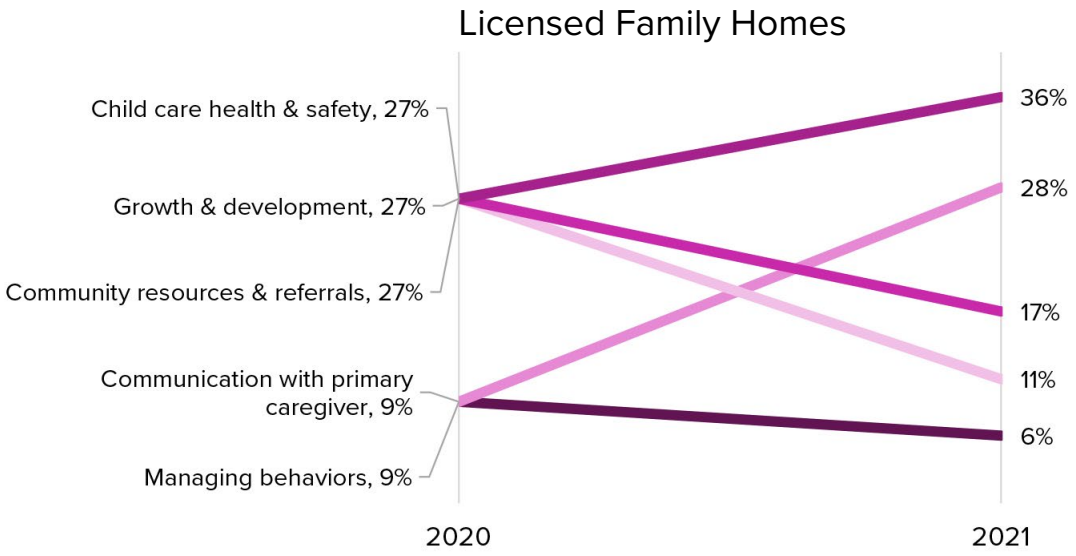
* Given the variation in responses, the data on characteristics of providers may not fully reflect all providers receiving CCHC services through Best Starts.

^ Race/Ethnicity data collected on the 2020 & 2021 provider survey only

Figure 10: Providers selected managing behaviors as the most important topic in 2020 and 2021*







* Survey question added in 2020 and 2021. Survey response bias skews overall topic importance toward licensed child care centers resulting in managing behaviors being the overall most important topic among survey respondents.

MEETING BASIC AND EMERGING ISSUES

RESOURCE SHARING

Consultants emphasized that they tailored support to meet providers' needs. Parents and caregivers whose children were in FFN care confirmed that consultants first worked with providers to determine what topics to cover in consultation.

Consultants provided interpretation and translation services and other resources as needed to ensure cultural and linguistic responsiveness. During the COVID-19 pandemic, consultants supported providers in understanding COVID-19 related guidelines and with basic needs by distributing food, health, and sanitation supplies and providing support with grant opportunities. In addition, providers said consultants gave them supplies to facilitate activities with children (e.g., books to promote reading).

LICENSING

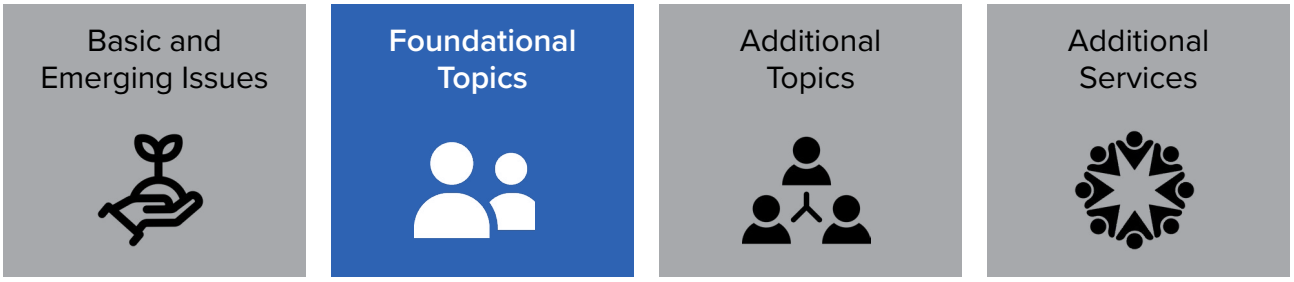
Consultants supported providers in navigating licensing requirements. Consultants helped providers understand the licensing process and conducted assessments of licensed family homes, supporting with environmental and health and safety issues and helping providers organize files for licensing agency visits.

> *[The consultants] helped us get a business license. They shared the website and told us how to fill out the forms. They helped with the state license and the business license.*
>
> **— Licensed Family Home Provider**

MANAGEMENT OF CHILD CARE SETTING

Providers indicated that they worked with consultants on health and emergency policies. Consultants helped providers create policies and procedures related to COVID-19 exposure, including mask-wearing for adults and children and COVID-19 testing. Consultants also helped providers create policies and processes for interacting with families and engaging with children throughout the day.

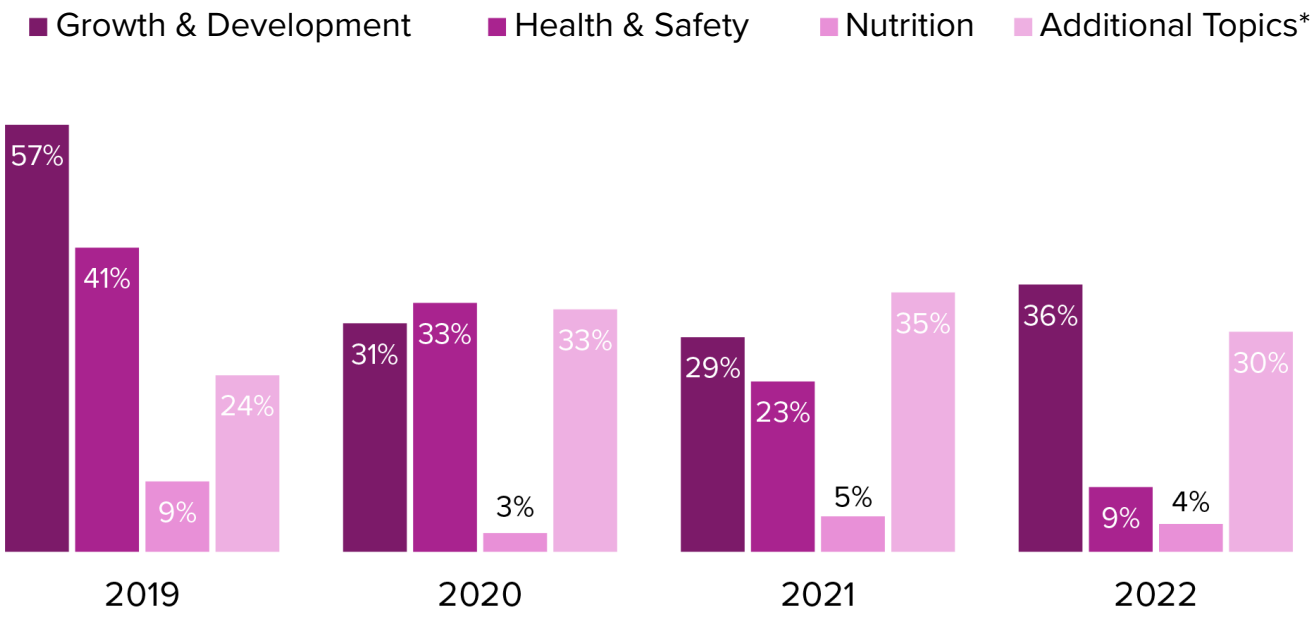
ADDRESSING FOUNDATIONAL CONSULTATION TOPICS



After meeting basic needs, consultants worked with providers to determine other topics of interest. Overall, consultants discussed 27 different consultation topics with providers. In 2020, consultants added topics as they adjusted to meet the needs of providers during the COVID-19 pandemic.

As outlined earlier, consultation topics included the four primary categories: 1) growth and development, 2) health and safety, 3) nutrition, and 4) other **(Figure 11)**. In 2019, over half of consultations focused on growth and development. By 2021, consultations were more evenly divided between growth and development, health and safety, and other topics. In addition to the four consultation topic categories, community resources and referrals emerged as the most frequently covered topic. Over 40% of all consultations included resources and referrals both with and without another topic category **(Figure 12)**.

Figure 11: The proportion of consultations covering at least one topic related to growth and development, health and safety, and nutrition decreased over time indicating that consultants were spending more time on specific topics



* Additional topics included consultation on relationship building between child and provider, support for children with special needs, classroom curriculum, family engagement, staff or care provider wellness, and licensing. COVID-19 was not included as part of topics and is summarized independently.

Figure 12: Community resources and referrals were paired with or without another consultation topic

18%

Community resources & referrals with another topic

24%

Community resources & referrals without another topic

GROWTH AND DEVELOPMENT

CCHC IMPACT ON PROVIDERS

Consultants observed that, with support, providers modified the way in which they interacted with children. They noted that providers who received consultation communicated with children at a developmentally appropriate level, had developmentally appropriate expectations of children, and addressed children's emotions and challenging behaviors in a supportive manner. In addition, they noted that providers did more learning activities with children (e.g., taking children outdoors to explore and learn about the natural environment).

Similarly, in key informant interviews, FFN and licensed family home providers reported an increase in planning developmentally appropriate activities. Providers noted that they learned to incorporate infant and child learning and development activities throughout the day. In addition, parents and caregivers whose children were in FFN care said that consultants helped providers care for children in a more developmentally appropriate way, using positive rewards instead of punishment to encourage children to do learning activities throughout the day.

Providers gained confidence in and increased use of developmental screening tools. Providers said that their consultants taught them about and helped them implement the ASQ® and provided guidance on how to adapt their engagement of children with special needs to ensure inclusion throughout the school day.

Overall, across the 2019 and 2021 survey years, almost all providers receiving consultation on growth and development increased their knowledge and use of developmental milestones, screening tools, and resources. Providers learned a variety of developmentally appropriate activities such as "serve and return" strategies in an infant room, implementation of visual schedules, and how to help children with language development. FFN providers also learned activities to do with the children to help them learn. Providers said that children were learning quickly and were able to do activities faster than before they started doing them together regularly.

Most providers improved their knowledge and use of skills related to children's growth and development

98%
Improved knowledge of developmental milestones

95%
Increased use of developmental screening tools & resources

[The consultant] will bring a lot of toys to help him develop, also a paper, scissor, and pencil helping him to play. Through teaching him drawing, cutting, and glue, we are teaching him to interact and start talking. That is helpful....I didn't know that, during his age, I should teach him colors. [The consultant] teaching him the color and shape saying, "Oh, it's a square, a red square." Now, he says what each color the square is right away.

— FFN Provider

[Our consultant] gave suggestions to stimulate senses for fine motor skill building: playdough, crayons...and a variety of [other] different materials for child to play with. [Our child] was not far behind, but as a result of these activities... he improved a lot in the updated [developmental] assessment.

— Parent/Caregiver

HEALTH AND SAFETY

As a result of consultation, providers reported that they increased the health and safety of the child care setting. Most providers (98%) who received health and safety-related consultation agreed or strongly agreed that they now know more ways to make to the child care space safer.

99%

Implemented skills to improve health and safety

Of providers who participated in key informant interviews, all reported discussing environmental safety with their consultants within the first year of receiving consultation. Providers indicated that consultants assisted with assessing and changing the child care environment, including identifying toxins; checking refrigerator and freezer temperatures; removing potential choking hazards; ensuring that electrical outlets were covered; and putting medications in a locked cabinet. Consultants who participated in focus groups noted that providers worked to create safe spaces by putting child locks on cabinets with cleaning supplies and checking for choking hazards within the child care space.

Providers learned how to support children's overall health and safety, including the need for immunizations and safe sleep practices. Before the COVID-19 pandemic, licensed providers indicated that they discussed new immunization requirements in the WAC and were given flyers with this information for families. Licensed family home providers said they developed policies for how to handle children's illness, and FFN providers commented that consultants discussed activities to do with children throughout the day to support children's health. Consultants also assisted FFN providers in navigating the health care process, setting up appointments for the children and assisting with medication administration.

> *My elder grandson has an allergy... [The consultant] helped write down what he is allergic to...grass, flowers... animal fur. [The consultant] tried to find out why he has the allergy and suggested to see a doctor.... So, we took him to the clinic to do the allergy test to find out what [he is allergic to].*
>
> **— FFN Provider**

Consultants supported COVID-19 vaccination efforts by sharing information about the vaccine and where to get it, helping to schedule vaccination appointments, discussing side effects, and providing information to providers and families who were hesitant about the vaccine. Service delivery partners worked with community groups to support vaccination such as partnering with a local school district to get providers vaccinated and with clinicians to talk to providers about vaccination in their primary language. Consultants also helped providers support families who were navigating job loss and other stressors, providing culturally and linguistically relevant information and resources to providers.

In 2020 and 2021, consultants focused on responding to the COVID-19 related needs of providers. However, consultation was not exclusively focused on COVID-19, indicating that providers continued to need support on a range of topics **(Figure 13 and Figure 14)**. Overall, the proportion of consultations that focused on COVID-19 either exclusively (primary COVID-19 consultation) or in addition to other topics (secondary COVID-19 consultation) varied over time. This proportion was also highest at the onset of the COVID-19 pandemic in early to mid-2020.

Figure 13: In general, consultations included COVID-19, in addition to other topics

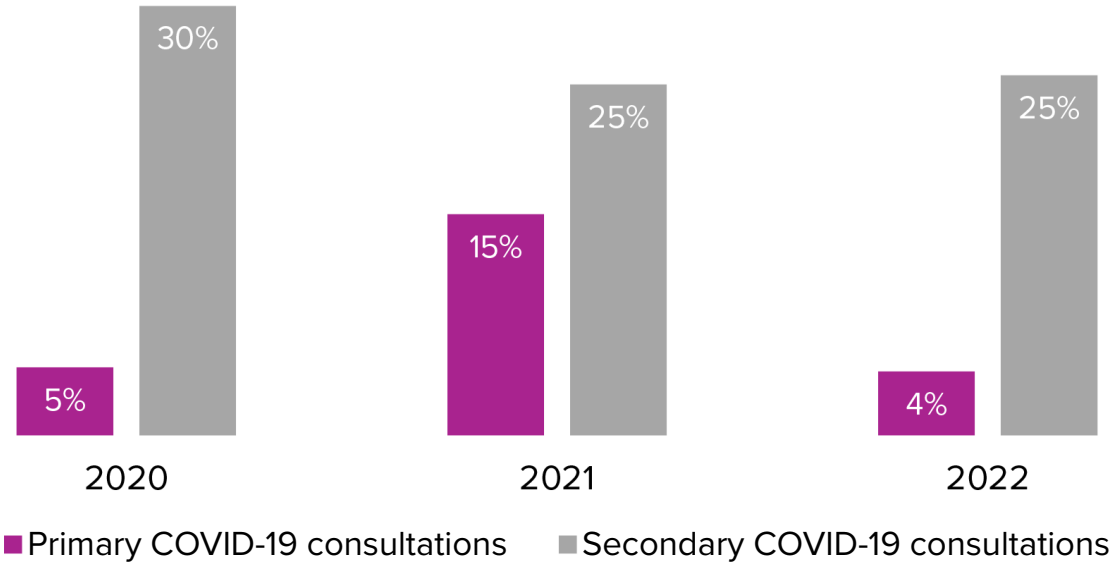
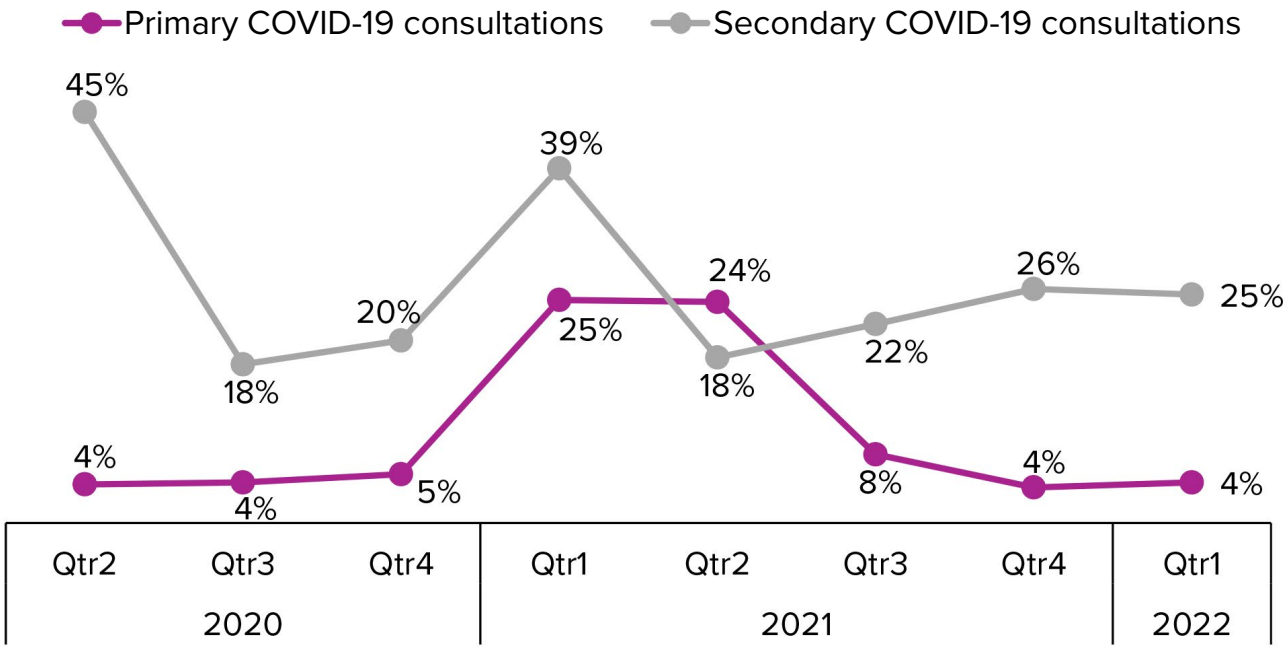


Figure 14: Individual consultations covering COVID-19 were covered exclusively or with as a part of other topics



NUTRITION

Providers reported that learning and implementing skills to improve nutrition of children in care, with more FFN providers receiving nutrition-related consultation.

98%

Used new ways to support nutrition

98%

Increased knowledge to better support nutrition

CCHC IMPACT ON PROVIDERS

Providers learned how to better support nutrition and implemented new nutrition practices. Consultants who worked with licensed sites that had cooks on staff taught the cooks about early childhood nutrition. For home-based providers, consultants shared recipes for easy-to-prepare, nutritious meals.

Providers reported that consultants also taught them how to feed children who were disruptive at mealtime or refused to eat.

Parents and caregivers said their consultant helped FFN providers learn about a balanced diet. In addition, parents and caregivers said their child care providers used strategies to help children who were picky eaters eat more food.

My daughter gained more weight than the other children, like 20 or 30 pounds. My [provider] kept feeding her rice and noodles. [The consultant] has been working with us on [providing] a balanced diet and now she is growing much healthier.

— Parent/Caregiver

INCLUSION STRATEGIES FOR CHILDREN WITH SPECIAL NEEDS

CCHC IMPACT ON PROVIDERS

Providers developed their capacity to care for children with special needs. Consultants supported providers with inclusion strategies to support children in their care. Based on their work with the consultant, providers were able to enroll more children with special needs, and providers saw success (e.g., increasing communication with non-verbal children, increasing inclusion of all children in activities throughout the day) with children who had special needs.

95%

Licensed providers with individualized care plans for children in care with special needs

About 95% of licensed providers who received consultation related to children with special needs reported that children with special needs had comprehensive individualized care plans. About 25% of licensed providers reported not receiving consultation related to care plans. One provider shared in an interview that they wished their consultant better supported inclusion practice. The consultant shared ideas and strategies to do with the child, but teachers found activities hard to do consistently in a busy classroom.

Providers shared strategies with parents and caregivers to continue inclusion and development practice at home, including how to support non-verbal children. Parents and caregivers shared how their work at home supported their children.

We have a child that had challenging behaviors and now we can help him succeed... He was non-verbal, and we found ways to communicate with sign language and pictures, helping him succeed with being in the classroom. This simple sign language did help the child participate in activities throughout the day. He was able to focus better and become involved in group times and things that we were doing....The relationship between myself and the student grew. I look at things in a different light. Just because he is not verbal doesn't mean he doesn't understand.

— Licensed Center Provider

SUPPORTIVE LEARNING ENVIRONMENTS

Consultants helped providers create supportive environments for learning, including physical space to encourage children's development. Almost all providers and consultants discussed the impact of the child care environment on children's behavior and well-being. A few parents and caregivers shared that their providers included additional sensory and cozy spaces to support children in the classroom.

Consultants who supported licensed family home providers discussed what furniture, toys, and other supplies were needed to meet the needs of the children and to become licensed. Consultants encouraged FFN providers to have designated spaces in their homes for various playtime and learning activities, including areas for reading, blocks, and dramatic play. Consultants who participated in focus group discussions noted that, to support children with behavioral issues, providers often added a quiet space and removed punishment spaces in favor of areas in which to do activities (e.g., reading, dramatic play).

During the COVID-19 pandemic, consultants helped providers create safe spaces for children to engage while maintaining social distancing (e.g., individual playdough stations vs. groups sharing playdough). One provider said the consultant supported grants for improved outdoor space.

> *When COVID came in, a lot was taken away. There was a lot we couldn't do. [The consultant] gave me ways to accommodate the children, increase the outside play area. We built a playground [with] grant [funding, and now we] have a rock climber and slide and before we didn't have all that.*
>
> **— Licensed Site Administrator**

CONSULTANTS SUPPORTED PROVIDERS WITH ADDITIONAL TOPICS

BEHAVIOR SUPPORT AND EXCLUSION/ EXPULSION PREVENTION

CCHC IMPACT ON PROVIDERS

Providers increased their ability to support challenging child behaviors. Since working with their consultants, providers reported gaining the tools necessary to manage challenging behaviors and special needs and no longer asking children to leave their care.

Providers noted that they used information gathered about challenging behaviors to work with their consultants on tools and strategies to manage those behaviors. Providers implemented daily routines with visuals to help guide children throughout the school day and manage transitions. They gave children who were physically aggressive or moving during quiet activities (e.g., circle time), additional sensory activities (e.g., playdough or wiggling feet). Providers observed that implementing these strategies mitigated harmful physical behaviors, increased the child's inclusion in the daily activities, and had a positive impact on other children.

After receiving consultation, providers reported an increase in their ability to support challenging child behaviors. Most providers (98%) shared that since working with a consultant, they improved their ability to support and navigate children's behaviors. Over 90% of licensed providers reported feeling more comfortable creating individualized behavior support plans for children in partnership with a parent or caregiver.

Providers responded to a series of three survey statements related to behavioral support: 1) I know more ways to prevent and manage challenging behaviors; 2) I am better able to support and respond to challenging behavior(s); 3) I know who to contact to ask for help managing a child's behavior. Among providers who responded to the survey and received consultation on managing behavior, almost all (97%) reported improving in at least one area. Over 80% of providers reported improving in two or more areas, and over 40% reported improving in all three areas, with variation across years **(Figure 15)**.

PROVIDERS RESPONDED TO THREE STATEMENTS RELATED TO IMPROVING KNOWLEDGE AND SKILLS THAT SUPPORT CHILDREN'S BEHAVIOR IN CHILD CARE

97%

Know who to contact for support in managing a child's behavior(s)

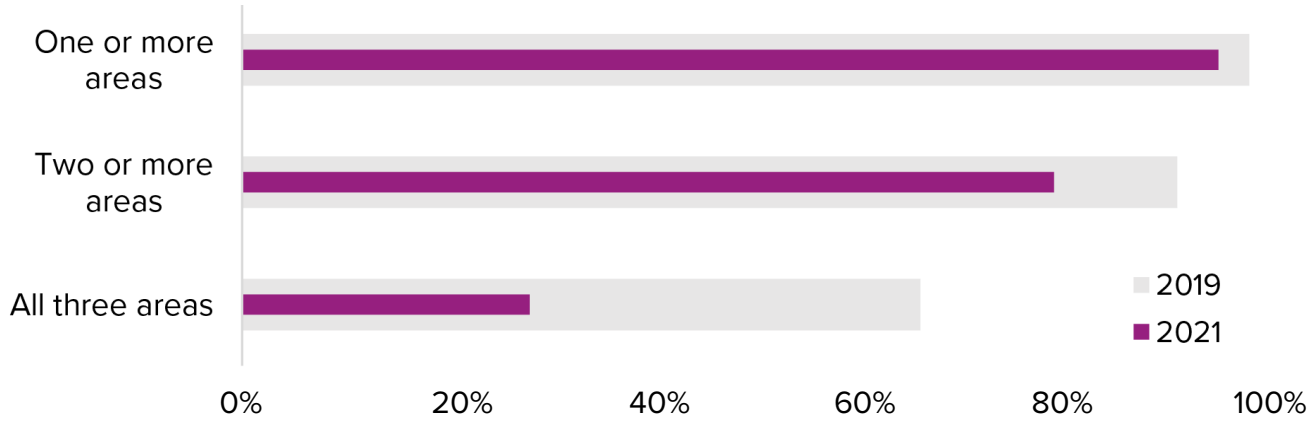
96%

Are better able to support and respond to challenging behavior(s)

93%

Know more ways to prevent and manage challenging behavior(s)

Figure 15: Most providers reported improving in at least one or more areas to manage challenging behaviors



Consultants described how they assisted providers in understanding why challenging behaviors were occurring and how to document those behaviors to support conversations with parents and caregivers. During interviews, a few licensed providers said their sites always had non-expulsion policies, but they sometimes had children they did not know how to support. In general, providers thought that children who were being physical in the classroom were seeking more sensory activation, trying to gain additional attention by not following the provider's instructions, or being aggressive with their peers. They indicated that consultants gave them strategies to manage these behaviors and then shared those strategies with families.

Providers also discussed creating a daily routine for children. Licensed site administrators and teachers described how creating a clear daily routine with accompanying visuals reduced some behavioral issues among children. Licensed family home and FFN providers said that before working with the consultant, they would allow the children to do whatever they wanted throughout the day. Now, they have schedules and time for meals and group activities (e.g., coloring, reading, music).

Providers indicated that they learned different scripts to use with children when they did not follow directions, giving them positive cues and direction to participate in activities throughout the day with the other children. They noted providing additional focused support to children who were seeking attention, including increased eye contact and restating what the child said back to them.

[The child] was super angry when he was upset and [would] throw things... [Now], we have them draw how they're feeling, instead of disciplining them for being upset, and then you get to open the door for conversation.

— FFN Provider

We said that we were going to serve all students, but we didn't know how. We didn't have the capacity in our staffing or budget to have the staff support that we really needed. The family is committed to being here. Family loved the program and wanted the child to be there....So, we said "How do we say 'yes' to this child?" [The consultant] immediately came in, and it was challenging for them, too, but we devised strategies to be inclusive for this child.

— Partial Day Provider

Before, when I had a kid who was misbehaving, I didn't know how to act. But now, they teach me that, if a child misbehaves, the child wants something but doesn't know what to say. I sit with the child and give them strong eye contact and give them time. I ask, "What do you want? What do you need?" I give them the time.

— Licensed Family Home Provider

He always had playdough, or someone could rub his back...good for students where it hard to sit still. [These strategies were] super helpful for a lot of the children [as well].

— Licensed Center Provider

Parents and caregivers shared how providers encouraged children to interact positively with their peers. Children in classroom environments (i.e., licensed child care centers, licensed family homes, partial day providers) became more interested in relationships with peers. Children in home-based environments (FFN) became more interested in interacting with other children outside of the home (e.g., at community events). Parents and caregivers also shared that their children learned how to self-regulate.

It seems like co-regulation skills have advanced in this period. He can calm down his body or mind about something, listening to directions or listening to other children. He listens or is respectful of that.

— Parent/Caregiver

Because of COVID, [my child] cannot go to school or in public spaces… they are scared about meeting strangers. In the lessons [with the consultant, they encouraged my child to] speak up, and, every time they did interact, the [consultant] praised him. Now, he is able to speak up a little bit and speak much louder.

— Parent/Caregiver

When he's had a hard time, he has had the space and place to be upset and move on from it and rejoin the group. Also, before he was just doing parallel play [with the other children]. After working through that with teachers in school, [he is engaging in] cooperative play with classmates, and there are fewer conflicts.

— Parent/Caregiver

[My child] is definitely more interested in other kids this year. He talks about kids that are friends and what he does with them. Before, he played alone or [said] negative things about peers. However, they are setting up peer interactions in the school. He is learning to enjoy social interactions.

— Parent/Caregiver

CAREGIVER HEALTH AND WELLNESS

Consultants supported providers with personal health and wellness. Conversations ranged from how to protect their back when changing diapers to what types of nutritious foods to include in their diet to manage chronic conditions.

During the COVID-19 pandemic, consultants supported providers' mental health, including addressing isolation and supporting with mental health management. They also led trainings on how to prevent burnout and practice self-care. Furthermore, consultants provided mental health support by providing mindfulness and mental health consultation and trainings and by referring providers to mental health services.

[The consultant] talked about…how to cope when dealing with COVID… and how to implement self-care… to [manage] stress related to dealing with families and children [who have also] been traumatized [by COVID].

— FFN Provider

RELATIONSHIP AND COMMUNICATION SUPPORT

Providers were asked to respond to survey statements related to their relationship and communication with primary caregivers: 1) I know more strategies I can use if I need to have a difficult conversation with a parent or caregiver; 2) I will talk to parents or caregivers about concerns I have about their child's development 3) I feel more involved in supporting the child's development with the parents (FFN only). All FFN providers (100%) reported feeling more involved in supporting the child(ren)'s development, along with the parents or caregivers. Most licensed providers (93%) responded to one or more survey statements indicating increasing their ability to talk with parents and caregivers. Licensed providers reported that they now have more strategies to use for difficult conversations with parents and caregivers and that they talk with parents and caregivers about concerns related to their child's development as a result of working with a consultant.

93%

Have increased ability to talk with parents and caregivers

97%

Have more strategies to use for difficult conversations with parents and caregivers

97%

Talk to parents or caregivers about concerns related to child development

CCHC IMPACT ON PROVIDERS

Providers improved their relationship with families. Consultants helped providers build partnerships with parents and caregivers so they could be a team in supporting the child. Providers used the ASQ® and had supportive conversations with families to further help children in their care succeed. Through working with their consultants, providers indicated that they improved their relationship with parents and caregivers.

Providers were interested in learning how to effectively navigate and engage in conversations with families, including about potential developmental delays. Providers learned to use the ASQ® as a tool to start these conversations with families. Providers and families then worked together to implement strategies both at child care and at home. Communicating about potential developmental delays was especially challenging for providers who worked with families who recently immigrated to the U.S., due to stigma related to developmental delays. Consultants who worked with these providers helped them navigate these conversations in a culturally responsive way.

Strong relationships and communication between providers and families were especially supportive during the COVID-19 pandemic. Consultants reported that they encouraged providers to increase daily conversation and engagement with families. To support these conversations, they provided handouts on topics related to nutrition, immunization, growth and development, and the COVID-19 pandemic. In addition, consultants encouraged providers to share basic daily updates with families, including what and how much the child ate that day and the child's daily activities. Providers said that families enjoyed hearing these updates and that these conversations helped providers and families come together as a team to support children's development.

Parents and caregivers appreciated that providers were accessible through various modalities including email, phone, and in person. Parents and caregivers appreciated that providers shared positive, non-judgmental feedback about their children and supported them through hard times resulting from the COVID-19 pandemic.

> *[Our child care provider] provides great communication and did an incredible job with COVID-19 notifications of protocol updated for parents...They also notified us with what the children were learning that week. [With this information, we] could read [the children] books and get them excited about the upcoming topic. [Our provider is] very accessible by email or phone. [They provide] feedback on things you need to work on with kids and they know [our child] well.*
>
> **— Parent/Caregiver**

Some parents and caregivers shared dissatisfaction with their communication and relationship with providers. They said that providers only communicated when they initiated contact. When they did connect, parents and caregivers reported that providers only shared negative feedback and that this lack of positive or structured communication made it hard to meet their child(ren)'s needs.

> *It is hard to have communication and collaboration between us and our child care provider... we have two [parent-teacher] conferences per year to review developmental scales and assessments they use to track progress, but we have not found these conversations helpful. Most of the conversation is about what is not going well with the child. Outside of those two meetings any communication is initiated by me because the teachers are overwhelmed.*
>
> **— Parent/Caregiver**

CCHC IMPACT ON PROVIDERS

In addition to building partnerships with families, providers also discussed improved relationships with children as a result of working with consultants. During the COVID-19 pandemic, providers learned how to recognize anxiety and other mental health stressors in children and how to support them. FFN providers reported building relationships with children by providing more opportunities for play. Nearly all indicated that they read more with the child in their care and had less TV time. All FFN providers reported that they felt more involved in children's development with parents and caregivers.

FFN providers incorporated different interactive activities with the child(ren) in their care as a result of receiving consultation. Most FFN providers (95%) decreased children's screen time, while nearly all (99%) increased both the number of play activities for children and the number of opportunities children had to explore their environment.

Providers said that consultants' close relationships with children facilitated their work together and helped them build their own relationships. Parents and caregivers said that family members who take care of their children use more positive encouragement techniques instead of punishment, which has improved the relationship between children and providers.

Now, I will listen to [the child]. I will lower to my knee and talk [to the child]. The power dynamic has changed, which is different than my [historical practice]. Now, [the child] and I have a great relationship.... He is happy to see me... [I am] relearning this relationship to be more loving...and our goal is to have a good relationship.

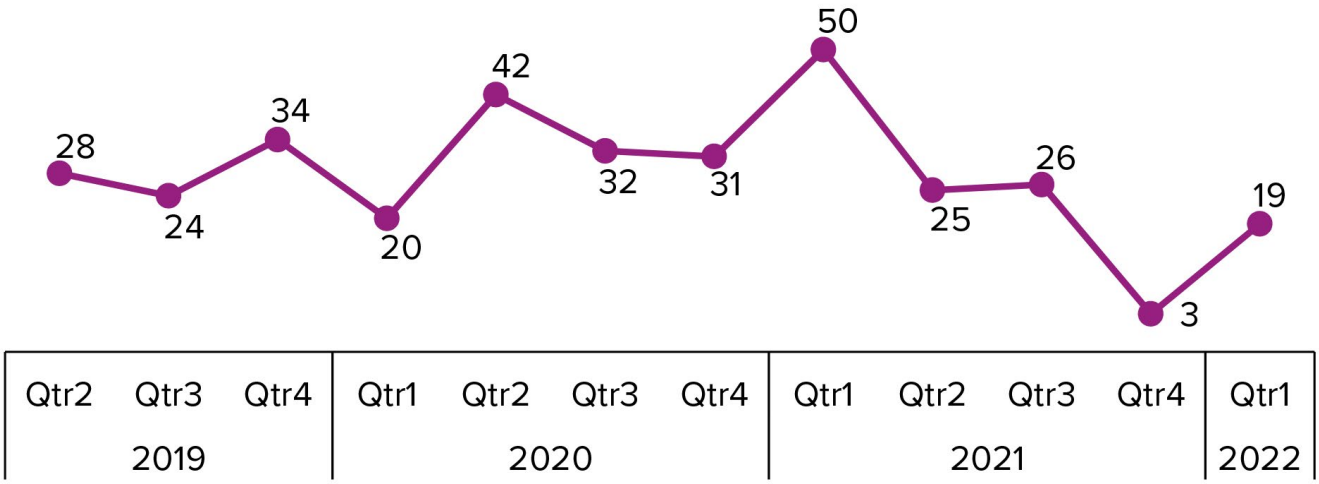
— FFN Provider

CONSULTANTS PROVIDED ADDITIONAL SERVICES THAT WERE CRITICAL TO COMPREHENSIVE CONSULTATION

GROUP TRAININGS AND LEARNING COMMUNITIES/PEER COHORTS

Consultants led a total of **338 group trainings** between April 2019 and March 2022 **(Figure 16)**. One service delivery partner used a cohort model as the primary approach to delivering consultation. In this model, a group of licensed family home providers attended monthly trainings, each focused on a different child care skill. Consultants followed up with individual consultation to ensure each provider could ask questions and practice applying skills within the child care setting. Providers appreciated coming together in groups to share and learn from one another. Providers from licensed sites most often attended a training that was delivered at their site and covered a topic tailored to their needs (e.g., sanitation and hygiene; ASQ®; creative ideas for circle time; COVID-19 policies, procedures, and related trauma and stress).

Figure 16: Total group trainings from April 2019 through March 2022

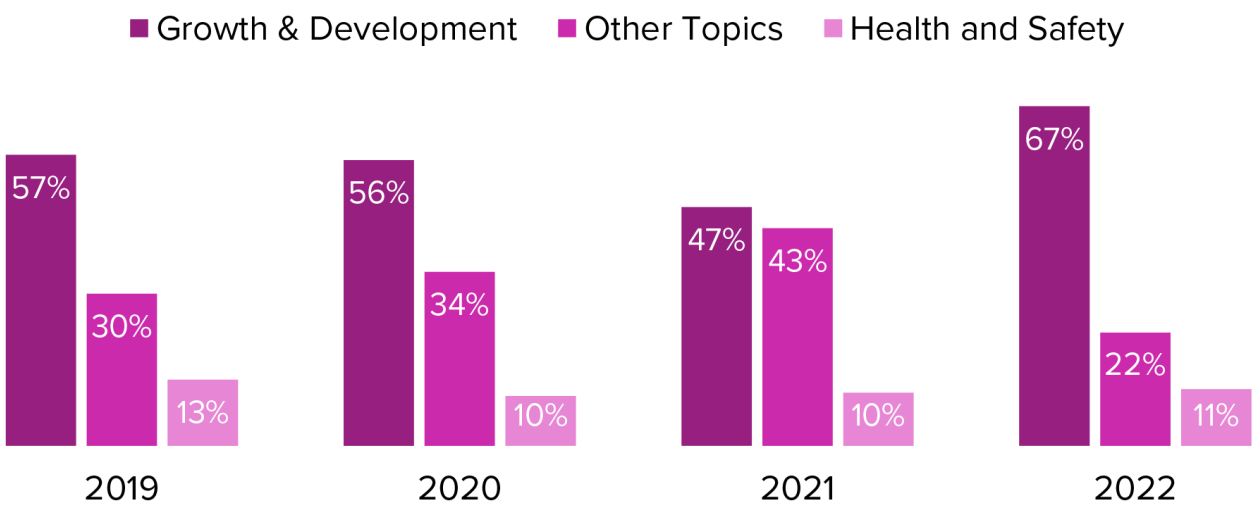


Group trainings for licensed family home and FFN providers were delivered in the providers' primary language or with interpretation services. Trainings covered topics such as business set-up and licensing; description of the WAC; CPR and first aid; food handling; management of behavioral issues; and COVID-19 policies, procedures, and related trauma and stress **(Figure 17)**. Trainings for FFN providers also included topics such as an orientation to the public-school system. FFN and licensed family home providers said it was extremely helpful to each other's experiences. In particular, they noted that they appreciated the opportunity to learn from other providers struggling with similar child care issues and to connect and share strategies. On average, group trainings lasted about two hours, with some trainings lasting up to four hours

Having the group of providers and support system was the biggest takeaway that I learned. They understand what you are going through. They ask questions you didn't have, but it's nice to know the answer. We have a community. COVID was lonely, having the once-a-month meeting built our community.

— Licensed Family Home Provider

Figure 17: Group trainings covered a range of topics and most frequently covered a growth and development topic*



* For all years, a small number of group trainings covered nutrition topics (4 total) and COVID-19 topics (7 total).

PARENT/CAREGIVER CONSULTATION

About half of service delivery partners provided consultation to parents and caregivers.

Consultants who work with FFN providers found it helpful to meet with the entire household to discuss the child's care. When parents or caregivers were home during consultation, they joined the meeting to learn from consultants.

Consultants who worked with licensed family homes and child care centers connected with parents or caregivers when there was a specific concern about their child(ren). Some consultants connected with parents or caregivers before providing an observation with the child to ensure consent. Many parents and caregivers shared that they would have liked a follow-up after consultation to learn about how the consultation supported the provider and their child.

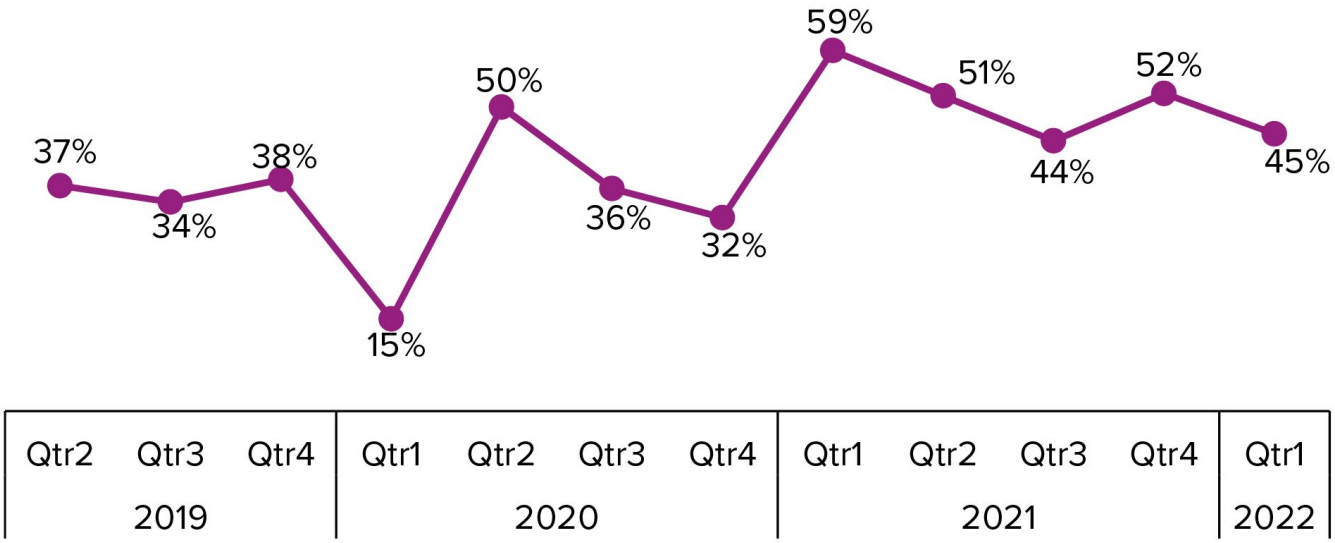
If it is possible [for the consultant] to communicate directly with us, I would love that. [I want to know] their evaluation of my child and strategies that they are using to help him be more successful…so we can be implementing those things at home as well.

— Parent/Caregiver

COMMUNITY RESOURCES AND REFERRALS

Community resources and referrals was a common topic covered during or after consultation. Overall, 42% of consultations included community resources and referrals in addition to other topics. During the COVID-19 pandemic, community resources and referrals was the most commonly covered topic **(Figure 18)**.

Figure 18: On average, over a third of all consultations included community resources and referral each quarter



Overall, most providers (94%) who responded to the provider follow-up survey reported increasing their knowledge of available resources. During 2020, providers did not report the same level of increased knowledge of community resources and referrals as in 2019 and 2021.

Most providers reported an increase in knowledge of resources across all survey years

98% 2019

84% 2020

99% 2021

CCHC IMPACT ON PROVIDERS

Providers referred families and children to a variety of resources and supports. Providers said that consultants supported them in connecting children and families to specialists, including occupational therapists, speech therapists, and social workers, to assist with developmental delays and acute behavioral issues.

Providers referred families to resources that supported their children's development and, in some cases, connected children and families to those resources. Providers noted that consultants connected them and the children and families they served with mental health practitioners, speech therapists, and other specialists who work with children with special needs. FFN and licensed family home providers indicated that consultants assisted them in navigating stigma related to seeking mental health services. Most providers said they were successful in connecting children and families to a specialist. However, in some cases, families did not agree that a specialist was needed and were not open to that connection.

Providers commented that consultants assisted them in determining which referrals were most appropriate for children and families and supported them in making that connection. They also shared a list of various resources with the providers so they would be prepared with relevant information in the future. Providers indicated that families generally agreed to engage with specialists and that children benefited from that engagement.

Parents and caregivers also discussed referrals they received for their child(ren), although most said they received the referrals from their pediatricians. Many parents and caregivers shared that they were on long waiting lists to receive referrals. Those who were able to access CCHC services shared the impact services had on their children. Parents and caregivers described their children making developmental gains in fine motor function, speech and language, and comfort with speaking multiple languages in different settings.

FFN and licensed family home providers said that consultants supported them and the families they served, particularly those who recently immigrated to the U.S., with navigating systems and services (e.g., SNAP benefits, medical appointments, public transit system). In some cases, FFN providers reported that consultants helped them navigate the medical system and connect children and their parents and caregivers with appropriate health care professionals. Consultants also connected them to community resources (e.g., library reading groups, community center play and learn activities). For providers who cared for one child, consultants encouraged community resources, so the child had opportunities to interact with other children.

I learned about referrals from [the consultant]. Before, I didn't have time for all that. Now, I have a board in my place where I stick all the resources that I find out. Sometimes, I have to call to do a referral. If there is a family with the developmental delay, I call the resource and make an appointment for them.

— Licensed Family Home Provider

[My child] goes to occupational therapy twice a week...[because of the therapy he is]... able to walk up and down the stairs without falling, throw an object, play with playdough...He did not have the motor skills to throw a football but now he can....the occupational therapy has improved his life.

— Parent/Caregiver

CONSULTATION WAS PROVIDER-CENTERED

SERVICE DELIVERY PARTNERS ENGAGED TEAMS OF CONSULTANTS AND STAFF TO BEST MEET PROVIDER NEEDS

Service delivery partners engaged teams of consultants and staff including program coordinators, administrators, and managers; consultants, community liaisons, and community health workers; nurses; other staff who specialize in speech-language pathology, infant mental health, inclusion, etc. By engaging teams of consultants and staff, service delivery partners were well-positioned to meet provider needs.

Service delivery partner staff had the following skills, knowledge, and experience to meet the needs of children, families, and providers:

- Skills in relationship building, clear communication, strengths-based approach
- Knowledge of child development and early learning, adult learning principles, local resources and referral network
- Experience working with caregivers and young children, including experience being a child care provider
- Connections to outside resources for additional referral needs
- Familiarity with local policies and administrative codes

In addition, service delivery partners who supported FFN and licensed family home providers engaged consultants and staff who were culturally and linguistically matched with providers and families to ensure the delivery of culturally and linguistically responsive consultation.

SERVICE DELIVERY PARTNERS WERE SUPPORTED BY BEST STARTS AND EACH OTHER DURING THE COVID-19 PANDEMIC

The Best Starts CCHC program manager and other members of the Best Starts team met regularly with service delivery partners throughout the COVID-19 pandemic to create opportunities for support and share resources. In 2021, the King County Child Care Health Program staff joined these meetings.

During these meetings, Best Starts created space for service delivery partners to ask questions, share successes and challenges, and brainstorm potential strategies. Topics included:

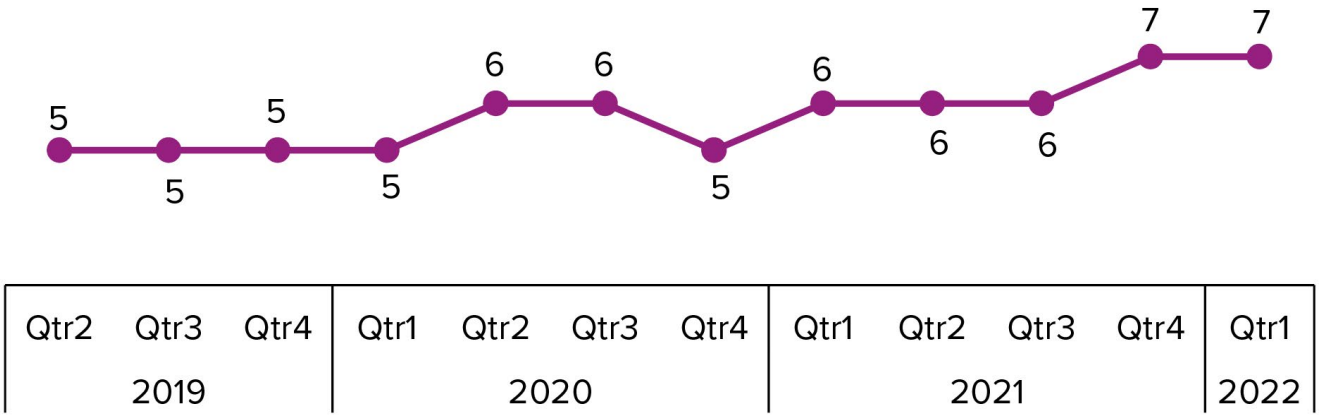
- Strategies to support mental health, mindfulness, and burnout prevention for consultants and providers
- Strategies to conduct virtual consultation and group training
- Review of evolving state and local COVID-19 guidelines for child care including testing and vaccination
- Policies related to hybrid and in-person practice

Service delivery partners valued this time to come together and discuss updates, challenges, and solutions.

CONSULTANTS ENSURED THE CONTINUITY OF RELATIONSHIPS WITH PROVIDERS

Most providers appreciated the quantity and quality of their engagement with consultants, while a few wished for more frequent and focused engagement opportunities. The average number of consultations per site remained consistent across time **(Figure 19)**.

Figure 19: The average number of individual consultations ranged from 5 to 8 consultations each quarter for each site



Most providers reported that regular engagement with consultants facilitated learning.

Providers noted that consultants built positive relationships through active communication and regular meetings. They appreciated that consultants actively reached out to arrange meetings and sent meeting reminders. Providers said that consultants were very mindful of their schedules, including not disturbing teachers' planning time. During the COVID-19 pandemic, consultants who worked with FFN providers increased the frequency of consultation to respond to emerging needs. Consultations were occasionally shorter, but consultants met with providers more often. Providers said that consultants often communicated outside of scheduled consultations and group trainings via text, email, and phone. One provider said they called their consultant three to four times per week. When there was a last-minute request or problem, providers reported that consultants were available for support.

A few licensed providers shared in interviews that they wanted more time with their consultants, especially during the COVID-19 pandemic. They said before the pandemic, they regularly met with their consultants often weekly or biweekly. During the pandemic, meetings were reduced to monthly due to more restricted schedules.

> *Whenever I have concern, we get answered right away. I didn't get the ASQ® right away in the group training, so they came [to my house] two more times to explain it until I got it right.*
>
> **— Licensed Family Home Provider**

DISCUSSION

WHY INVEST IN CHILD CARE HEALTH CONSULTATION?

Supportive early childhood development and education are key to children's future wellbeing. Studies have found that high-quality early childhood programs and supports have led to positive educational attainment, social, economic, and health outcomes in later childhood and adulthood (Donoghue et al., 2017; Hahn et al., 2016; Healthy People 2030, n.d.; Perlman et al., 2016; Soliday Hong et. al., 2021). Child care health consultation (CCHC) is a strategy that promotes the health and development of children, families, and child care providers (providers) by ensuring healthy and safe child care environments. CCHC services are designed to provide tailored consultation, training, and support to providers to address their most pressing needs and provide overall assistance in identifying and implementing change to improve health and safety. CCHC services also include strengths-based training and consultation across a broad range of physical, social, and emotional needs and concerns while being centered in trauma-informed practices.

WHAT WAS THE INITIAL VISION FOR CCHC SERVICES?

In 2018, Best Starts for Kids funded seven CCHC service delivery partners (service delivery partners) to develop and implement CCHC services in King County. Some service delivery partners focused on developing culturally and linguistically responsive CCHC services, tailored to the child care setting (e.g., FFN care), and then worked with providers on foundational topic areas. Other service delivery partners primarily focused on specific foundational topic areas (e.g., inclusion of children with special needs) or developed learning communities among providers who worked in more isolated settings (e.g., family homes). Through Best Starts' flexibility and commitment to community-driven approaches, child care health consultants (consultants) were able to build strong relationships and devote time to in-depth conversations with providers to best meet providers' evolving needs.

Basic and Emerging Issues

- Resource sharing
- Licensing
- Management of child care setting

Additional Topics

- Behavior support and exclusion/ expulsion prevention
- Caregiver health and wellness
- Relationship and communication support

Foundational Topics

- Growth and development
- Health and safety
- Nutrition
- Inclusion strategies for children with special needs
- Supportive learning environments

Additional Services

- Group training and learning communities
- Parent/caregiver consultation
- Community resource referral and connection

WHAT DID WE LEARN?

CCHC services have a positive impact on providers across consultation approaches and topics covered. Best Starts' investment in bringing seven CCHC service delivery partners with different models and approaches under a common definition of CCHC services aligns with the Best Starts Equity and Social Justice framework and appears to have advantages in strong service delivery to a wide range of providers. From April 2019 through March 2022, this deep dive evaluation learned through robust quantitative and qualitative data collection that Best Starts CCHC service delivery supported providers in a wide range of child care settings improve health and safety through provider-centered, strengths-based, and comprehensive approaches that had a positive impact on providers and ultimately on children and their families.

Across the seven different service delivery models, consultants used several strategies to transform the consultation relationship and support providers in engaging deeply with topics including topics that may be sensitive. (See supporting data on pages 45–66)

Consultants create meaningful engagement with providers. They take the time to develop trust, respect, and understanding.

Providers shared that their strong relationships with the consultants supported them in times of crisis. Consultants facilitated mental health and stress management group training and individual consultation to support isolation, stress, and burnout among providers during the COVID-19 pandemic. Consultants reported that they also supported building relationships between providers, children in their care, and with families. Providers noted that consultants built positive relationships through active communication and regular meetings.

Consultants use community-driven, strengths-based approaches to work with providers.

Providers felt consultants learned about and built on their strengths when covering new concepts and skills. Consultants worked to ensure the topics covered were driven by provider needs, even when discussions beyond the typical consultation topics covered. Consultants used a list of services to meet basic needs and emerging issues, discuss foundational topics and specific issues, and offer additional services.

Consultants are intentionally hired from within the community to create a cultural and linguistic match between consultants, providers, and families.

Providers shared in interviews that this cultural and linguistic match helped them feel understood without having to explain themselves or their culture. Consultants explained complex consultation topics (e.g., child development, special needs) in a culturally accessible manner and providers shared that skill sharing was built around a providers' culture to make new skills more accessible and strengths-based.

AREAS OF IMPACT

Providers received support with basic needs before engaging in consultation on specific topic areas

Consultants supplied providers with basic needs such as food, health, and sanitation supplies. Consultants supported providers with child care licensing including managing licensing requirements. Consultants also supported providers with child care management policies and procedures. (See supporting data on page 45)

Providers received support with a wide range of health and safety concerns

Consultants shared information about the COVID-19 vaccine and helped providers get vaccinated. Consultants also provided emotional support to providers, helped develop policies for sites, and shared COVID-19 safe activities to do with children throughout the day. (See supporting data on pages 49–51)

Providers implemented new nutrition practices

Consultants shared ways to prepare, store, and serve food to children using culturally responsive, strengths-based approaches. (See supporting data on page 52)

Providers learned to interact with children in developmentally appropriate ways

Providers learned to have developmentally appropriate expectations of children. In addition, providers gained confidence in and increased use of developmental screening tools. (See supporting data on pages 48–49)

Providers developed their capacity to care for children with special needs

Providers enrolled more children with special needs and developed inclusion strategies that enhanced the child care environment for children with special needs. (See supporting data on page 53)

Providers increased their ability to support challenging child behaviors

Providers gathered information about challenging behaviors and worked with consultants to develop tools and strategies to more effectively manage those behaviors. (See supporting data on pages 55–58)

Providers improved their relationship with families and children

Providers used the Ages and Stages Questionnaire (ASQ®) and had supportive conversations with families to share that their child may need additional developmental supports. The strong relationship between providers and families was especially supportive during the COVID-19 pandemic. Providers shared pandemic-related resources with families and supported families through difficult times. (See supporting data on pages 59–61)

Providers referred families and children to a variety of resources and supports

Across consultation approaches, providers indicated that consultants connected families with specialists to address developmental concerns. (See supporting data on pages 65–66)

Providers received support with personal health and wellness

Providers had conversations with consultants ranging from how to protect their back when changing diapers to support with chronic disease management. Consultation programs brought providers together to build a network and improve community connectedness. (See supporting data on pages 59, 62–63)

WHAT'S NEXT?

As Best Starts began implementing its initial vision for CCHC services, this evaluation provided ongoing opportunities for learning and program enhancement and documented the impact of providing community-driven CCHC services to licensed and non-licensed providers in King County. In 2023, Best Starts invested in existing CCHC service models and added new service delivery partners to continue expanding the availability of culturally and linguistically responsive CCHC services. Funded service delivery partners will reach previously supported communities and expand to Latinx, Afro-Indigenous, and Afro-Hispanic/Latinx communities. Alongside continued investments in CCHC services Best Starts will build on lessons learned to continue visioning a system of CCHC services in King County including developing a plan for ongoing evaluation of the CCHC system.

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APPENDICES

APPENDIX A. GLOSSARY OF TERMS

GENERAL TERMS

Child care locations (sites): A "site" refers to a single location where child care is provided by any provider type. A larger child care system may have multiple sites. For this evaluation, each physical location is counted as a unique "site" to account for the unique consultation services provided to child care providers and staff at different locations.

CONSULTATION TOPIC CATEGORIES

Growth and development: Information on how children's brains and bodies develop. This includes developmental screenings (questions about the child's actions, responses, or ability to complete tasks) or suggestions about how children learn, act, respond, or manage their feelings. Growth and development subtopics include:

- Brain development & milestones
- Developmental screening, including how to use the ASQ®
- Language development
- Mental and behavioral health
- Motor development — fine and/or gross
- Self-adaptive skills (ability to put on a coat, brush teeth, follow routine)
- Social-emotional development
- Sensory and self-regulation
- Vroom

Health and Safety: Information on how to improve the overall health and/or safety of children in care. This includes new ideas for snacks or certain foods, food storage, and outdoor activities, as well as guidance on how to help children use the bathroom or wash their hands, and ways to change diapers. Health and safety subtopics include:

- COVID-19 pandemic support
- Emergency policies and procedures
- Environmental safety
- Handwashing, diapering, and toileting
- Health and safety assessment
- Immunization and health records
- Infection and communicable disease prevention
- Medication management
- Oral health
- Physical activity and outdoor time
- Safe sleep
- Toxics

Nutrition: Information on food allergy management, breastfeeding and infant feeding, food safety, meal planning, and introducing foods. This includes how to safely prepare or store food and beverages, when to serve meals and snacks throughout the day, and how to make healthier snacks and meals, which can include menu reviews.

Other: Information on topics that are outside of the other three topic categories, including:

- **Child-to-caregiver relationship:** Information about activities to do while providing child care.
- **Children with special needs:** Information and skill building related to providing care to children with special needs. This includes management of special needs and how to support children with special needs in group settings. Services may also increase child care providers' (providers) abilities to include children with special needs in typical group activities or settings throughout the day.
- **Classroom curriculum:** Information about how to structure the day in a group child care setting, including a variety of activities that support the growth, development, and health of children in care.
- **Community resources and referrals:** Information on connections to organizations and services outside of the child care setting.
- **Family engagement and interaction:** Information about how to share resources with parents and caregivers and how to have difficult conversations with parents or caregivers.
- **Staff and caregiver health and wellness:** Information about ways that providers can support their own health and wellness. This could be mental and physical health support, as well as basic needs for informal providers.

CHILD CARE PROVIDER TYPES

Licensed child care center: Provides care to a large group in a commercial building with multiple rooms. Typically provides child care to a wide age range and employs staff with a range of skills from caring for children to administrative or specialization in certain skills.

Licensed family home: Provides care to a small or large group in a house.

Partial day provider: Provides child care for half of a day. This means the site is completely closed to providing child care for at least half of the day. Partial day providers are usually located in community buildings such as religious buildings, community centers, or community organizations and are non-licensed.

Family, Friend, and Neighbor (FFN): FFN providers are informal, non-licensed care providers such as an extended family member, a friend, or a neighbor. Care is typically provided to two or less children and never more than the state mandate for becoming a licensed provider.

APPENDIX B. CHILD CARE HEALTH CONSULTATION EVALUATION COMMITTEE (CEC)

In December 2018, Cardea invited key partners to participate in a CCHC evaluation committee (CEC). The CEC was formed to provide ongoing guidance and input throughout the evaluation. CEC members include child care health consultation service delivery partners (service delivery partners), experts in early childhood and CCHC, and evaluation professionals. Cardea hosted the CEC kick-off meeting in January 2019. During the meeting, CEC members had the opportunity to get to know each other and Cardea shared the CCHC evaluation plan with the CEC. Throughout 2019, the CEC met on the first Tuesday of every month and provided ongoing input and support around the following activities. The CEC stopped meeting in Spring 2020 due to increased work burden related to the COVID-19 pandemic.

Evaluation Activities	CEC Role
Draft, review, and finalize follow-up survey	Review draft of tool and recommend best practices for survey implementation
Conduct data analysis	Review data analysis plan and provide feedback
Partner review of data and key findings	Respond to data and provide input on findings and interpretation
Collect qualitative data with CCHC service delivery partners and child care providers	Review qualitative data collection instruments
Produce final dissemination products that highlight major findings from the evaluation	Review and respond to products as they are being developed

CARDEA GREATLY APPRECIATES THE TIME PUT IN BY THE FOLLOWING CEC MEMBERS TO PARTICIPATE IN ONGOING MEETINGS:

Anna Freeman — Child Care Health Consultation Systems Development Coordinator — Kindering Center

Anne McNair, MPH — Social Research Scientist — Public Health — Seattle & King County

Caitlin Young, BSN, RN — Child Care Consultation Nurse – Encompass Northwest

Cameron Clark, MPA — Strategic Advisor — City of Seattle Department of Education and Early Learning

Hueiling Chan, MSW — Program Director & Case Management Clinical Director — Chinese Information Service Center

Jessica Tollenaar Cafferty, MPA — Program Manager, Best Starts for Kids Child Care Health Consultation — Public Health — Seattle & King County

Steven Shapiro, PhD — Program Manager, Child Care Health Program — Public Health — Seattle & King County

APPENDIX C. METHODS AND DATA COLLECTION

Cardea used a mixed methods prospective design. Mixed methods were used to gain a deeper understanding of the evaluation results. Quantitative data was used to describe the components of CCHC service delivery, as well as preliminary understanding of the impact of CCHC services on provider knowledge and skills. In addition, this data provided service-level information about dosage of CCHC services. Qualitative data allowed for deeper insight into provider use and impacts of CCHC services. Mixed methods data better represented the service delivery and preliminary impact of CCHC services than quantitative or qualitative alone.

Cardea identified and developed five, primary, quantitative tools that contain standardized questions across child care health consultation service delivery partners (service delivery partners) to collect service delivery and outcomes data: 1) child care provider (provider) intake and interest form, 2) CCHC consultation summary form, 3) provider follow-up assessment, 4) group training summary form, and 5) post-group training survey. Through an intensive, iterative feedback process, Cardea co-designed the data collection tools with the seven service delivery partners to ensure usability of forms and strong evaluation data quality. Data collection was primarily implemented by service delivery partners and consisted of data collection from providers receiving individual consultation and group training. Providers receiving individual consultation were also asked to complete a follow-up survey about satisfaction and impact of CCHC services on knowledge and skills.

Cardea used qualitative methods to gain a richer understanding of the programmatic elements of the two CCHC approaches, the facilitators and barriers of CCHC implementation, and the impact of CCHC services on children and families. The qualitative evaluation included two rounds of semi-structured, in-depth key informant interviews with licensed site administrators, licensed site providers, partial day administrators, licensed family home providers, and FFN providers. Twenty-nine (29) interviews occurred in 2019 and 2021. In addition, Cardea facilitated two focus group discussions with a total of 29 child care health consultants (consultants) in 2019. Cardea facilitated a focus group with 11 consultants at Public Health—Seattle & King County in 2019. Cardea interviewed CCHC program staff in 2020 and 2021 from the seven partner agencies to learn more about their programming and programmatic adjustments due to the COVID-19 pandemic. Cardea conducted interviews and focus group discussions in 2022 with 22 parents and caregivers whose child(ren) received care from a provider who worked with a consultant. Conversations were in English and Mandarin. Interviews were about 30 min and discussion groups were about 90 min with interpretation. Participants received a $75 electronic gift card as a thank you for participation.

Cardea also acted as a listening participant at regular (bi-weekly, then monthly) Best Starts CCHC and King County CCHP COVID-19 check-in calls from Spring 2020 to Winter 2021. This was a space for CCHC and CCHP staff to discuss topics such as transitioning to virtual services, meeting the needs of providers during COVID-19, returning to in-person services, the latest public health guidance, and any virtual or in-person CCHC service delivery learnings/experiences with the group. These conversations contributed to an understanding of the experiences and perceptions of providers and consultants in partner organizations about CCHC. Cardea completed ongoing qualitative data collection from September 2019 to September 2022.

DATA COLLECTION

DATA SHARING

Cardea set up data sharing agreements with each service delivery partner and a secure electronic system for service delivery partners to submit quantitative and qualitative data for analysis.

During the initial implementation phase (March through May 2019), service delivery partners were asked to submit services data on a monthly basis for Cardea to review, support data quality and improve the submission process for service delivery partners. Following the implementation phase, service delivery partners were asked to submit services data every three months. Under the data sharing agreements between service delivery partners and Best Starts and between Cardea and Best Starts, Public Health—Seattle & King County requested that Cardea share non-identified[1] CCHC individual consultation, group training, and provider follow-up survey data files.

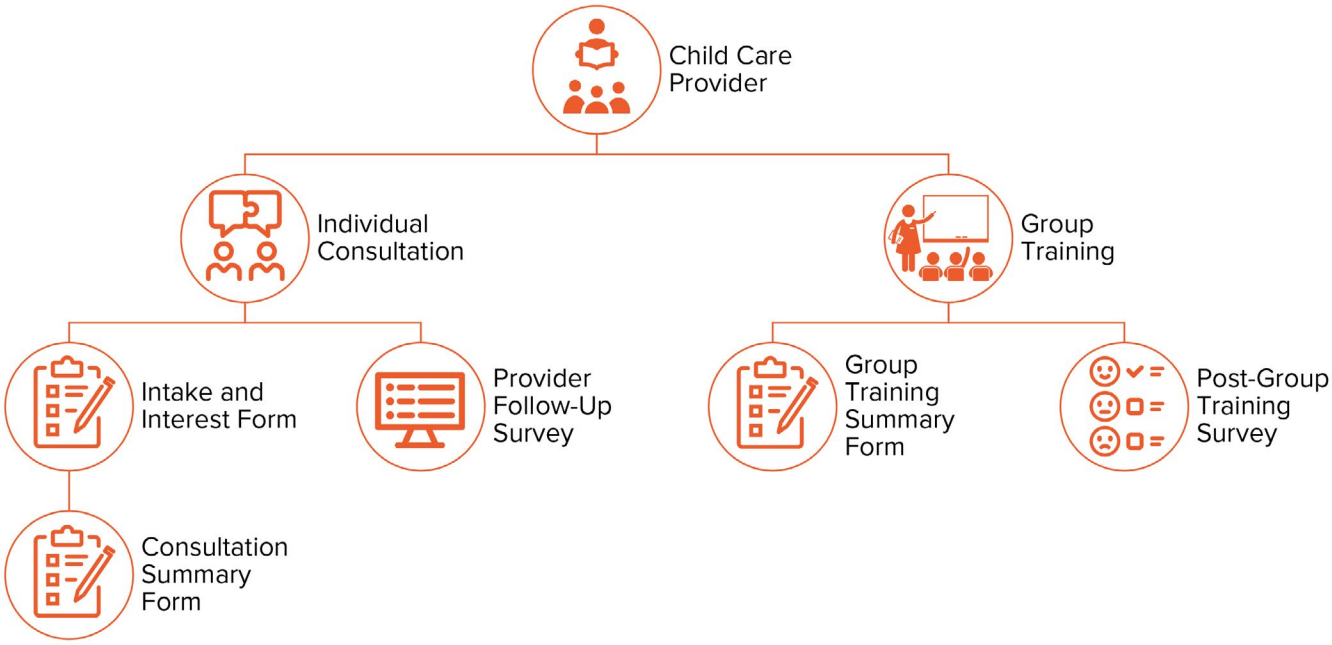
QUANTITATIVE

After finalizing the CCHC evaluation plan in December of 2018, Cardea drafted, reviewed, and finalized the data collection process from January to March of 2019. Cardea began the process by creating a matrix of current data collection elements used by service delivery partners, data collection elements used in the broader field of CCHC, and additional data elements needed to answer the evaluation questions.

Data Collection Tool Development

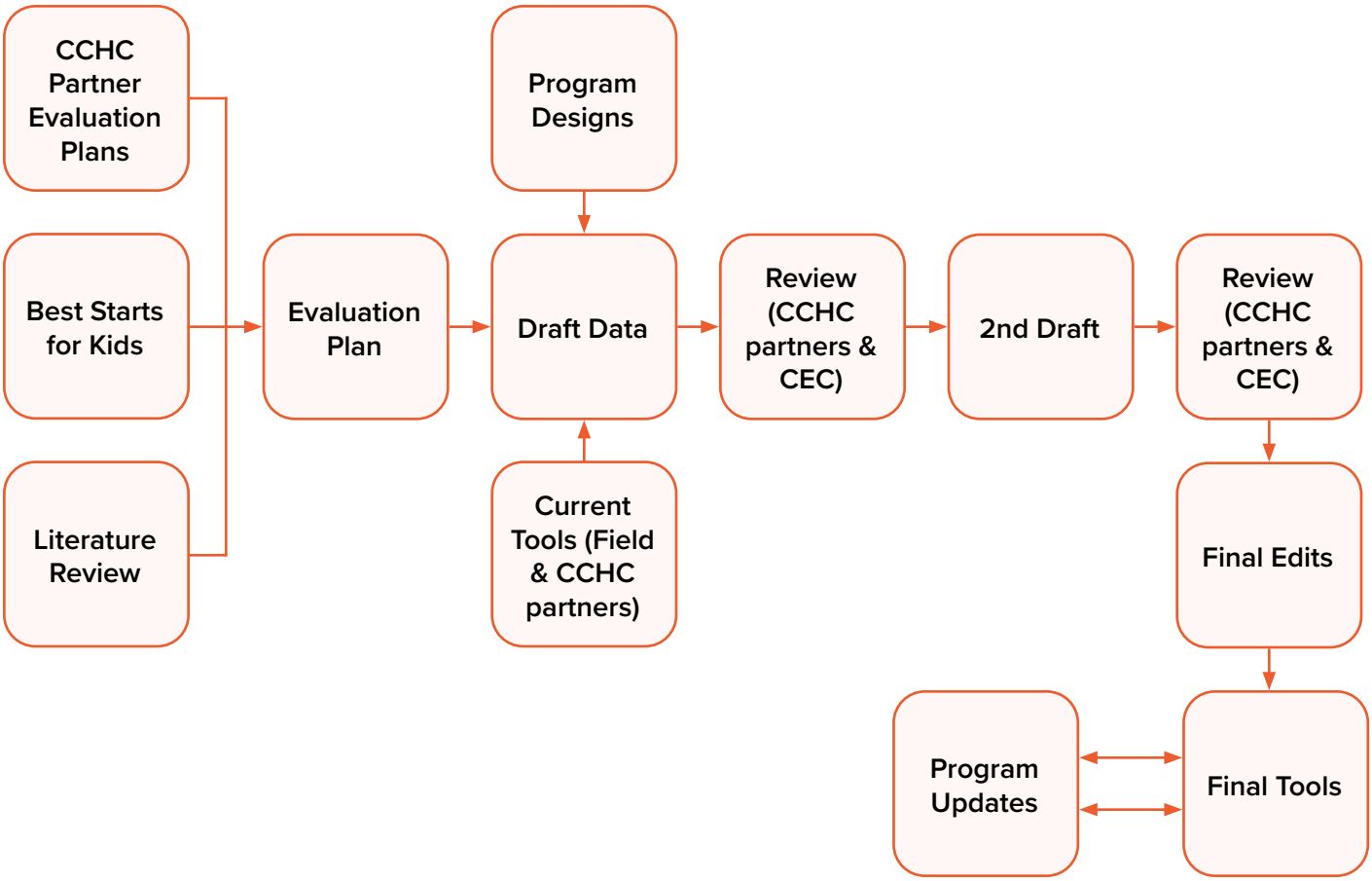
Using the matrix, Cardea identified and developed five, primary, quantitative tools that contain standardized questions across service delivery partners to collect service delivery and outcomes data: 1) provider intake and interest form, 2) CCHC consultation summary form, 3) provider follow-up survey, 4) group training summary form, and 5) post-group training survey **(Figure 3 and 4)**.

Figure 3: CCHC Program Data Collection Tools



1 In this context, non-identified data refers to data that does not include any information that could be used to identify an individual or child care location (e.g., name, date of birth).

Figure 4: Data Collection Tool Development Process



Data collection tool development included unique versions of all quantitative tools for Family, Friend and Neighbor (FFN) providers. Cardea reviewed tools with the CCHC service delivery partners and other key partners via eight (8) virtual meetings, lasting 60-90 minutes each, and with the CEC during four, 90-minute meetings. During the virtual meetings, participants reviewed each form in detail and provided feedback on quality of the data elements, wording, response options, and ordering of questions. Cardea then incorporated the feedback into updated drafts that were again reviewed by partners for final feedback and input. Cardea provided tools to service delivery partners in PDF formats via Dropbox.

Data Collection Tool Implementation

In early March 2019, Cardea trained all service delivery partners on the data collection process and tools — intake and interest form, CCHC consultation summary form, group training summary form, and post-group training survey — during a three-hour training. During the training, service delivery partners practiced using the data collection tools and spent time discussing next steps for staff training and implementing the tools within their respective CCHC teams.

Cardea provided extensive post-training support to each partner through individual technical assistance (TA) sessions, including one-on-one and group drop-in sessions. Through one-on-one sessions, Cardea provided support with data collection implementation and strategies for integrating data collection into current organizational practices. During group drop-in sessions, Cardea and the service delivery partners discussed challenges with the data collection processes. By the end of March 2019, all CCHC partners were using all individual consultation and group training data collection tools.

Cardea primarily managed the provider follow-up survey process to minimize burden on service delivery partners. The provider follow-up survey was disseminated to providers in winters of 2019, 2020, and 2021. Cardea translated the survey into nine languages — Amharic, Arabic, Chinese Simplified, Chinese Traditional, Oromo, Somali, Spanish, Tigrinya, Vietnamese — and built all versions of the survey in Alchemer. The survey contained logic and dependencies to support an efficient survey experience. A paper version of the survey was also created and translated into all nine languages to support respondents who chose not to complete the online survey. In 2019, online survey respondents received a $5 gift card, and paper survey respondents received a $5 gift that they could use with the children in their care as a thank you for participation. The survey reimbursement increased to $10 e-gift or physical gift cards in 2020 and 2021. Each year, Cardea facilitated a training for service delivery partners and provided recruitment resources, including sample e-mail, conversational text, and instructions for using Alchemer and the paper survey. The survey remained open for approximately one month each year.

Data Collection Excel Data Entry System

Service delivery partners entered data collected on all care providers receiving either individual consultation or group training into their respective administrative information systems at the time of service delivery. For service delivery partners that did not have an administrative information system, Cardea created an Excel-based data entry system. The Excel-based data entry system was built over several months to include Visual Basic Macros and cell-based arrays to streamline the data entry process and increase data quality. Post-implementation, Cardea provided TA and ongoing support to manage the use and function of the data entry system.

QUALITATIVE

Data Collection Tool Development

Cardea collected qualitative data using standardized open-ended questions within the five primary tools. Key informant interviews with consultants from service delivery partner organizations and providers provided a richer understanding of the facilitators and barriers to CCHC implementation and impact of services from the providers' perspective. As with the quantitative tools, Cardea drafted key informant interview guides using the iterative review process described earlier and included a guide with language tailored to FFN providers. The evaluation questions informed the development of the key informant interview and focus group discussion guides. For each qualitative interview process, Cardea developed one key informant interview guide for licensed providers and one for FFN providers. Cardea also developed tailored interview guides for parent and caregiver interviews and focus groups. All interview guides included a core set of content/questions: 1) background, 2) CCHC feedback, 3) CCHC impact, and 4) implementation. The questions in the focus group guide and key informant interview guide for consultants who were partner program staff included questions regarding CCHC services, CCHC implementation facilitators and barriers, and CCHC impact. Questions and probes were open-ended to encourage conversation. The 2019 interview guides were reviewed twice by the CEC. The 2019 through 2022 guides were reviewed once or twice by service delivery partners before being finalized.

Data Collection Implementation

Cardea completed 29, semi-structured, in-depth key informant interviews with licensed site administrators, licensed site providers, partial day administrators, licensed family home providers, and FFN providers in 2019 and 2021. Cardea provided consent forms to all interviewees in advance of the interviews and obtained consent at the start of each interview. Cardea worked with the seven CCHC service delivery partners to recruit providers for key informant interviews. Service delivery partners invited providers to take part in the interviews and shared the name and contact information of interested providers with Cardea. Providers were eligible to be interviewed if they were 18 years or older and were either currently receiving or had previously received individual consultation. To obtain a more representative sample, Cardea interviewed all provider types from all seven service delivery partners. Interviews averaged 50 minutes in length, and Cardea worked with interpreters to complete interviews with 13 providers who spoke Arabic, Cantonese, Mandarin, and Somali. Recruitment and interviews took place in late summer to winter in 2019 and 2020. Providers received a $50 gift card as a thank you for interview participation.

Sixteen (16) of the 29 key informant interviews were conducted in English via phone or video call. In 2019, two interpreters from Open Doors for Multicultural Families provided interpretation for six interviews in Arabic, Cantonese, Mandarin, and Somali. In 2021, two independent consultants provided interpretation for three interviews in Cantonese and Somali. Two interpreters from a partner organization provided interpretation for the remaining two interviews in Somali in both 2019 and 2021.

In 2019, Cardea conducted interviews in-person in a private room most comfortable for the key informant. Locations included the partner's offices, a library, and the provider's home. In 2021, all interviews were conducted on phone or video call. Before starting the interview, Cardea completed the informed consent process and all key informants consented to participate in the interview. Twenty-five (25) of the participants consented to being recorded and to including de-identified quotations in the report.

Cardea conducted interviews and focus group discussions in 2022 with 22 parents and caregivers whose child(ren) received care from a provider who worked with a consultant. Conversations were in English and Mandarin. Interviews were about 30 min and discussion groups were about 90 min with interpretation. Participants received a $75 electronic gift card as a thank you for participation.

Parents and caregivers reached out to Cardea staff to share their preference for participating in an interview or focus group discussion. All conversations took place over the phone or via zoom depending on the parents' or caregivers' preference. Prior to the interview, parents and caregivers were sent a consent and gift card form link to review and complete. At the beginning of each interview or focus group, Cardea verbally completed an additional verbal assent process and all 22 parents and caregivers consented and assented to participating in the discussions, including recording and the inclusion of de-identified quotations in the report.

In the fall of 2019, Cardea facilitated two focus groups with consultants from service delivery partner organizations and one focus group with consultants from the Public Health—Seattle & King County Child Care Health Program. The in-person focus group with consultants had 14 participants and was held in a private room at a Seattle Public Library location. The focus group lasted 70 minutes and was recorded. The virtual focus group with consultants from service delivery partner organizations had two participants and was about 60 minutes long. The focus group with consultants from the Public Health—Seattle & King County child care health program had 11 participants, was 97 minutes and was recorded. During all focus group discussions, a Cardea team member took detailed notes. Lunch was provided as a thank you for in-person participation.

Cardea interviewed CCHC program staff in 2020 and 2021 from the seven service delivery partner agencies to learn more about their programming and programmatic adjustments due to the COVID-19 pandemic. Cardea interviewed staff from all seven service delivery partners via video call conversations averaged 50 minutes in length.

Cardea acted as a listening participant at regular (bi-weekly, then monthly) Best Starts CCHC and King County CCHP COVID-19 check-in calls from Spring 2020 to Winter 2021. Cardea gained consent of participants to sit-in and note-take to inform the CCHC evaluation. This was a space for CCHC and CCHP staff to discuss topics such as transitioning to virtual services, meeting the needs of providers during COVID-19, returning to in-person services, the latest public health guidance, and any virtual or in-person CCHC service delivery learnings or experiences with the group.

Cardea fully de-identified the transcripts before analysis and stored data and completed consent forms in encrypted databases to ensure participant confidentiality.

DATA ANALYSIS

QUANTITATIVE

Cardea used statistical analysis software SPSS and R to generate descriptive statistics, exploring the core and unique programmatic elements associated with the two approaches to service delivery, and to describe who is receiving CCHC services. Cardea also generated summary statistics to provide an overview of the preliminary impact of CCHC services provided, analyzing survey results among provider types where applicable. Survey responses were not disaggregated by demographic data elements due to low response to the optional data elements. Data elements including language, zip code, and provider type, were used to describe the broad reach and impact of CCHC services through the seven different service delivery partner program models.

QUALITATIVE

Key informant interviews with providers, consultants, and parents/caregivers provided an additional layer of context for understanding who is represented in CCHC service delivery. This included what elements of CCHC have an impact on providers, children, and families and facilitators and barriers to implementation of CCHC. In 2019, Cardea developed a draft codebook using prior coding structure provided by Best Starts and CEC feedback. Using the codebook, two Cardea staff independently coded two interview transcripts to establish intercoder reliability and finalize the codebook and definitions. Cardea used NVivo to code the remaining interviews, identify themes, and explore relationships between themes. In 2021 and 2022, Cardea grouped data by similar themes from the 2019 codebook to inform analysis and applied a thematic approach to the qualitative analysis, reviewing detailed notes for each key informant interview, focus group, and meeting to write on initial observations about themes.

LIMITATIONS AND CONSIDERATIONS

CCHC service delivery partners began service delivery before this evaluation was in place, limiting the amount of data available for the first year. As one of several services available to providers, it is difficult to isolate the specific effect of CCHC services.

The COVID-19 pandemic also began after CCHC service delivery was in place, creating challenges to CCHC service delivery and the evaluation data collection. As providers were busy responding to emergent community needs, there was less capacity to participate in evaluation activities in 2020 and 2021. Additionally, a shortened provider survey was implemented in 2020 and 2021 to reduce burden for providers. Cardea did not conduct provider interviews in 2020.

In addition, the purpose of CCHC is to grow provider skills which meant many parents and caregivers were not aware of CCHC services, in relation to CCHC's purpose of growing provider skills. Since providers are the primary recipients of CCHC services, this evaluation focused on provider-level changes vs. child and family-level changes since those outcomes would be difficult to measure. The evaluation includes themes from conversations with parents and caregivers centered on their perceptions of, and experiences with, their provider. While themes from parents and caregiver conversations may not directly relate to CCHC impact, the additional perspective offers ways to improve CCHC services and understand possible connections between CCHC services and provider outcomes.

In 2019, the consistency and quality of data collection varied slightly across service delivery partners, given differences in capacity and infrastructure, program model, and services provided. One result of this, was incomplete data for CCHC services, due to:

1. Staff turnover — one partner lost data on individual consultation services due to the inability to recover all data entered by a former staff member during the implementation of a new administrative information system.
2. Challenges in differentiating individual consultations from follow-ups — one partner collected individual consultation data each time a consultant contacted a provider, resulting in exclusion of this partner from some analyses.

Cardea's ongoing TA to service delivery partners has largely resolved these issues for 2020 through 2022. However, since Cardea did not directly oversee data collection for service delivery partners that have administrative information systems, some data quality issues could not be resolved. Cardea continued to follow-up with service delivery partners to provide TA to resolve data quality issues.

While the evaluation questions and data collection tools were largely informed by service delivery partners, the provider follow-up survey and key informant interview guide were translated, which may have led to differences in the ways in which questions were framed. To minimize differences, a professional service was used to translate materials, and service delivery partners reviewed the tools in 2019 to ensure that translations maintained meaning and semantics. Professional interpreters with a background in social service provision were contracted to provide interview interpretation.

Cardea conducted qualitative data collection through key informant interviews and focus groups. Cardea relied on service delivery partners to select providers for key informant interviews to maintain confidentiality and trust between consultants and providers, potentially biasing the sampling of providers toward those who had deeper and more positive experiences with CCHC services. In addition, four interviews were conducted with a consultant as the interpreter, potentially biasing the responses of those providers. However, bias may have also been reduced as a result of greater provider comfort.

Finally, some communities were cautious around accessing public services and sharing personal data due to the current political climate and new federal public charge rule which went into effect in 2019 when this evaluation began. Cardea worked closely with the CEC and partners to structure tools and data collection processes to minimize the impact of community caution around sharing personal data. This limited the level of demographic data collection. Cardea also prioritized developing strong relationships with members of the CEC and partners to build trust and continually work toward a set of common goals.

APPENDIX D. CHARACTERISTICS — INTERVIEW AND FOCUS GROUP PARTICIPANTS

The 29 interviews with child care providers were split among site administrators, licensed family home providers, and FFN providers. At least one provider who worked with each service delivery partner was interviewed. Key informants had been providing child care from three months to 33 years.

From Spring to Fall of 2022, Cardea had conversations with 22 parents and caregivers whose child care provider received consultation support from four child care health consultation service delivery partners. Parents and caregivers participating in consultation had children receiving child care in licensed child care centers, licensed family homes, and family, friend, or neighbor child care.

Table 1: Characteristics—Child Care Provider Key Informant Interview Participants

	Percent
Year Interviewed	
2019	52
2021	48
Provider type	
Family, Friend, and Neighbor	38
Licensed center	38
Licensed family home	21
Partial day	3
Role	
Administrator	28
Provider	58
Both	14
Length of time providing care	
Less than 1 year	3
1 to 5 years	31
5 to 10 years	24
More than 10 years	41
Interview language	
Arabic	3
Cantonese	14
English	56
Mandarin	3
Somali	24
Interview length	
Less than 50 minutes	52
More than 50 minutes	48

APPENDIX E. ADDITIONAL QUALITATIVE FINDINGS DURING COVID-19

CCHC SERVICE DELIVERY PARTNERS AND CONSULTANTS HAD THE INFRASTRUCTURE AND RELATIONSHIPS ESTABLISHED TO SHIFT FROM IN-PERSON TO VIRTUAL CONSULTATION DURING THE COVID-19 PANDEMIC

CCHC service delivery partners had the infrastructure to shift from in-person to virtual consultation. CCHC service delivery partners engaged with their IT departments at the start of the COVID-19 pandemic to support staff working from home and transition to virtual consultation. Some staff received new hardware and training to facilitate the transition to remote work. Once consultants were set-up, they engaged with providers in virtual consultation and training.

> *The agency provided training on Microsoft Teams, they connected with trainers from Microsoft and* ***provided a couple trainings on how to use Teams with providers****....My computer was on its last legs, so I was provided a new laptop.*
>
> **— Consultant**

From Spring 2020 through Fall 2021, consultants primarily communicated with providers via email, messaging apps (e.g., WhatsApp), phone, and video conferencing. Some consultants experienced challenges in connecting with providers due to the stress of the COVID-19 pandemic on providers. Some providers did not want to receive virtual consultation and stopped communicating with consultants. Other providers had challenges accessing virtual consultation because of the demands of providing care to children, reduction in staff support, and poor internet connection. In some cases, it was also difficult for consultants to virtually build rapport and relationship with new providers and groups. Some service delivery partners supported providers in this transition, providing hardware (iPads, laptops) and internet. Service delivery partners also supported providers with the technical aspects of virtual consultation and learning for school-aged children.

The majority of service delivery partners said that they were able to accommodate more providers through virtual training due to reduced travel burden and increased capacity. One service delivery partner went from an average of 20 providers at in-person trainings to 100 providers virtually. However, by Summer 2021 participation decreased, likely due to provider burnout.

One service delivery partner who serves FFN providers created more than 100 short video trainings for providers. This agency's virtual group gatherings also created opportunities for isolated providers and children to connect and share stories and games. Service delivery partners plan to continue virtual consultation, especially virtual trainings, to reduce travel burden and increase their reach.

> ***We've learned so much by doing virtual trainings****....We've been able to include [more] people.... The numbers of people at our trainings is way higher than in person....It's much easier to log on to a virtual meeting in the comfort of your home, then drive in traffic, across town, after work to attend in-person.... [We will] keep probably a very, very large number of our trainings virtual.*
>
> **— Consultant**

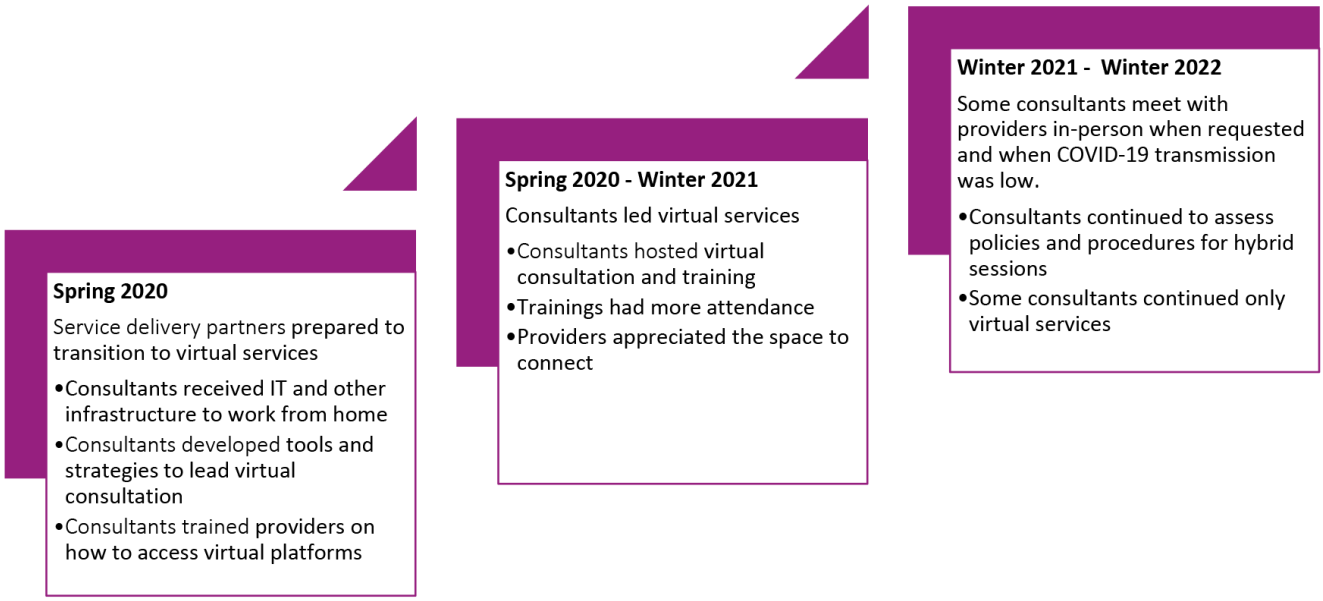
In interviews with providers in Fall 2021, many reflected that they were ready to return to in-person consultation. While they acknowledged that virtual consultation is valuable, providers wanted more opportunities for the consultant to interact with them and the children directly. They said it would be helpful to see the consultant model strategies in-person and that it was hard to focus on virtual consultation and care for children at the same time.

> ***I preferred [consultation when it was in-person] before the pandemic**. I could talk with [the consultant] directly, and we had more interaction and usually someone could keep an eye on the kids. During the pandemic, it was [harder to engage] because the kids are curious, which makes it harder to use the online tools and meet.*
>
> **— FFN Provider**

While some providers said they interacted more with consultants virtually, others interacted less and wanted more in-person interaction.

> *In-person [consultation] was much better....[The consultation] team was able to see the classroom, the child in the classroom. It gave an opportunity each week for the kid to interact with the [consultation] team directly. I knew each week [the consultants] were coming in, and we could exchange materials....It was more personable.... The virtual meetings were further apart and monthly.... **Issues were addressed more quickly in-person. We could talk and share, and, the next week, we could connect again and get the answers.***
>
> **— Licensed Center Provider**

In Fall 2021, some service delivery partners started to return to a hybrid model of in-person and virtual consultation, centering equity and providers' preferences. CCHC service delivery partners worked together, peer-to-peer, to discuss local and national guidance, share their programmatic in-person consultation policies and procedures, and ask each other questions to inform consultation practice.



CHALLENGES PROVIDERS FACED DURING COVID-19

Child care providers (providers) experienced challenges stemming from the COVID-19 pandemic, including managing and adhering to health and safety guidelines, changes in enrollment, lack of resources, and emotional stress and grief.

Service delivery partner staff shared in group meetings and interviews the challenges that providers experienced throughout the COVID-19 pandemic.

Providers experienced challenges ensuring the health and safety of children and staff. Providers found guidelines issued by Seattle, King County, and the CDC demanding and confusing, and struggled to meet guidelines and manage children.

> *[Some of the major challenges are] the health and safety of teachers and students and trying to adhere to the ever-changing Seattle and King County Public Health and CDC recommendations....* ***There's a lot of different things that providers are trying to juggle, staying up to date on all of those... and trying to implement them is obviously a challenge.*** *We had a workforce that was already teetering on an edge, trying to keep up with the demands when they, for the most part, are women of color who are struggling making a little bit above minimum wage across the board. Trying to survive as a business is a challenge.*
>
> **— Consultant who supports licensed center providers**

Child care centers had reduced enrollment, resulting in financial stress and occasionally having to close the center. Providers often lacked medical and family leave, resulting in further loss of income if they had to close due to personal or family-related illness. Many centers experienced high rates of turnover, making it increasingly difficult to fill vacant positions.

Alternately, some providers had challenges managing more children in care at the onset of the start of the stay-at-home order. Licensed family home and FFN providers started caring for school-aged children during online-learning, in addition to the younger children previously in care. Some providers who were not familiar with technology had challenges supporting children's virtual classes. The increase of children in care meant that some licensed family home providers were above capacity. Providers had to choose to send their own children out of the house during the day to not go above capacity.

> ***Providers are determining whether or not to continue...concern as first responders themselves about putting their own family members at high risk.*** *[Additionally], providers have to take their own children to other family members' homes due to capacity issues/licensing standards... [they have to decide to either] take care of their own children or take care of other people's children.*
>
> **— Consultant who supports licensed family home providers**

Due to low subsidy reimbursement, increased instability, and nation-wide shortages, providers faced challenges obtaining basic supplies. Additionally, FFN providers reported seeking rent and mortgage assistance as members of their families lost employment. Some providers applied for COVID-19 small business funding, but experienced challenges navigating information in English. If providers did receive funding, they had challenges knowing the scope and requirements of the funding.

*[Providers who received] a grant through DCYA asked us questions like "if you receive this grant, do you have to stay open?... Am I going to be told to pay back [the grant] because I had to close down due to COVID-19?" ...**we try to help them [by] collecting as much information as we can and translating and explaining it to them to better their understanding**.*

— Consultant who supports licensed family home providers

Consultants shared that providers had increased emotional hardship from pressure, stress, and grief. Some communities experienced COVID-19 infection and breakthrough cases and deaths, resulting in questions, confusion, doubt, concern, and fear. Many providers became distrustful of state and local public health officials. Chinese and Asian providers and families experienced increased anti-Asian racism. Some FFN providers experiences increased social isolation and conflict between caregivers, family members, and children due to increased daily stress and limited mobility.

*Another challenge is isolation because a lot of caregivers have very, very limited language proficiency in English. They can only talk to their kids or grandkids...**They need a social emotional support like having someone to talk to and give them some support**.*

— Consultants who supports FFN Providers

Consultants supported providers navigating these challenges through consultation as described in the results section of the report.

APPENDIX F. CHILD CARE HEALTH CONSULTATION QUALITATIVE THEMATIC ANALYSIS TABLES

CHILD CARE HEALTH CONSULTANTS (CONSULTANTS) WERE HIRED FROM WITHIN THE COMMUNITY TO ENSURE A CULTURAL AND LINGUISTIC MATCH BETWEEN CONSULTANTS, CHILD CARE PROVIDERS (PROVIDERS), AND PARENTS AND CAREGIVERS

Theme	What we heard	Child care providers and consultants told us...
Many providers had a cultural and linguistic match with their consultant	Providers and consultants shared that the cultural and linguistic match between consultants and providers helped providers feel understood without having to explain themselves or their culture. It also facilitated provider learning.	"[Having the] same culture [as the consultant] makes it easy to understand [each other]. [For example, we can] have tea together... [for] friendship and to socialize.... [We can discuss] playing a Chinese instrument...and we don't have to explain [the practice of drinking tea, the instrument, or music] to each other." *— FFN Provider*
		"[We] support grandparents interpret and translate books and other activities to their native language to engage with the child. We encourage more engagement and less screen time for the child." *— Consultant who supports FFN Providers*
Some consultants and providers experienced challenges with cultural and linguistic accessibility	Consultants and providers shared some challenges related to cultural and linguistic accessibility (e.g., resources and referral processes in English). Consultants said that the ASQ® was particularly challenging because the ASQ® and process of developmental screening were not culturally or linguistically accessible.	"When the child is born in U.S. and the provider is raised back in their native country, providers find the food, activities, language to all be challenging to adjust to. The cultural paradigm is so different that it's challenging to translate culturally. Example is the ASQ®/developmental screening. It does not occur to the provider to screen when the child is a baby. It's very unheard of, so we need to step back the discussion to development knowledge and understanding of purpose to ensure the provider culturally understands developmental screening." *— Consultant who supports FFN Providers*

CONSULTATION WAS RESPONSIVE TO PROVIDERS' CIRCUMSTANCES AND NEEDS

Theme	What we heard	Child care providers and consultants told us...
Providers were supported by a variety of service delivery models, including consultants demonstrating actions	Consultation and training were tailored and provided through various service delivery models. Regardless of mode of consultation, providers and consultants reported that consultants taught providers new skills through modeling, including developing a script for difficult conversations with families, demonstrating how to use sensory tools in the classroom, modeling how to wash children's hands, techniques for playtime, and what to do when a child has a behavioral issue.	"[The consultant] would model a conversation — when the child does this or says this — she would script it for us. Because she had been in the classroom, she knew exactly what was happening and the challenges that child was having. She would say, "Try this or try saying that" and would model the language or script." *— Licensed Center Provider*
		"[We] show a different way to do circle time, helping one-on-one with coaching, modeling behaviors as opposed to yelling [at children]. Then [we] have a follow-up [with the provider] to discuss how it went and see them execute the action." *— Consultant who supports Licensed Center Providers*
Consultation was provider-centered and strengths-based	Providers and consultants shared that consultants used provider-centered, strengths-based approaches to deliver CCHC services. Providers said that the consultant addressed every topic that they wanted to cover in their time together and provided resolutions to issues that the providers had not identified. Parents and caregivers said that the consultant also tailored lessons to the children's interests.	"[Child care health consultation] is more than just [child care health consultation]. The [consultants are] aware of the connections of everything [that we discuss] ... [Consultation is] holistic, more of a big picture. [A child care issue you discuss with the consultant] might be related to finance... [so] they address [the finance issue too] knowing that it's connected." *— FFN Provider*
		"[The consultant has] been able to get to know us, and we've been able to get to know them. [The consultant says] "How can I build this for you, how can we work together to make this happen, what do you need from me?" And we have that comfortability to be able to tell [the consultant] what we need." *— Licensed Site Administrator*
		"We listen to the providers, ask what they need, and help them." *— Consultant who supports FFN Providers*
		"[Consultants] always [teach] from the perspective and interest of the....child. My child is active so the [consultant] uses [an active activity] as a guiding point to listen and learn the lessons they need to learn." *— Parent/Caregiver*

CONSULTANTS MEANINGFULLY ENGAGED PROVIDERS, FACILITATING THEIR ABILITY TO PROVIDE EMOTIONAL AND CRISIS SUPPORT

Theme	What we heard	Child care providers and consultants told us...
Consultants meaningfully engaged with providers, which facilitated consultants' ability to provide emotional and crisis support	Consultants who participated in focus group discussions felt that the positive relationships they built with providers, site administrators, and teaching teams were the greatest indicator of their success in providing CCHC services. Providers, parents, and caregivers shared that their consultant's interpersonal skills — coming from a place of empathy, creating positive relationships and building community, being easy to understand, listening actively, being passionate, and being friendly and patient — facilitated relationship and learning.	"I have a support system that is going to make sure that I get what I need, so I don't have to stress about needing things....I can focus on creating the life that I want to have versus allowing that to... weigh me down." *— FFN Provider*
		"The consultants come from a place of empathy and not wanting to create an additional burden by being there, an extra pressure.... They come to help. There's no judgement. It has felt like a partnership where their suggestions really honor the values and realities of our program." *— Partial Day Administrator*
		"We come in as a facilitator, instead of as an expert or consultant. If you throw out numbers or percentages to teachers, it's not helpful. Instead, come in as a facilitator." *— Consultant who supports Licensed Center Providers*
		"I am so thankful because [the consultant] has developed a trusting [relationship] with my mom (our child care provider). [The consultant] is like a friend... you can ask them questions and they will listen to you." *— Parent/Caregiver*

CHILD CARE HEALTH CONSULTATION SERVICE DELIVERY PARTNERS (SERVICE DELIVERY PARTNERS) AND CONSULTANTS HAD THE INFRASTRUCTURE AND RELATIONSHIPS ESTABLISHED TO SHIFT FROM IN-PERSON TO VIRTUAL CONSULTATION DURING THE COVID-19 PANDEMIC

Theme	What we heard	Child care providers and consultants told us...
Service delivery partners quickly adapted during the COVID-19 pandemic	Consultants shared that they had the infrastructure to shift from in-person to virtual consultation. Consultants adapted by providing virtual trainings and consultation.	"We've learned so much by doing virtual trainings....We've been able to include [more] people.... The numbers of people at our trainings is way higher than in person....It's much easier to log on to a virtual meeting in the comfort of your home, then drive in traffic, across town, after work to attend in-person.... [We will] keep probably a very, very large number of our trainings virtual." *— Consultant who supports Licensed Center Providers*
Some child care providers wanted to return to in-person consultation services	In interviews with providers in Fall 2021, many reflected that they were ready to return to in-person consultation. While they acknowledged that virtual consultation is valuable, providers wanted more opportunities for the consultant to interact with them and the children directly. They said it would be helpful to see the consultant model strategies in-person and that it was hard to focus on virtual consultation and care for children at the same time.	"I preferred [consultation when it was in-person] before the pandemic. I could talk with [the consultant] directly, and we had more interaction and usually someone could keep an eye on the kids. During the pandemic, it was [harder to engage] because the kids are curious, which makes it harder to use the online tools and meet." *— FFN Provider*

CONSULTANTS USED A DEVELOPMENTAL APPROACH TO BEST MEET PROVIDERS WHERE THEY WERE AND TO IMPACT KNOWLEDGE, SKILLS, AND CHILD CARE PRACTICES

Meeting basic and emerging issues

Theme	What we heard	Child care providers and consultants told us...
Consultants met providers' current and evolving needs	Consultants emphasized that they tailored consultation support to meet providers' needs. Parents and caregivers whose children received care from family, friends, or neighbors confirmed that consultants first worked with their providers to determine what topics to cover in consultation.	"We've learned so much by doing virtual trainings....We've been able to include [more] people.... The numbers of people at our trainings is way higher than in person....It's much easier to log on to a virtual meeting in the comfort of your home, then drive in traffic, across town, after work to attend in-person.... [We will] keep probably a very, very large number of our trainings virtual." *— Consultant who supports Licensed Center Providers*
		"We did not have any specific topics that we concentrated on, it is usually a casual conversation, talk about what the child needs... [they] talk about what my parents need help with." *— Parent/Caregiver*
Consultants supported providers navigate licensing requirements	Providers shared that consultants helped them understand the process to become licensed and helped them stay up-to-date with licensing requirements.	"[The consultants] helped us get a business license. They shared the website and told us how to fill out the forms. They helped with the state license and the business license." *— Licensed Family Home Provider*
		"The DSHS licensing inspector was coming to my house to inspect. The consultant came to my house to help me organize files....One day, [the consultant] spent 5 hours getting organized and ready." *— Licensed Family Home Provider*
Consultants worked with providers on health and emergency policies	Providers shared that consultants helped them create policies and procedures for COVID-19 exposure, and discussed how to wear masks, have children wear masks, and get tested for COVID-19. Consultants also helped providers create policies and processes for interacting with families on how to engage with children throughout the day.	"Now I have a set schedule and have firm drop-off and pick-up times... and I have a schedule of activities for the children.... Knowing what's next has made running the day care easier, and the kids like knowing what is next...Kids like being included." *— Licensed Family Home Provider*
		"[Our child care provider] has to know...who picks up the child [from care] writing, she has [this] safety policy" *— Parent/Caregiver*

Addressing foundational consultation topics

Theme	What we heard	Child care providers and consultants told us...
Consultants supported child growth and development topics, including developmentally appropriate communication	Providers who received CCHC services communicated with children at a developmentally appropriate level, had developmentally appropriate expectations of children, and addressed children's emotions and challenging behaviors in a supportive manner.	"It makes a big difference to begin seeing a child's development through the child's eyes. I think just, initially, we do things through our adult viewpoint. It takes effort to see what the child is seeing, but, when you do that, it brings a lot of understanding." *— Licensed Center Provider*
Consultants supported planning developmentally appropriate activities	FFN and licensed family home providers reported an increase in planning developmentally appropriate activities. Providers noted that they learned to incorporate infant and child learning and development activities throughout the day.	"The whole group [of children] will play music, and then, after, we do building block activities...It's organized. It's not just passing the time. While they are here, they are learning something." *— Licensed Family Home Provider*
		"[The consultant] will bring a lot of toys to help him develop, also a paper, scissor, and pencil helping him to play. Through teaching him drawing, cutting, and glue, we are teaching him to interact and start talking. That is helpful....I didn't know that, during his age, I should teach him colors. [The consultant] teaching him the color and shape saying, "Oh, it's a square, a red square." Now, he says what each color the square is right away." *— FFN Provider*

Theme	What we heard	Child care providers and consultants told us...
Providers gained confidence in, and increased use of, developmental screening tools	Providers said that their consultants taught them about and helped them implement the ASQ®. Consultants provided guidance on how to adapt providers' engagement of children with special needs to ensure inclusion throughout the school day. Parents and caregivers reported the impact these strategies had on supporting their child(ren).	"I [do a developmental screening tool with the children] once a month or every few months and evaluate them and give to the parents. It's really helpful, especially for kids under 5, to sit down and observe them. A lot of immigrant parents say, "This is just a paper, I'm not interested in something negative" ...but I have to be persistent [with the families] and not judgmental." *— Licensed Family Home Provider*
		"A success [I've seen] from CCHC is supporting teachers recognize that a child has a sort of developmental concern then approaching the parent and having these hard conversations....They approach the conversation as 'parents, help me get more information" instead of the provider saying there is something wrong with their kid. and deal with the potential response. Providers Don't need an outside consultant to confirm your suspicion. CCHC is providing concrete tools to have these conversations, but also some self-efficacy and confidence building." *— Consultant who supports Licensed Center Providers*
		"[Our consultant] gave suggestions to stimulate senses for fine motor skill building: playdough, crayons...and a variety of [other] different materials for child to play with. [Our child] was not far behind, but as a result of these activities... he improved a lot in the updated [developmental] assessment." *— Parent/Caregiver*
Consultants supported providers with health and safety topics	Providers and consultants shared that CCHC supported environmental safety, children's health and safety, and COVID-19 vaccination efforts.	"[The consultant] checked the water temperature and that the freezer was the right temperature, arrangement in the fridge where the meats were at the bottom." *— Licensed Family Home Provider*
		"My elder grandson has an allergy... [The consultant] helped write down what he is allergic to...grass, flowers... animal fur. [The consultant] tried to find out why he has the allergy and suggested to see a doctor.... So, we took him to the clinic to do the allergy test to find out what [he is allergic to]." *— FFN Provider*
		"We created a space [for providers] to talk about [their] concerns.... [We] honored everyone's experiences and opinions. Some people have lost family members.... Providers were wondering about safety related to COVID-19 and the vaccination.... [We hosted] mobile clinics [for vaccination]." *— Consultant who supports Licensed Center Providers*

Theme	What we heard	Child care providers and consultants told us...
Providers learned how to improve child nutrition	Consultants who worked with licensed sites with cooks taught the cooks about early childhood nutrition. For providers based in their homes, consultants shared recipes for easy-to-prepare, nutritious meals. Providers reported that consultants also taught them how to feed children who were disruptive at mealtime or refused to eat. Parents and caregivers shared appreciation for providers who give children nutritious foods and ensure children are not hungry while in child care.	"When the child says no, put the child at the table and have them do something else...write or draw and put the food next to them and then they will eat it. Because some kids, when they go to different houses, they may not eat, but, if they are distracted and you put the food next to them at the same time, they just eat." *— Licensed Family Home Provider*
		"In the past, it was about making sure the child is eating. Now, [the consultant] has taught me to look at the whole meal - to get milk, fruit, rice, and water....I did not pay attention before, but now [know how to] balance nutrition and importance of doing that for the child." *— FFN Provider*
		"We [led a demonstration] of cooking a nutritious meal for providers. Then providers [created and] shared videos of themselves cooking food. They each wanted to show each other what healthy food they were eating." *— Consultant who supports Licensed Family Home Providers*
		"[Our child care provider] offers a lot of healthy food for the kids. She updates us on what we can offer to the child and offers nutritious food, less sugar. She provides nutrition foods for the family. She works hard to make the kids follow nutrition guidelines, so we can make our kids healthy from a young age." *— Parent/Caregiver*

Theme	What we heard	Child care providers and consultants told us...
Consultants supported providers with inclusion strategies for children in their care	Based on their work with the consultant, providers were able to enroll more children with special needs. Providers, parents, and caregivers saw success with children who had special needs.	"We have a child that had challenging behaviors and now we can help him succeed... He was non-verbal, and we found ways to communicate with sign language and pictures, helping him succeed with being in the classroom. This simple sign language did help the child participate in activities throughout the day. He was able to focus better and become involved in group times and things that we were doing....The relationship between myself and the student grew. I look at things in a different light. Just because he is not verbal doesn't mean he doesn't understand." *— Licensed Center Provider*
		"[Children with special needs] have more empathy from other students. [They are] able to participate throughout the school day in ways they weren't before. [They are] supported throughout the school day. Families feel seen and heard." *— Partial Day Provider*
		"I have been able to sign with [my child] to communicate with her more...[My child care provider] showed me some sign language and gave a resource to practice together. It's been easier [to communicate with her]... every day gets better and better." *— Parent/Caregiver*
Consultants helped providers create supportive learning environments	Consultants helped providers create supportive environments for learning, including physical space to encourage children's development. Almost all providers and consultants discussed how the child care environment can impact children's behavior and well-being.	"When COVID came in, a lot was taken away. There was a lot we couldn't do. [The consultant] gave me ways to accommodate the children, increase the outside play area. We built a playground [with] grant [funding, and now we] have a rock climber and slide and before we didn't have all that." *— Licensed Site Administrator*
		"I know this is the reading book area. I let the child know, when they want to read the book, go to this area." *— FFN Provider*
		"Providers has challenges with naptime...[we suggested] a lot of environmental strategies to make naptime easier, which is a stressful time for providers. Providing lighting, sound, special accommodations for environmental changes." *— Consultant who supports Licensed Center Providers*

Additional consultation topics

Theme	What we heard	Child care providers and consultants told us...
Providers gained the tools to manage and support challenging behaviors and special needs	Providers noted that they used information gathered about challenging behaviors to work with their consultant on developing tools and strategies to manage those behaviors. Parents and caregivers shared their appreciation for these strategies.	"We said that we were going to serve all students, but we didn't know how. We didn't have the capacity in our staffing or budget to have the staff support that we really needed. The family is committed to being here. Family loved the program and wanted the child to be there....So, we said "How do we say 'yes' to this child?" [The consultant] immediately came in, and it was challenging for them, too, but we devised strategies to be inclusive for this child." *— Partial Day Provider*
		"He always had playdough, or someone could rub his back, wiggle feet — textured feet that wiggle a little bit — good for students where it hard to sit still. [These strategies were] super helpful for a lot of the children [as well]." *— Licensed Care Provider*
		"[The child] was super angry when he was upset and [would] throw things... [Now], we have them draw how they're feeling, instead of disciplining them for being upset, and then you get to open the door for conversation." *— FFN Provider*
		"It seems like coregulation skills have advanced in this period, he can calm down his body or mind about something, listening to directions or listening to other children, he listens or is respectful of that." *— Parent/Caregiver*
		"[My child] is definitely more interested in other kids this year, he talks about kids that are friends and what he does with them. Before he played alone or negative things about peers. However, they are setting up peer interactions in the school. He is learning to enjoy social interactions." *— Parent/Caregiver*
Some providers were supported to improve their health and wellness	FFN providers were supported with their own chronic disease management. Conversations ranged from how to protect their back when changing diapers to nutritious foods to include in their diet.	"I have diabetes. If I have any questions [about it], I will ask [the consultant] right away, and, next time we meet, [the consultant] will bring resources... [The consultant] is not only taking care of the kids, she is also taking care of us." *— FFN Provider*
		"[The consultant] talked about...how to cope when dealing with COVID... and how to implement self-care...to [manage] stress related to dealing with families and children [who have also] been traumatized [by COVID]." *— FFN Provider*

Theme	What we heard	Child care providers and consultants told us...
Providers improved their relationships with families	Providers, consultants, parents, and caregivers shared that providers built partnerships with families through conversations so they could be a team in supporting the child.	"Our overall approach to working with families and being team members with families has improved. We now have resources and processes for things. We... encourage partnership with families. [This has] improved the child's experience in preschool, because they have the buy-in from all of the adults caring for them." *— Partial Day Administrator*
		"[The consultant] they helped me open up more...The families feel more connected with me...A family was struggling with homelessness and financial issues. Because of the consultant, I was able to support them and provide them with a lot of things." *— Licensed Family Home Provider*
		"[Providers] approach the conversation as "Parents — help me get more information", instead of the provider saying there is something wrong with their kid and deal with the potential response.... Consultants are both providing concrete tools to have the conversation, but also some self-efficacy and confidence building.... [Providers say] it's validating that they know what they're seeing and giving little guidelines that backs what they're seeing. "I hear what you say. Here is the resource. Here is the benchmark for speech development and sounds." *— Consultant who supports Licensed Center Providers*
		"[Our child care provider] provides great communication and did an incredible job with COVID-19 notifications of protocol updated for parents...They also notified us with what the children were learning that week. [With this information we] could read [the children] books and get them excited about the upcoming topic. [Our provider is] very accessible by email or phone. [They provide] feedback on things you need to work on with kids and they know [our child] well." *— Parent/Caregiver*
Some parents and caregivers expressed dissatisfaction with their communications and relationships with child care providers	Some parents and caregivers said that their communication only happened when they reached out to the provider and that the provider focused on sharing the problems they experienced with the child that day. Others shared the lack of communication between the parents/ caregivers, consultants, and providers made it hard to meet the child's needs.	"It is hard to have communication and collaboration between us and our child care provider... we have two [parent-teacher] conferences per year to review developmental scales and assessments they use to track progress, but we have not found these conversations helpful. Most of the conversation is about what is not going well with the child. Outside of those two meetings any communication is initiated by me because the teachers are overwhelmed." *— Parent/Caregiver*

Theme	What we heard	Child care providers and consultants told us...
Providers improved their relationship with children in their care	Providers discussed improved relationships with children. During the COVID-19 pandemic, providers learned how to recognize anxiety and other mental health stressors in children and how to support them. FFN providers reported building relationships with children by providing more opportunities for play. Nearly all indicated that they read more with the child in their care and had less TV time. All FFN providers reported that they felt more involved in the child's development with the parent or caregiver.	"Now I will listen to [the child]. I will lower to my knee and talk [to the child]. The power dynamic has changed, which is different than my [historical practice]. Now, [the child] and I have a great relationship....He is happy to see me... [I am] relearning this relationship to be more loving...and our goal is to have a good relationship." *— FFN Provider*

CONSULTANTS PROVIDED ADDITIONAL SERVICES, WHICH WERE CRITICAL FOR COMPREHENSIVE CONSULTATION

Theme	What we heard	Child care providers and consultants told us...
Providers appreciated gathering in groups to share and learn from one another	Providers appreciated coming together in groups to share and learn from one another. Providers from licensed child care locations (sites) most often attended a training that was delivered at their site and covered a topic tailored to their needs (e.g., sanitation and hygiene; ASQ®; creative ideas for circle time; and COVID-19 policies, procedures, and related trauma and stress). Group trainings for licensed family home and FFN providers were delivered in the providers' primary language or with interpretation services. Trainings covered topics such as business set-up and licensing, description of the WAC, CPR and first aid, food handling, management of behavioral issues, and COVID-19 policies, procedures, related trauma and stress.	"The [consultant] team came in and gave group training to our staff...I was excited to have another resource for our teachers... to support different sensory needs and identified special needs...As an administrator I have those skills but don't have the time to give the training." *— Licensed Site Administrator* "Having the group of providers and support system was the biggest takeaway that I learned. They understand what you are going through. They ask questions you didn't have, but it's nice to know the answer. We have a community. COVID was lonely, having the once a month meeting built our community." *— Licensed Family Home Provider*
About half of the service delivery partners conducted consultation directly with parents or caregivers	Consultants who worked with FFN providers found it helpful to meet with the entire household to discuss the child's care. Consultants who worked with licensed family homes and child care centers connected with parents or caregivers when there was a specific concern about a child. About half of the parents and caregivers interviewed said that they did not meet with the consultant, but that they wanted to communicate with the consultant directly.	"If it is possible [for the consultant] to communicate directly with us I would love that. [I want to know] their evaluation of my child and strategies that they are using to help him be more successful...so we can be implementing those things at home as well." *— Parent/Caregiver*

Theme	What we heard	Child care providers and consultants told us...
Parents and caregivers were referred to resources to support their children's development and, in some cases, providers connected children, parents, and caregivers to those resources	Providers and consultants said that consultants supported providers in connecting children and families to specialists, including occupational therapists, speech therapists, and social workers, to assist with developmental delays and acute behavioral issues. Parents and caregivers share how referral services supported their child(ren).	"We had a child enrolled who we had concerns about, and we thought a social worker could address these concerns. We used the list [of referrals provided by the consultant] as a resource with the family. We connected the family with the social worker. Child is now in a class that the [the consultant] is serving. They can talk with the teaching team about "Have you communicated with the other professional? Are parents sharing goals with you?" *— Licensed Site Administrator*
		"[The consultant] let us know that, on Wednesdays at the local library, they have activities for younger kids, story time, so there are other kids that go there, too. We also go to the community center on Tuesdays and Thursdays. In the gym, they have activities to play and interact." *— FFN Provider*
		"We connect providers with external resources and support that they can access outside of meeting with us. Providers don't have the time or space to do the deep internet dives that I do. I can connect them to the resources, and expand the reach of the consultation." *— Consultant who supports Licensed Center Providers*
		"[My child] goes to occupational therapy twice a week...[because of the therapy he is]... able to walk up and down the stairs without falling, throw an object, play with playdough...He did not have the motor skills to throw a football but now he can....the occupational therapy has improved his life." *— Parent/Caregiver*

CONSULTANTS ENSURED THE CONTINUITY OF RELATIONSHIP BETWEEN THEMSELVES AND THE PROVIDER

Theme	What we heard	Child care providers and consultants told us...
Providers reported regular engagement with their consultant facilitating learning	Providers noted that consultants built positive relationships through active communication and regular meetings.	"[The consultant] was available. She was always offering. She would take the initiative to schedule a meeting, because we were so busy and understaffed. She was very prompt with correspondence and eager to meet with us." *— Licensed Site Administrator*
		"We speak on a very frequent basis, at least once a week... [We have] little check-ins like "How are you doing? Hey, did you get the email I sent?" ... I always feel like I have enough time [with my consultant] ... [sometimes they] sit on the phone [with me] for two hours... [they are] very accommodating." *— FFN Provider*
		"Whenever I have concern, we get answered right away. I didn't get the ASQ® right away in the group training, so they came [to my house] two more times to explain it until I got it right." *— Licensed Family Home Provider*

APPENDIX G. ESTIMATE OF NUMBER OF CHILDREN IN CARE AT LOCATIONS RECEIVING CONSULTATION SERVICES

To estimate the number of children in care with child care providers (providers) enrolled in Best Starts for Kids (Best Starts) Child Care Health Consultation (CCHC) services, data from multiple sources was used to generate an overall and annual estimate. All data was collected at single points in time between April 1st, 2019, and June 28th, 2022.

EVALUATION OBJECTIVE

Estimate the number of children in child care at child care locations receiving Best Starts CCHC services.

METHODS

To estimate the number of children in care, data was used from two data collection sources:

- The child care intake data collection forms completed by Best Starts child care health consultants (consultants) asking providers the approximate number of children in care at their child care location at the time the location was enrolled to receive Best Starts CCHC services
- Child care enrollment capacity for currently licensed child care centers and licensed family homes is maintained by Child Care Resources (CCR). Through a data sharing agreement, CCR provided enrollment capacity data available for active licensed child care centers and licensed family homes on June 30th, 2022, with Cardea

Child care intake data was matched to the CCR data using a unique identifier. Intake data was used as the primary source. When intake enrollment data was missing, matches to CCR data were imputed into the missing data element. Not all intake data were matched to CCR data. Where intake enrollment data was missing and unable to match to CCR data, imputation was calculated two ways to verify reasonable estimates of enrollment prior to imputing.

- Mean imputation was calculated by provider type to generate an estimated number of children in care for each type of child care provider
- Linear regression was used to predict the number of children in care by provider type

Each imputation method returned similar estimations and logistic regression estimates were used for missing enrollment data by provider type.

Estimates were calculated across all three evaluation years (2019-2021) and for each evaluation year, respectively. Estimates were generated based on child care locations receiving consultation in the year calculated. Consultation dates were used to generate unique lists of child care locations receiving services within each estimation year(s) and matched to available intake enrollment data regardless of intake date.

RESULTS

Data across all three years for the number of children enrolled at the 620 unique child care locations was right skewed and linear both overall and disaggregated by provider type. After matching CCR data to missing intake enrollment data, missing data was about 17% and was imputed using linear regression.

Across all three evaluation years, the estimated number of children in child care at child care locations receiving Best Starts CCHC services was around 15,000 for 2019 through 2021. In 2019 and 2020, just over 8,000 children were estimated to be in care. In 2021, just over 10,000 children were estimated to be in care.

LIMITATIONS/CONSIDERATIONS

Intake data was collected between April 1st, 2019, and March 30th, 2022. CCR enrollment data, however, is only available for any licensed child care locations currently operating on June 28th. This means missing enrollment data for providers that were open and operating prior to June 28th are not included in the CCR dataset and that data was not available to match to intake enrollment data. Therefore, those data still missing after matching available CCR data, was imputed. In addition, a mix of aggregate point in time enrollment capacity and aggregate point in time enrollment of children in care data was used to generate the estimate. Children enrolled in multiple child care locations were not identifiable in the dataset, duplicate enrollments may exist in the estimate. The mix of point in time enrollment capacity and point in time of actual enrollment data may not represent the real-time child-care enrollment if data collection occurred in a year prior to the estimation year. By using CCR data, linear regression imputation, and cleaning to remove duplication of child care locations, the estimates attempt to reduce estimation error.

King County

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