



BEST STARTS FOR KIDS
CHILD CARE HEALTH CONSULTATION EVALUATION
PRELIMINARY FINDINGS, 2019–2021



Best Starts for
KIDS



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 GRANTEES

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

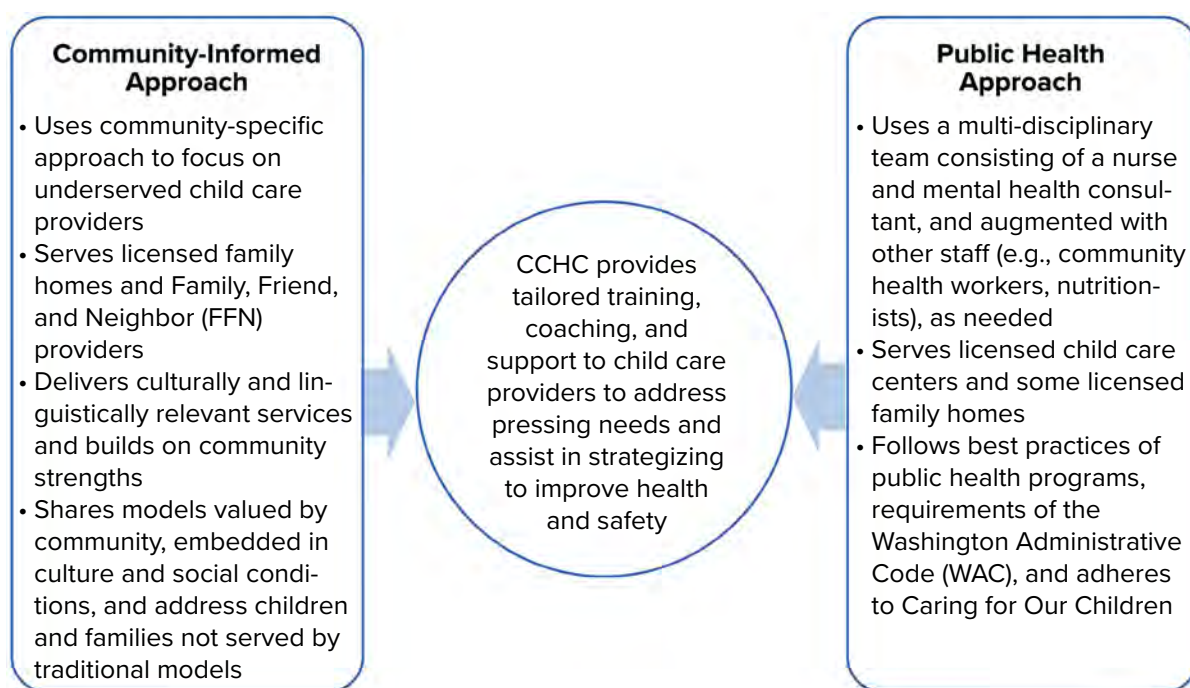
EXECUTIVE SUMMARY

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 by ensuring healthy and safe child care environments. In 2018, Best Starts invested in two CCHC approaches — public health model and community-informed pilots — to leverage communities' strengths and meet the wide range of needs in King County.



GOALS AND OBJECTIVES

The purpose of the CCHC evaluation is to describe: 1) CCHC services, 2) how CCHC services and unique approaches contribute to child care provider outcomes, and 3) how CCHC services have been developed, implemented, and revised over time. In addition, this evaluation describes the ways in which CCHC services support child care provider needs in King County across

diverse geographic, cultural, and provider communities as well as supports delivered throughout the COVID-19 pandemic. Cardea used a mixed methods prospective design and participatory approach for this evaluation, including significant input and feedback from the seven CCHC grantees and CCHC Evaluation Committee (CEC).

King County Child Care Health Consultation Theory of Change



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

SUMMARY OF SERVICES PROVIDED

On average between April 2019 and September 2021, 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 September 2021* there were:



* Refer to the Results section starting on page 24 for full data analysis and data considerations over the 2019 to 2021 time period.

KEY FINDINGS



CCHC services support a wide range of child care providers, children, and families, particularly those who have been consistently and historically underserved through multiple approaches and program models



Cultural and linguistic match between consultants and providers is central to quality consultation



Public health and community-informed approach consultations remained stable throughout 2019, 2020, and 2021 despite the COVID-19 pandemic, highlighting consultants' abilities to pivot to meet providers', children's, and families' needs



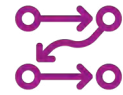
Consultation is delivered in a way that is responsive to providers' strengths, circumstances, and needs using modalities and skill sharing strategies that support provider learning and engagement



Consultants meaningfully engaged providers, facilitating their ability to provide emotional and crisis support



CCHC grantees and consultants had the infrastructure and relationships established to shift from in-person to virtual consultation during the COVID-19 pandemic



Consultants used a developmental approach to best meet providers where they were by covering a range of topics to first meet providers' basic and emerging needs, moving into deeper consultation with supplemented additional services



Consultation is provider-centered, with team-based services and supports that ensure the continuity of relationship between the consultant and the provider



Providers were very satisfied with the consultation services they received and most providers improved their knowledge in at least one topic area each year



As a result of consultation, providers applied new skills that improved health and safety, growth and development, and behavioral support for children in child care

DISCUSSION

From the multi-year results, the two (2) approaches under the shared Best Starts child care health consultation strategy have reached a range of licensed, unlicensed, and/or family, friends, and neighbor (FFN) care from diverse communities spread across King County. In this updated report, the evaluation focused on describing: 1) CCHC services, 2) how CCHC services and unique approaches contribute to child care provider outcomes, and 3) how CCHC services have been developed, implemented, and revised over time.

I want to communicate [with my consultant] and ensure everyone [at the agency and in my community] is ok. [This communication] is a big deal for me, [it is] a lifeline and therapeutic.

—FFN Provider, Community-Informed Approach

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.

—License-exempt Administrator,
Public Health Approach

WHAT DESCRIBES CCHC SERVICES?

Over time, consultants transform the consultative relationship in their work with providers to move through a range of consultation topics at varying depths and based on emergent and non-emergent needs.

The spread of topics covered during consultation is evenly distributed (about a third) across the three categories of growth and development, health and safety, and other additional consultation topics. Nutrition is less frequently covered (5% of all consultations), but is a topic that is more frequently discussed by providers during interviews. Across all topics, types of providers, and both the community-informed and public health consultation approaches, providers tend to progress through consultation by starting with immediate basic needs, asking their most pressing questions, and learning about the services available through consultation. Providers then move through foundational topics and go into greater depth with additional topics or return to a foundational topic. CCHC grantees also supplement consultation with additional services such as group trainings and learning communities, direct consultation with parents and caregivers with children in child care, and community resources and referrals.

EXECUTIVE SUMMARY

To transform the consultation relationship and support providers in engaging deeply with topics that may be sensitive, consultants use several strategies

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



Providers shared that their strong relationships with 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 the discussions went 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 provider's culture to make new skills more accessible and strengths-based.



HOW DO CCHC SERVICES AND UNIQUE APPROACHES CONTRIBUTE TO CHILD CARE PROVIDER OUTCOMES?

CCHC services have a positive impact on child care providers across consultation approaches and topics covered. Best Starts' investment in bringing seven CCHC grantees 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 child care providers. The following areas of impact emerged across child care providers:



Providers learned to communicate with children at a developmentally appropriate level and had developmentally appropriate expectations

of children. Providers gained confidence in and increased use of developmental screening tools.



With support from consultants, providers were able to respond to health and safety concerns for children in their care.

Consultants shared information about the COVID-19 vaccine and helped providers get vaccinated, provided mental health support, helped develop policies for childcare sites, and shared COVID-19 appropriate activities to do with children throughout the day.



Providers were able to enroll more children with special needs, and see success with children who have special needs.

Providers appreciated consultant support in developing inclusion strategies for children with special needs.



Providers increased their ability to support challenging child behaviors.

Providers used information gathered about challenging behaviors to work with their consultants on developing tools and strategies to manage those behaviors.



Providers improved their relationship with families and children.

The strong relationship between providers and families was especially supportive during the COVID-19 pandemic. Providers were able to share pandemic-related resources with families and support families going through difficult times.



Providers connected families and children to referrals and resources.

Across consultation approaches, providers indicated that consultants connected families with specialists to address developmental concerns. Consultants also supported with basic needs.



Providers implemented new nutrition practices to provide healthier foods for children in care.

Consultants shared ways to improve nutrition in ways that integrated a culturally strengths-based approach to preparing and making food for children.

HOW HAVE CCHC SERVICES BEEN DEVELOPED, IMPLEMENTED, AND REVISED OVER TIME?



Consultation and training are tailored and provided through seven different service delivery models. Each

grantee developed a unique program to deliver consultation to child care providers. Some grantees focused on the full picture of the providers' social determinants of health to first meet providers' basic needs, and then move into additional foundational topic areas. Others focused primarily on a specific set of foundational topics, such as inclusion of children with special needs, or built learning and peer communities among providers who typically worked in isolated settings such as family homes.



Grantees developed their service delivery models to best meet their provider communities' needs including a focus on building consultation teams

that would have a language, culture, or geographic match with child care providers receiving consultation. By tailoring service delivery models to best support provider communities, grantees had designed program infrastructure to easily adapt when provider needs change.



The ability to quickly adapt and revise without interruption was especially clear in the continuity of service delivery throughout the onset of the COVID-19 pandemic. The impact consultation has had in providing resources, information, tools, and general mental and wellness support to child care providers throughout the COVID-19 pandemic is also clear. In addition to having program adaptability, grantees 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.

NEXT STEPS

In 2022, a deeper dive into the multi-year data will be taken to draft a final report that more globally summarizes and connects the services data, qualitative interview, and survey outcome data across the three-year evaluation.



INTRODUCTION

BEST STARTS CHILD CARE HEALTH CONSULTATION BACKGROUND

Child Care Health Consultation (CCHC) is a strategy that promotes the health and development of children, families, and child care providers by ensuring healthy and safe child care environments. CCHC is one of four key strategies within Best Starts for Kids' (Best Starts) prenatal to age five investment area. This investment area also includes service delivery strategies in Home-Based Services and Community-Based Parenting Supports. Child care health consultants provide tailored training, coaching, and support to child care 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 two (2) CCHC approaches — the public health model and community-informed pilots — to leverage communities' strengths and meet the wide range of needs in King County. CCHC 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 being centered in trauma-informed practices. The two approaches must meet this definition and add components that expand the reach of consultation to child care providers who are underserved or experience barriers to receiving services, including providers from communities of color and Family, Friend, and Neighbor (FFN) providers.

2018–2021 Best Starts CCHC grantees

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

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 child care health consultation services is connected, supported, well-trained, and working together to address unmet needs and alleviate race and place-based inequities.

The public health model 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, primarily serving licensed child care centers and some licensed family homes
- 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)

The community-informed pilots include programs with the following characteristics:

- Uses approaches that are community-specific and focus on underserved child care providers, primarily serving licensed family homes and Family, Friend, and Neighbor (FFN) 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

Across both categories, the 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 child care providers who have been consistently and historically underserved by CCHC resources, including FFN and informal care providers, rural providers, or new providers seeking initial licensing, and for the community-informed pilots, providers they feel are most underserved within their communities
- 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

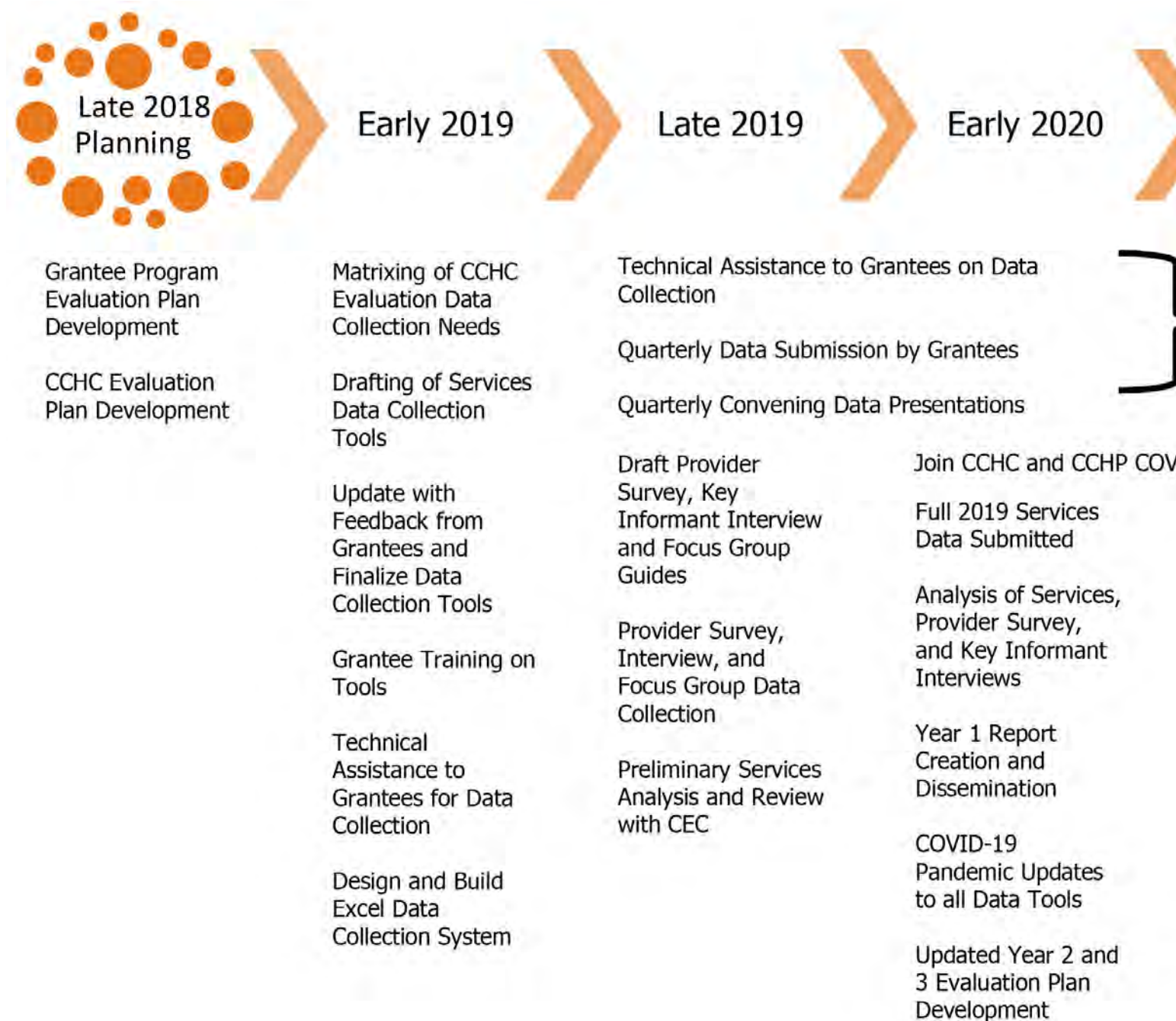


TIMELINE AND APPROACH

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 2021, Cardea supported the

evaluation of Best Starts' CCHC portfolio, including developing performance measurement plans for CCHC grantees, creating an evaluation plan for the CCHC portfolio, implementing the evaluation plan, and preparing a final report.

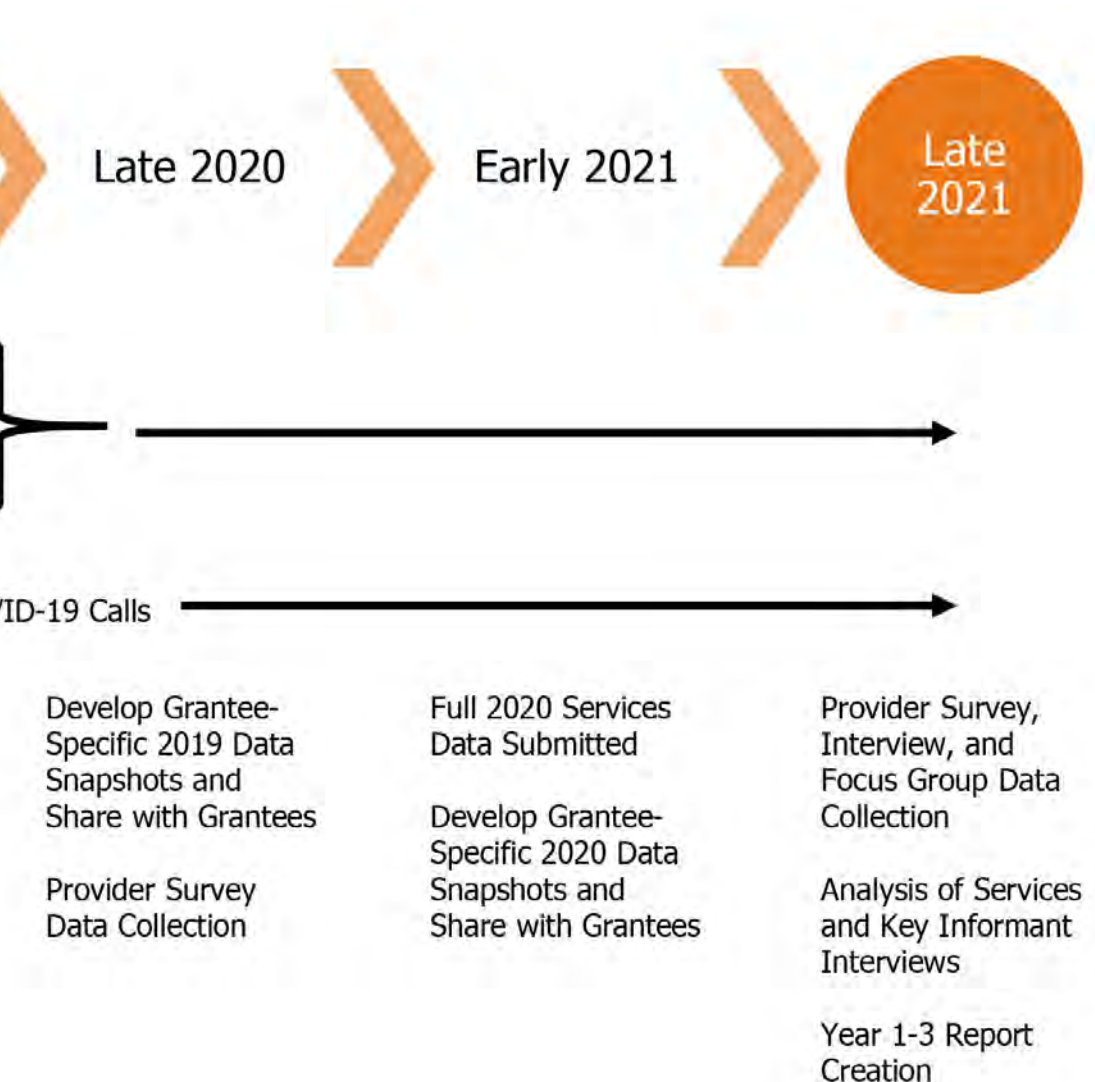
Figure 1. Evaluation activities timeline including development, implementation, and analysis



EVALUATION TIMELINE

The data collection development and implementation phase required substantial effort to create a set of programmatic data collection tools for all seven grantees 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 grantee's effort to incorporate data collection within their programs. **Figure 1** shows the high-level timeline of evaluation activities throughout the evaluation.



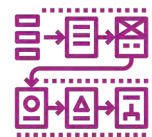
EVALUATION APPROACH



Cardea used a participatory approach for this evaluation, including significant input and feedback from the seven CCHC grantees 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 grantees to understand program design. Each grantee began by working with Cardea to complete a logic model and evaluation plan in which they described their program and expected programmatic outcomes.

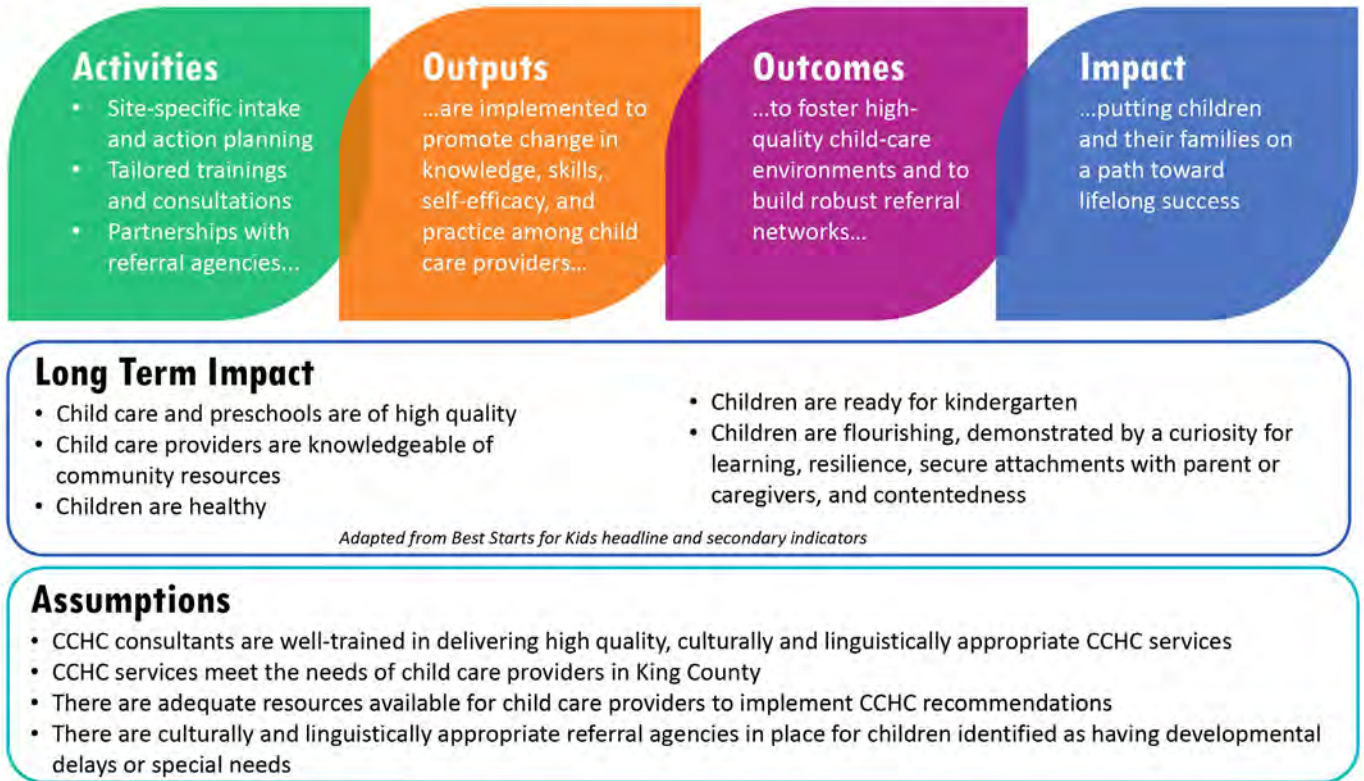
In October 2018, Cardea met in-person with each of the seven grantees to learn more about program design, anticipated program activities and services, and existing data collection methods and measurement plans. Following this initial meeting, grantees independently drafted evaluation plans using a template provided by Cardea that aligned with the Best Starts evaluation framework. Cardea then facilitated 2–3 virtual meetings with each grantee to review and refine their evaluation plans. Following each virtual meeting,

Cardea provided an electronic copy of the draft evaluation plan with comments for grantees to consider, and grantees revised their evaluation plans based on Cardea's feedback. Grantees 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 grantee 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 Child Care Health Program (CCHP), as well as feedback and input from Public Health—Seattle & King County CCHP, and Best Starts staff, and CCHC grantees.

Figure 2. Theory of Change

King County Child Care Health Consultation Theory of Change



GOALS AND OBJECTIVES

OBJECTIVES



In 2019, the CCHC evaluation focused on describing: 1) CCHC services, 2) how CCHC services and unique approaches contribute to child care 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 child care provider needs in King County across diverse geographic, cultural, and provider communities.

In 2020 and 2021, 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. In addition, the evaluation continued to describe the ways in which CCHC services support child care 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.



EVALUATION QUESTIONS

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

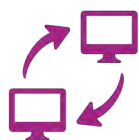
1. What defines CCHC services?
2. How do the unique approaches to CCHC services contribute to child care provider outcomes?
3. How have CCHC services been developed, implemented, and revised over time?

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 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 grantee and a secure electronic system for grantees to submit quantitative and qualitative data for analysis. During the initial implementation phase (March through May 2019), grantees were asked to submit services data on a monthly basis for Cardea to support data quality and improve the submission process for grantees.

Following the implementation phase, grantees were asked to submit services data every three months beginning in June of 2019. Under the data sharing agreements between grantees and Best Starts, and between Cardea and Best Starts, Public Health — Seattle & King County requested that Cardea share three non-identified¹ 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 does not include any information that could be used to identify an individual or child care site (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 CCHC grantees, 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 grantees: 1) child care provider intake and interest form, 2) CCHC consultation summary form, 3) child care 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

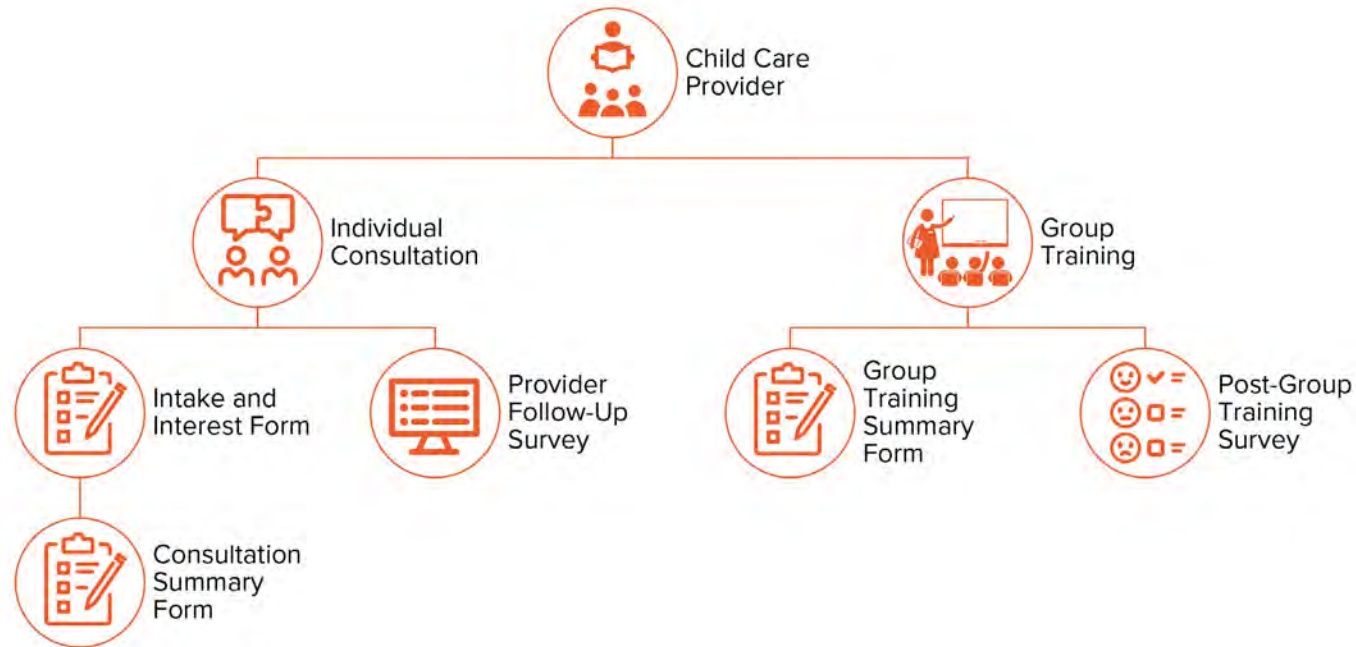


Figure 4: Data Collection Tool Development Process





Data collection tool implementation

In early March 2019, Cardea trained all grantees on the data collection process and tools for individual consultation and group training. The trainings gave grantees 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 grantee through individual TA and group drop-in sessions. By the end of first quarter of 2019, all CCHC grantees were using all individual consultation and group training data collection tools.

Cardea primarily managed the provider follow-up survey process to minimize burden on grantees. Cardea translated the survey into eight (8) languages and worked with the grantees in early November 2019 to distribute the survey to child care 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 child care 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 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

Grantees entered data collected on all care providers receiving individual consultation or group training into their respective administrative information systems at the time of service delivery. For grantees 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 child care health consultants from grantee organizations and child care 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 care 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 grantee 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 care 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

METHODS AND DATA COLLECTION

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 child health consultation staff:

- Cardea facilitated two focus groups with child care health consultants and one with child care health consultants at Public Health—Seattle & King County in fall of 2019.
- Cardea interviewed CCHC program staff in 2020 and 2021 from the seven grantee agencies to learn more about their programming and programmatic adjustments due to the COVID-19 pandemic.

Cardea also observed and took notes during 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 the pandemic, returning to in-person services, understanding the latest public health guidance, and sharing any virtual or in-person CCHC service delivery learnings or experiences with the group. These conversations contributed to an understanding of the experiences and perceptions of providers and child care health consultants in grantee organizations about CCHC. Cardea completed ongoing qualitative data collection from September 2019 to December 2021.

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 between the two approaches, as well as unique breakouts of provider types, where applicable. Data elements, including language, zip code, and provider type, were used to describe the broad reach and impact of CCHC services through the two approaches and through the seven different grantee program models.

QUALITATIVE



Key informant interviews with child care providers and child care health consultants provided an additional layer of context for understanding who is represented in CCHC service delivery, what elements of CCHC have an impact on providers, and facilitators and barriers to implementation of CCHC. In 2019, Cardea developed a draft codebook using a 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, 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 write memos on initial observations about themes.

LIMITATIONS & CONSIDERATIONS

CCHC grantees 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 child care providers, it is difficult to isolate the specific effect of CCHC services. In addition, since providers are the primary recipients of CCHC services, this evaluation is focused on provider-level changes vs. child and family-level outcomes and longitudinal changes among children and their families, since those outcomes and changes would be difficult to measure.

In 2019, the consistency and quality of data collection varied slightly across grantees, 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 grantee 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 grantee collected individual consultation data each time a consultant made contact with a child care provider, resulting in exclusion of this grantee from some analyses.

Cardea's ongoing TA to grantees has largely resolved these issues for 2020 and 2021. However, since Cardea does not directly oversee data collection for grantees that have administrative information systems, there may be data quality issues in the future. Cardea will continue to provide TA to mitigate future challenges.

While the evaluation questions and data collection tools were largely informed by grantees, 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 grantees 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 grantees 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 grantees 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 members of the CEC and CCHC grantees to build trust and continually work toward a set of common goals.

The COVID-19 pandemic created challenges for data collection. As providers were busy responding to emergent community needs, Cardea did not conduct provider interviews in 2020. Additionally, a shortened provider survey was implemented in 2020 and 2021 to reduce burden for providers.

RESULTS

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

Grantees and child care providers completed a child care provider intake and assessment form for all sites that received CCHC services. Between April 2019 and September 2021, **1,029 unique individuals received consultation services** through either community-informed or public health approaches. Public health approach

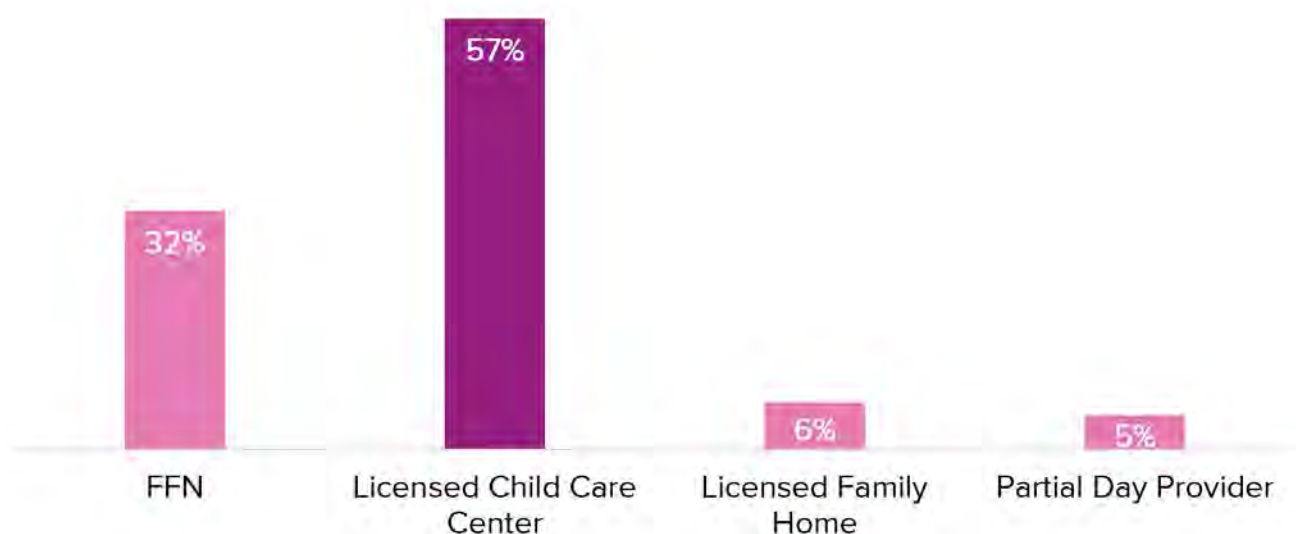
consultants primarily worked with licensed child care centers, which often had multiple providers per site. Community-informed approach consultants primarily worked with Family, Friend and Neighbor (FFN) providers and licensed family home providers, with fewer providers per site. Nearly two-thirds of providers were served through the public health approach (**Figure 5**).

Figure 5: A larger share of individual providers were served through the public health approach



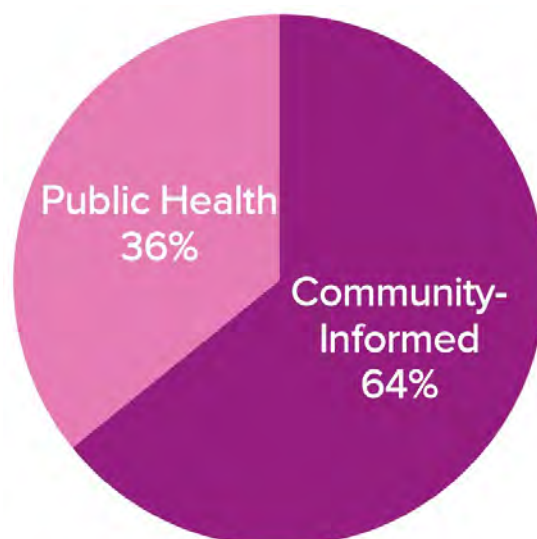
Providers who received CCHC services were FFN caregivers, working in licensed child care centers, in licensed family homes, or as partial day providers. Over half of those who received CCHC services worked in licensed child care centers (**Figure 6**).

Figure 6: The majority of individual providers who received CCHC services worked in licensed child care centers



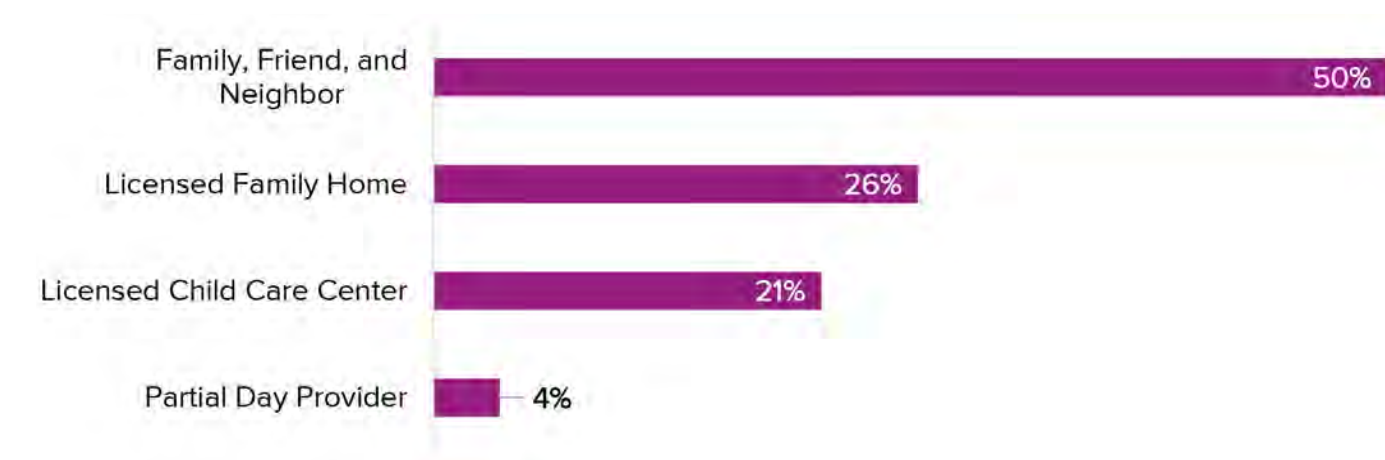
Between April 2019 and September 2021, **566 child care sites received consultation services**. Nearly two-thirds of sites (64%) received CCHC services through the community-informed approach and one-third received services through the public health approach (36%) (**Figure 7**).

Figure 7: A larger proportion of child care sites were served through the community-informed approach



RESULTS

Figure 8: Family, Friend, and Neighbor (FFN) providers made up the largest proportion of sites served through consultation



On average, two (2) providers per child care location received consultation services, an average of one (1) provider per location through the community-informed approach and an average of five (5) providers per location through the public health approach.

The majority of child care locations served had a provider(s) who spoke a language(s) other than, or in addition to, English and had been providing child care for over one year (**Table 1**).

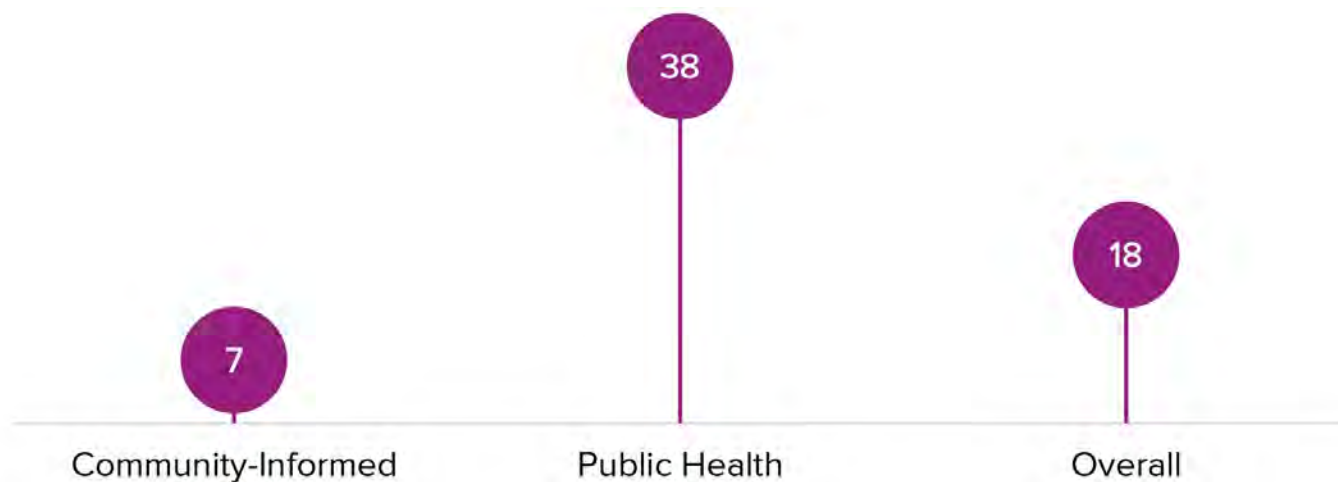
Table 1: Child care providers had a range of experience and roles, and speak a language(s) other than, or in addition to, English

Provider Intake	All Sites %	Community- Informed %	Public Health %
Child care locations with provider(s) who speak a language that is not English	68	73	58
Years of experience providing care			
Less than 1 year	4	4	5
1 to 5 years	18	22	15
5 to 10 years	8	8	8
More than 10 years	16	7	22
Missing	54	59	50
Role or relationship			
Unlicensed/informal care provider			
Grandparent	11	28	0
Other family [‡]	3	8	0
Friend/neighbor	2	5	0
Licensed care provider			
Main/lead teacher	30	29	31
Second teacher/caregiver	10	3	15
Site administrator	18	2	29
Support staff	3	2	4
Other	1	0	1
Missing	22	23	20

[‡] “Other family” includes brothers, sisters, aunts, uncles, and cousins

On average, sites that were serviced by the public health approach had five times as many children in care per site than sites served by the community-informed approach (**Figure 9**).

Figure 9: A higher number of children in care were in child care locations served through the public health approach



Providers who received CCHC services served children one to five years of age (**Table 2**).

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

Approach	Age Range
Community-Informed (n=364)	2-4 Years
Public Health (n=202)	1-5 Years
Overall (n=566)	1.5 – 4.5 Years

A DIVERSE COMMUNITY IS SERVED THROUGH CONSULTATION; CONSULTANTS WERE INTENTIONALLY HIRED FROM WITHIN THE COMMUNITY TO ENSURE A CULTURAL AND LINGUISTIC MATCH BETWEEN CONSULTANTS, PROVIDERS, AND FAMILIES

Child care providers completed an intake and assessment form upon enrolling in CCHC services for both the location and for individuals engaging in consultation.

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

Table 3: About a third of all 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

Site Intake	All Sites %
Approximate proportion of children of color in care at a site (n=246) [†]	
0%	1
1-25%	8
26-50%	4
51-75%	3
76-100%	28
Sites with at least one child or family in care who spoke a language that was not English (n=362) [‡]	88

[†] Missing 320 (56%) site-level intake responses
[‡] Missing 204 (36%) site-level intake responses

Sixty-eight (68%) percent of child care locations had a provider(s) who spoke a language that was not English. A higher proportion of child care locations served through the community-informed approach spoke a language that was not English (73%) than those served through the public health approach (58%) (Figure 10). FFN child care locations were most likely to speak a language that was not English (84%), followed by licensed child care center (58%), licensed family homes (52%), and partial day locations (15%) (Figure 11).



Figure 10: Almost 70% of child care locations receiving consultation services had a provider(s) who spoke a language that was not English

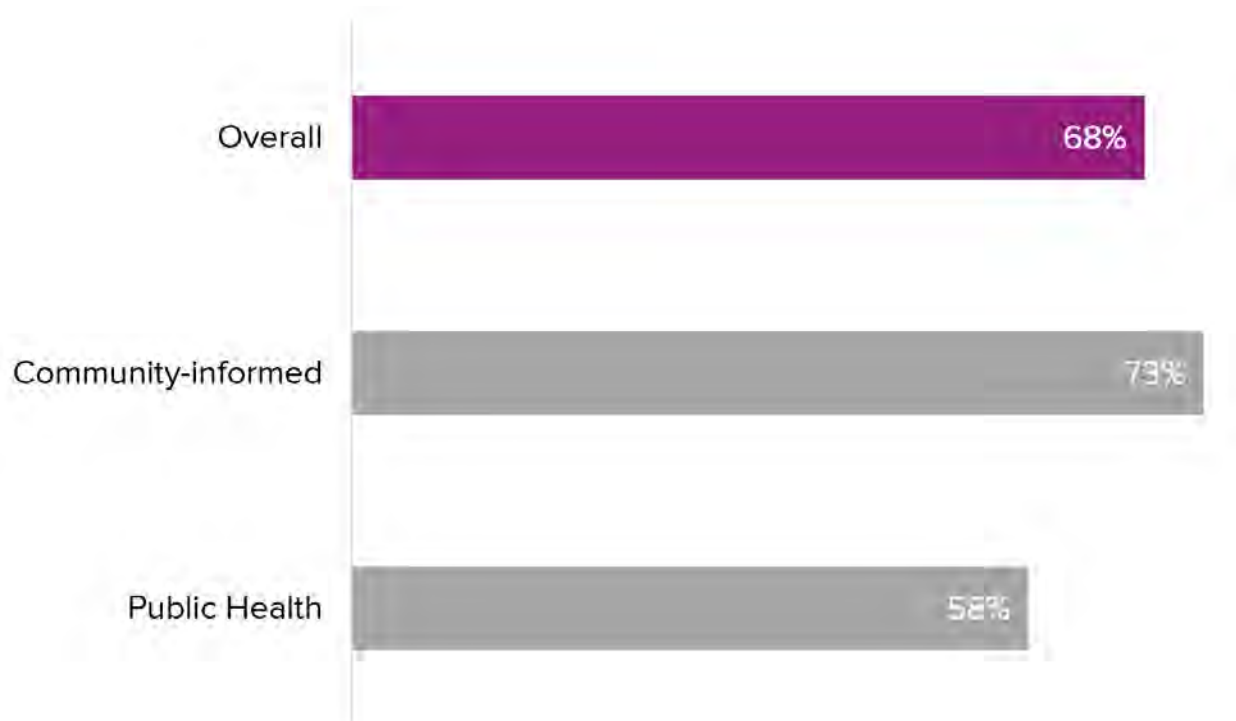
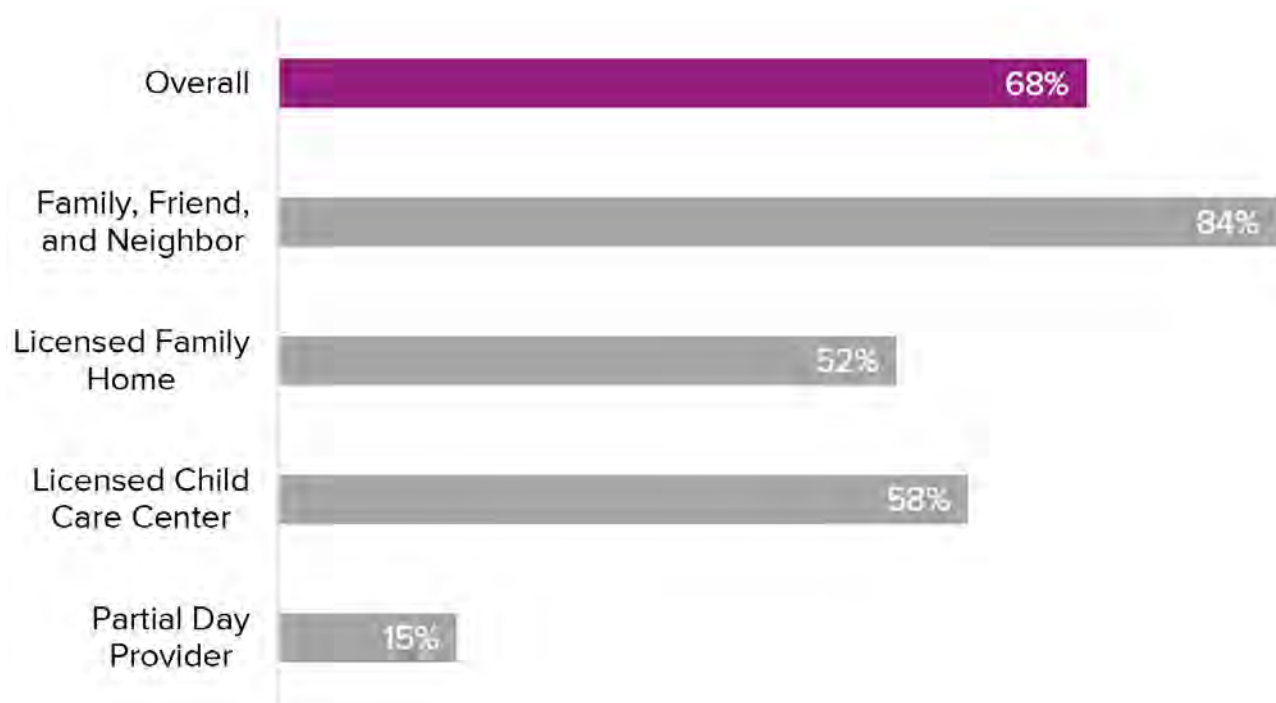


Figure 11: FFN sites had the highest proportion of providers who spoke a language that was not English



RESULTS

Many community-informed consultants were from the same 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.

[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, Community-Informed Approach

The language and culture we both share makes it easy to work together... we understand each other, I don't have to be scared [that I will] say the wrong thing... I can say what I want.

—FFN Provider, Community-Informed Approach

Consultants explained complex consultation topics (e.g., child development, special needs) in a culturally accessible 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.

[Through the activities the consultant does with us, the child I care for] learns about [our] culture...and eats the food from [our] culture. [The consultant] connects [our culture to] reading books, eating food, doing artwork, and talking about history and holidays.

—FFN Provider, Community-Informed Approach

A few providers shared that they did not have a linguistic or cultural match with their consultant. A licensed family home provider whose primary language was not English, but worked with an English-speaking consultant, expressed that they would have preferred interpretation services for more complicated concepts, including those related to licensing, WAC, and 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. Another provider described the cultural challenge of navigating a conversation related to potentially undiagnosed developmental delays.

[The script provided] was something we cannot do culturally.... There's no way I can go to this family and say, "I want to talk to you about this issue about your son or your daughter." In our culture, that is mean. You need to do it slowly, everyday some example.... So, it's very hard to tell parents that their child should go to a specialist, because it's a very sensitive topic.

—Licensed Family Home Provider,
Community-Informed Approach

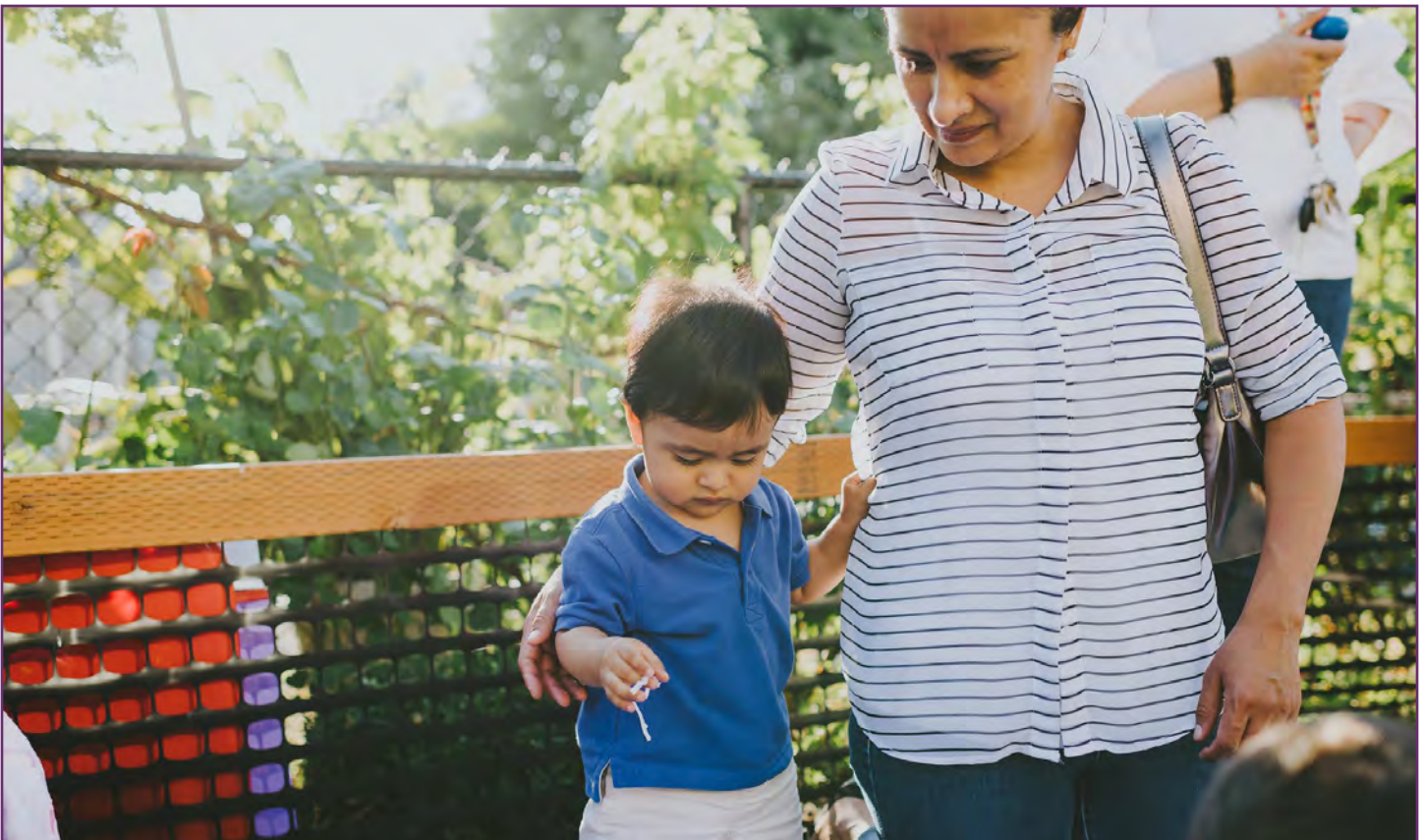
When the child is born in U.S. and the provider is raised back in their native country, providers find the food, activities, language to all be challenging to adjust to.

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, Community-Informed Approach

In addition, consultants who participated in focus group discussions highlighted 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.



PUBLIC HEALTH AND COMMUNITY-INFORMED APPROACH CONSULTATIONS REMAINED STABLE THROUGHOUT 2019 TO 2021 DESPITE THE COVID-19 PANDEMIC, HIGHLIGHTING CONSULTANTS' ABILITIES TO PIVOT TO MEET PROVIDERS', CHILDRENS' AND FAMILIES' NEEDS

A total of **11,915 individual consultations** were completed from April 2019 through September 2021 (**Figure 12**). 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 consultations rose again in 2021.

Figure 12: On average, over 1,000 individual consultations were completed quarterly



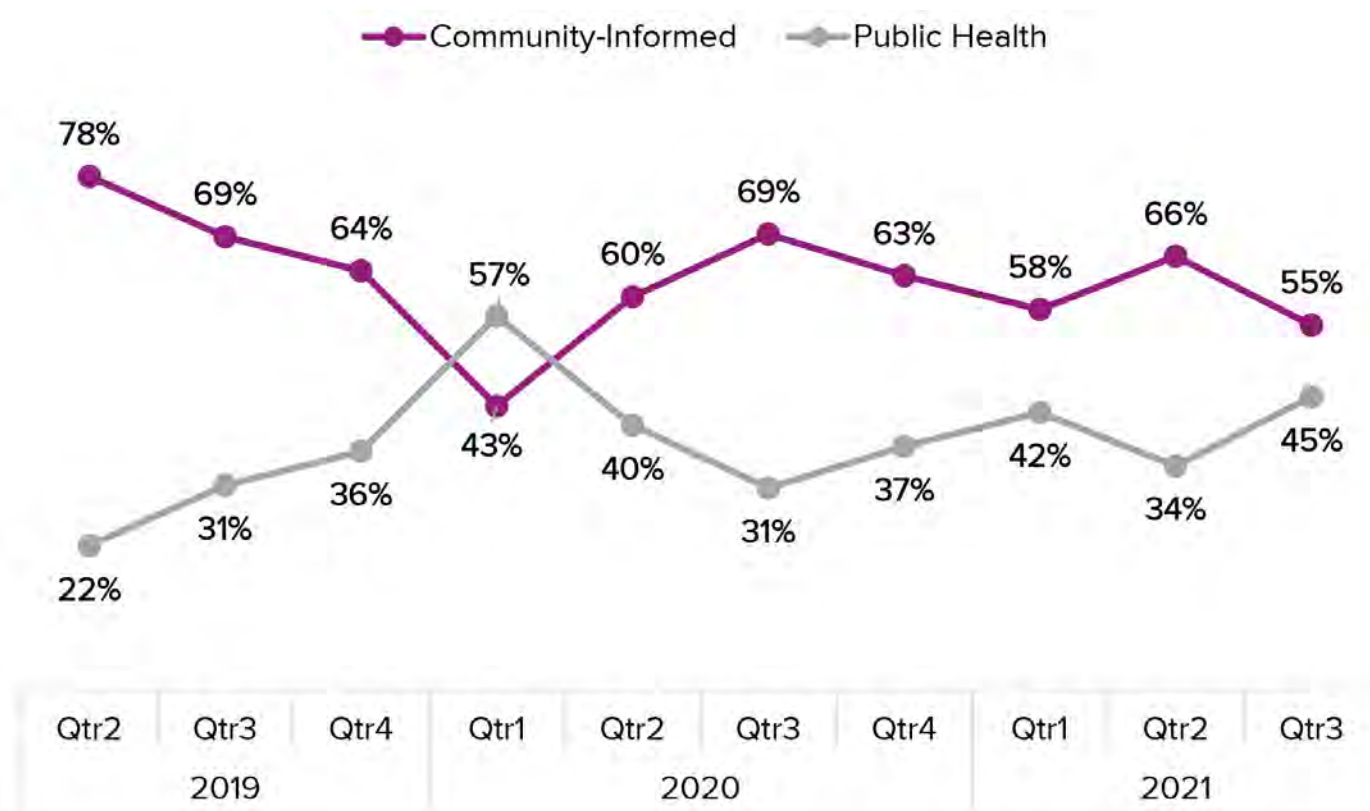
On average, there were more community-informed approach consultations (63%) than public health approach consultations (37%) (**Figure 13**), likely due to the program design of each approach. Child care providers discussed in interviews how they interacted with their consultant. FFN providers served through the community-informed approach described being able to call their consultant anytime with questions or ask to meet. Child care providers served through the public health approach described meeting with consultants at a standard meeting time or setting up a consult about a specific question.

In quarter 1 of 2020, there was a greater proportion of public health approach consultations than community-informed approach consultations. 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 video conferences and creating training videos. Data on the specific reasons for the decrease in the number of community-informed consultations is not available in the current services data. In January 2020 there were a similar number of public health (140) and community-informed (135)

approach consultations. In February there were a similar number of public health approach consultations (140), however there was a decrease in the number of community-informed consultations (73). By March, both public health and community-informed consultations increased with a slightly higher number of public health consultations (287) proportionate to community-informed consultations (223). Topics covered during this time

period by public health consultants were mostly related to growth and development in January (56%) and February (57%). In March, the topics shifted to health and safety (72%), and specifically the topic of infectious and communicable disease control (68%). Community-informed consultants were consistently covering both growth and development and health and safety topics throughout the first quarter with minimal shifts.

Figure 13: Over time, a greater proportion of consultations (n=11,951) were via the community-informed approach than the public health approach



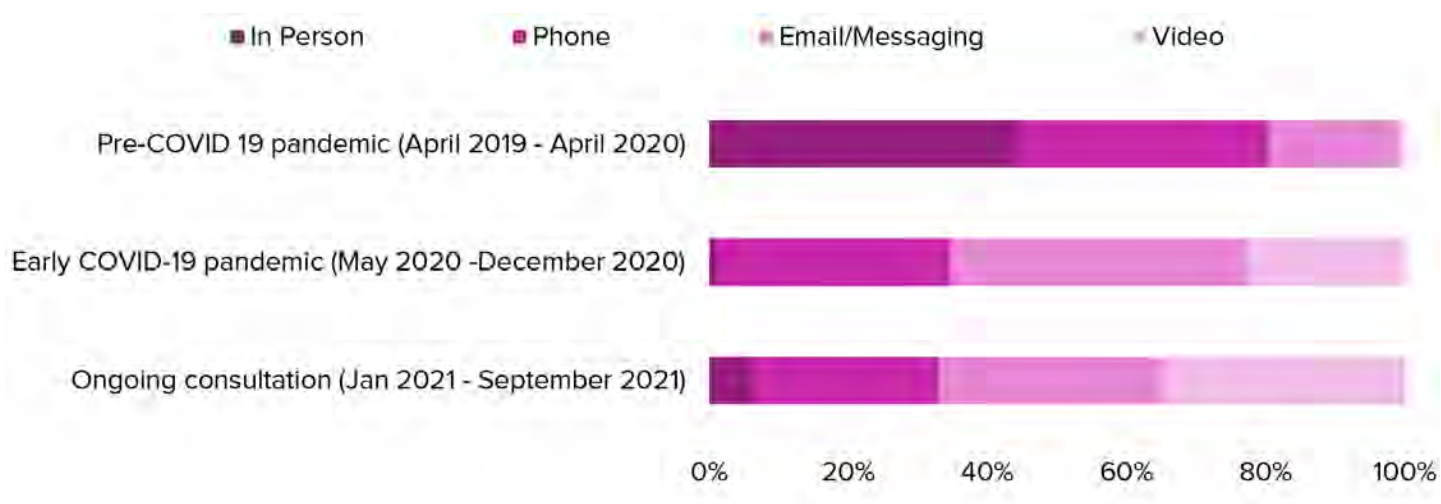
THE COMMUNITY-INFORMED AND PUBLIC HEALTH CONSULTATION APPROACHES ARE RESPONSIVE TO PROVIDERS' CIRCUMSTANCES AND NEEDS

CONSULTATION AND TRAINING ARE TAILORED AND PROVIDED THROUGH VARIOUS SERVICE DELIVERY MODELS

Consultants worked with providers to tailor consultation services through various service delivery models. Providers could connect with their consultants in-person or via phone, video call, email, or messaging app. Prior to the COVID-19

pandemic, most individual consultations were in-person at the child care site or family home. **Figure 14** shows how the mode of interaction shifted over time from in-person to phone, email, messaging, and video.

Figure 14: Mode of interaction for individual consultation before and during the COVID-19 pandemic



Many providers said that their consultant would first observe the child care setting and child(ren) and then discuss observations and care strategies with the provider(s) and/or administrator. During the COVID-19 pandemic, consultants pivoted to virtual observations and other types of consultation. Regardless of mode of consultation, providers reported that the consultant taught them new skills through modeling, including developing a script for difficult conversations with families, demonstrations on 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,
Public Health Approach

Providers also shared that they highly valued the time consultants spent with them to answer all of their questions. Providers who worked with community-informed approach consultants said they could connect with their consultant any day of the week through messaging app or phone call.

[The consultants] give us good time. They didn't leave us until they answered all of our questions. Whether we were in-person or [connecting virtually], we never feel rushed.

—Licensed Family Home Provider,
Community-Informed Approach

CONSULTANTS USE PROVIDER-CENTERED, STRENGTHS-BASED APPROACHES TO DELIVER CCHC SERVICES

Regardless of consultation approach, the majority of providers who participated in key informant interviews appreciated the breadth of topics covered in individual consultations and group trainings. 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. Consultants worked to ensure the topics covered were driven by providers' needs, even when discussions went beyond the typical consultation topics covered.

[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, Community-Informed Approach

[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 Child Care Site Director,
Public Health Approach

RESULTS

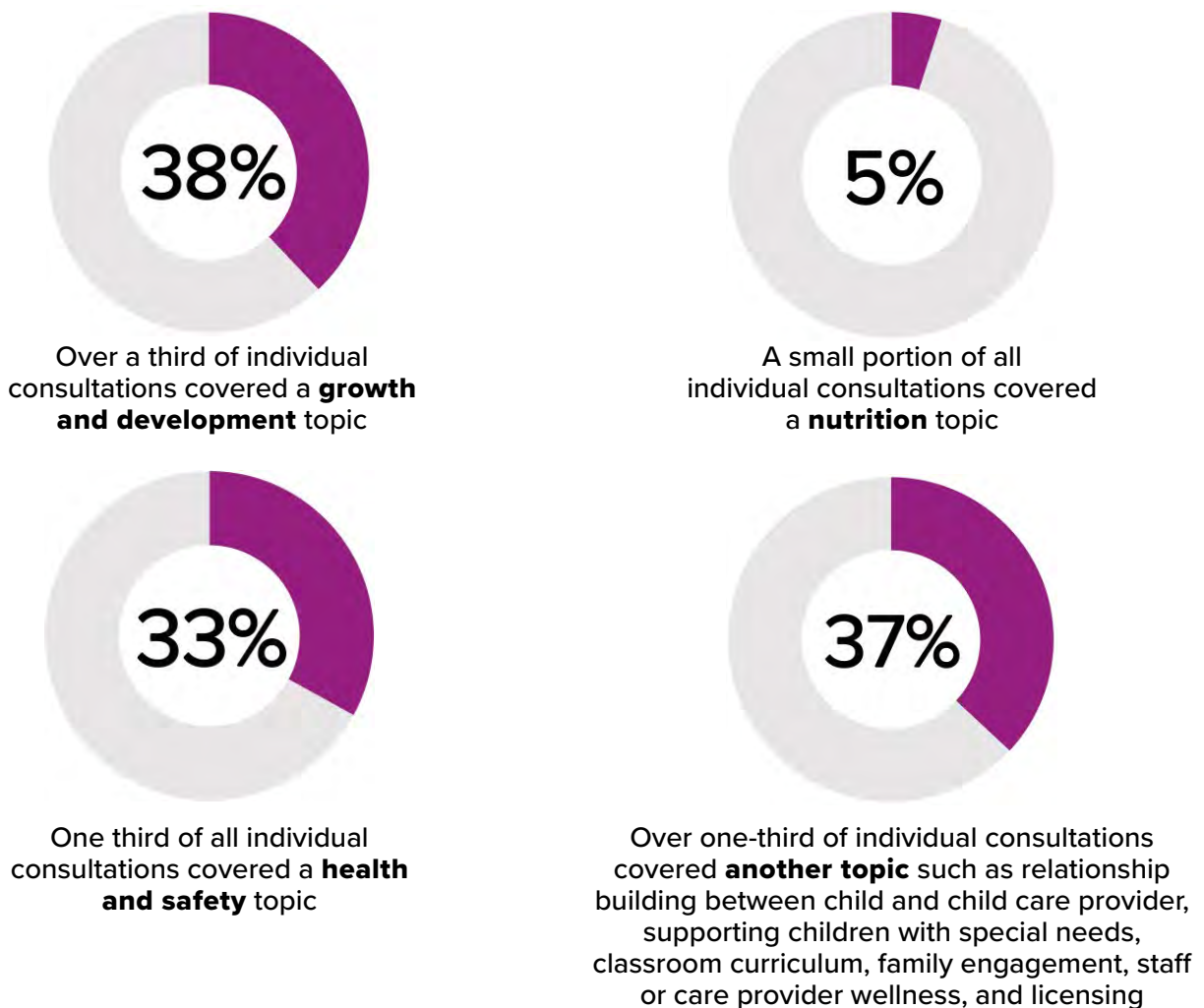
Consultation topics were grouped into four primary categories of: growth and development, health and safety, nutrition, and other topics. The overall proportion of consultations covering at least one topic in each of the four primary categories is described in **Figure 15**, showing that the range and breadth of topics was similar to what providers described during key informant interviews. More detail on specific topics is provided in later sections.

Providers said that consultants were person-centered and built on their strengths when covering new concepts and skills.

[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 Child Care Site Teacher,
Public Health Approach

Figure 15: Consultants covered a broad range of topics under four primary categories



CONSULTANTS MEANINGFULLY ENGAGED PROVIDERS, FACILITATING THEIR 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.

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, Public Health Approach

Building relationships occurred over time. On average, consultants spent about 45 minutes with providers in-person and an additional 30 minutes following up on provider questions and sharing resources per individual consultation. 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 modes (Figure 16).

Figure 16: The average amount of time per individual consultation decreased with the onset of the COVID-19 pandemic



RESULTS

Providers 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.

*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.***

—License-exempt Administrator,
Public Health Approach

Consultants who worked with providers who recently immigrated to the U.S. stressed that in order 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.

CCHC IMPACT ON PROVIDERS

Consultants supported providers in building relationships with the children in their care and families.

Providers shared that their strong relationship with the consultant 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 H](#) for additional qualitative findings on the challenges providers faced during the COVID-19 pandemic.

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, Community-Informed Approach



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

CCHC grantees had the infrastructure to shift from in-person to virtual consultation. CCHC grantees 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, Public Health Approach

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 grantees supported providers in this transition, providing hardware (iPads, laptops) and internet. Grantees also supported providers with the technical aspects of virtual consultation and learning for school-aged children.

The majority of grantees said that they were able to accommodate more providers through virtual training due to reduced travel burden and increased capacity. One grantee 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 grantee 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. Grantees 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, Public Health Approach

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.

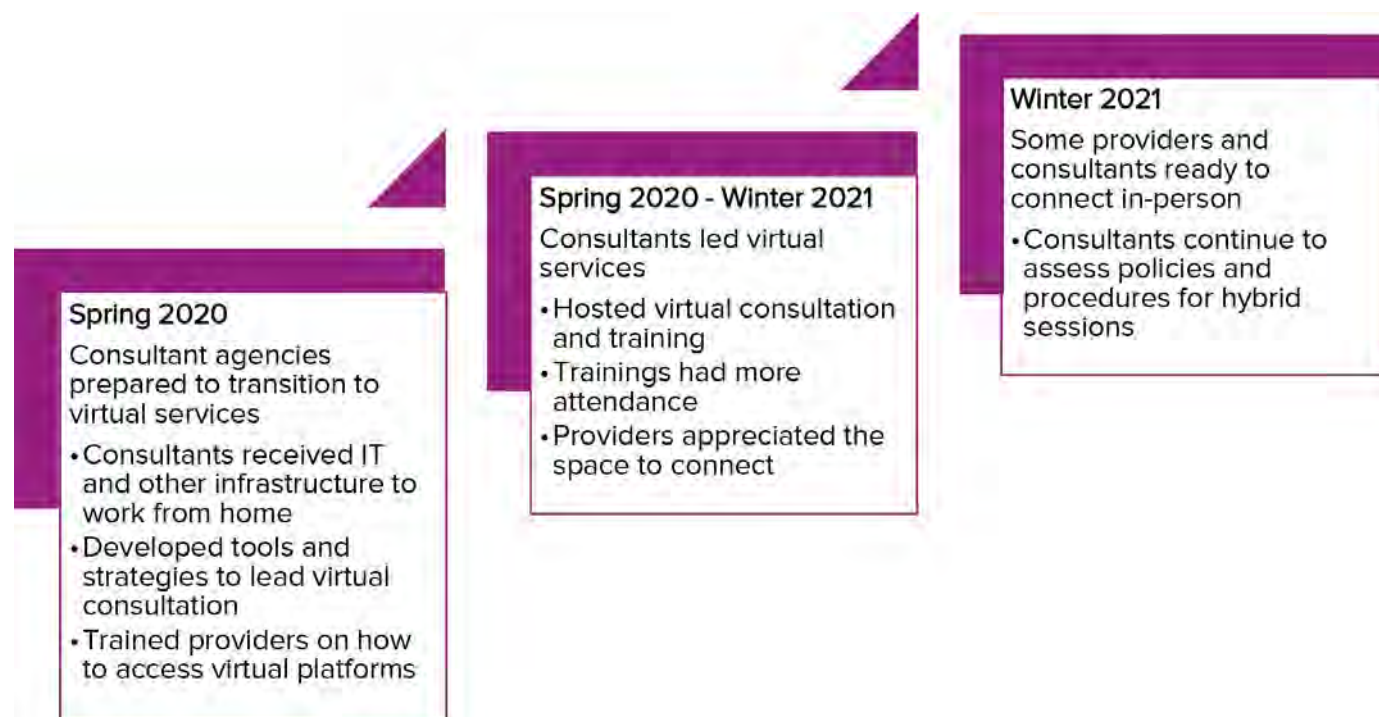
—FFN Provider, Community-Informed Approach

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 Child Care Site Teacher,
Public Health Approach

In Fall 2021, some public health approach grantees started to return to a hybrid model of in-person and virtual consultation, centering equity and providers' preferences. CCHC grantee 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.



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

As highlighted earlier, consultants focused on building relationships with providers, children, and families. 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 also provided additional services such as group trainings and provider learning communities to build more social connection and peer-learning opportunities among providers. For example, one grantee used a cohort model, where a set of licensed family home child care 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.

For the annual survey measuring CCHC provider outcomes, there were 411 responses across 238 childcare locations in 2019, 2020, and 2021. The total number of responses in 2019 and 2021 were similar (164 and 155, respectively). Survey respondents were evenly distributed between receiving services from the community-informed and public health approaches across the three survey years. In 2020, the survey was substantially shorter, and there were 92 responses (see Methods section page 21 for more detail).

Table 4 describes survey respondents across all three years. Across years, responses varied by provider type, due to shifts in provider priorities during the COVID-19 pandemic. Given the variation in responses, the data on characteristics of providers may not fully reflect all providers receiving CCHC services through Best Starts.

Table 4: Characteristics of providers completing the child care provider survey

	All Respondents	Community-Informed	Public Health
	%	%	%
Provider type (n=411)			
Family, Friend and Neighbor (FFN)	30	60	-
Family Home	25	40	9
Licensed Child Care Center	44	1	88
Partial Day Provider	1	-	3
Language survey completed (n=411)			
Amharic	-	1	-
Arabic	-	-	-
Chinese	23	44	-
English	68	39	99
Somali	7	14	-
Spanish	1	0	1
Actively receiving CCHC services (n=347) [†]			
Yes	75	87	62
No	25	13	38
Role in providing child care (n=411)			
Primary role-licensed			
Lead teacher/caregiver	29	21	37
Assistant teacher/caregiver	3	-	5
Site administrator	38	19	58
Relationship to child-FFN			
Grandparent	27	52	-
Other	2	3	-
Family friend	1	2	-
Race/Ethnicity (2020 & 2021 only, n=242)			
Asian	42	70	13
Black or African American	7	6	9
Hispanic/Latinx	4	-	9
Native American/Alaskan Native or Native Hawaiian/Pacific Islander	2	-	3
Somali	7	14	-
White	28	-	57
Multi-racial	7	10	3
Missing	3	-	6

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

RESULTS

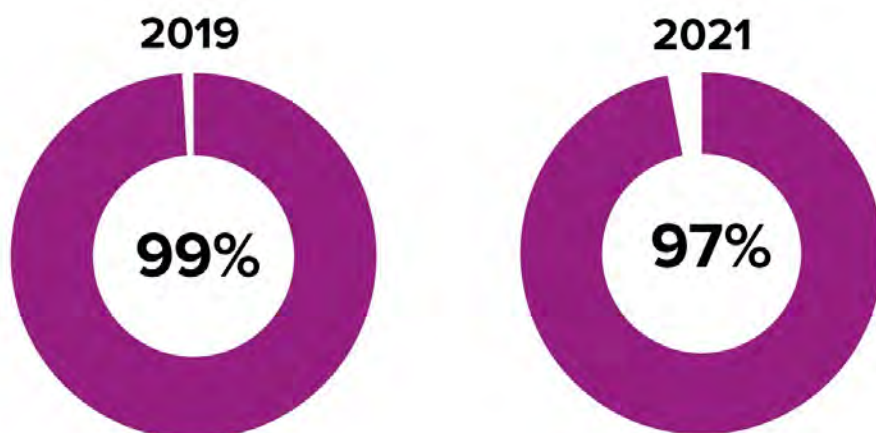
Overall, child care providers were satisfied with the services they received. Over 90% reported being satisfied, with almost no variation between the community-informed and public health approaches.

Figure 17: Most child care providers were satisfied with the CCHC services they received over all three survey years



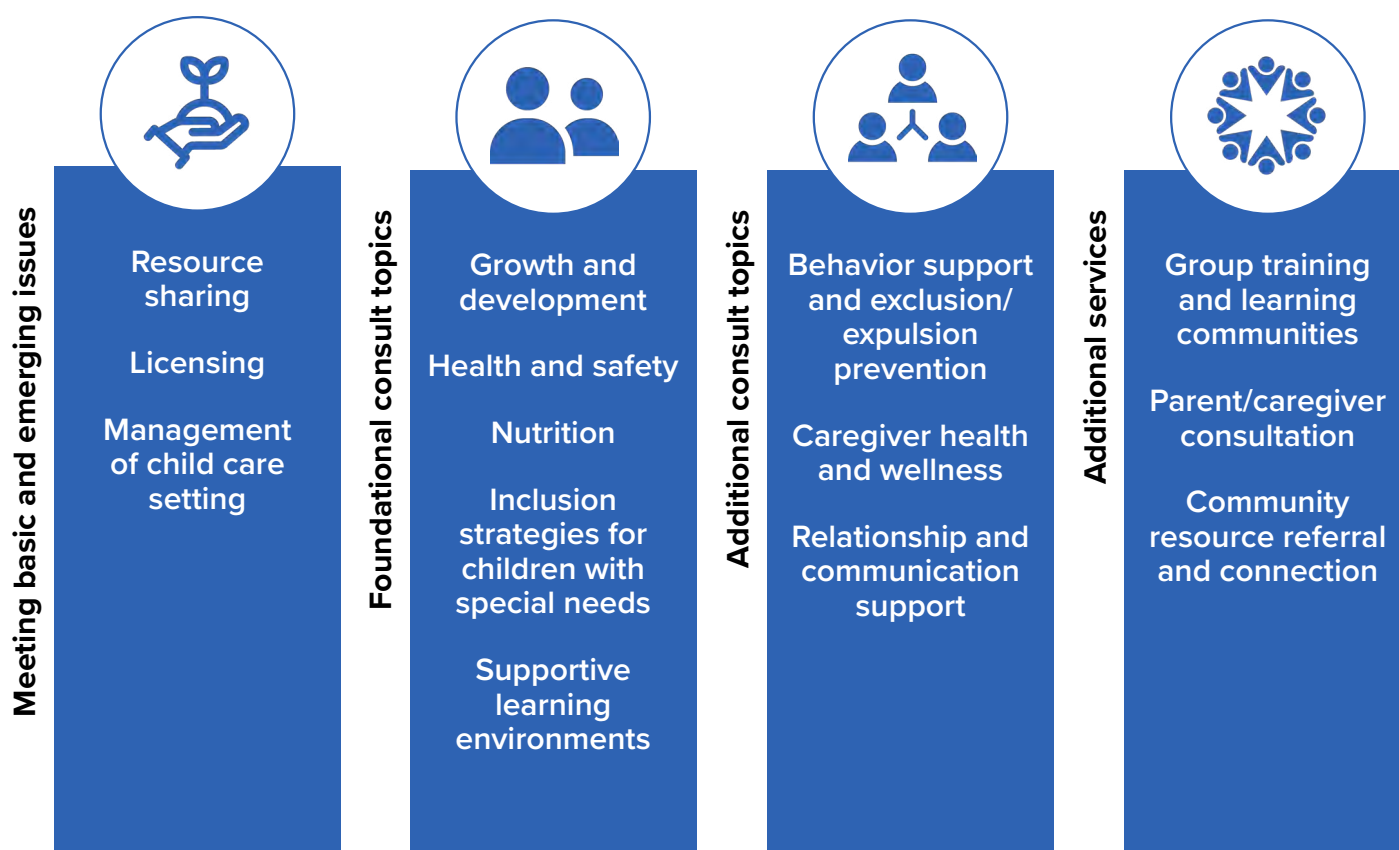
A high proportion of child care providers (over 95%) reported increasing their knowledge in at least one topic during the year in which they worked with a consultant.

Figure 18: Most child care providers reported increasing their knowledge in at least one topic after working with a child care health consultant



As a guide to the analysis results on pages 45–77, the image below shows the developmental approach that consultants used to deliver CCHC services. Consultants initially focused on addressing providers' basic and emerging needs. Once providers' core needs were met, consultants were able to support on a range of topics and worked with providers to best meet providers' needs on foundational topics related

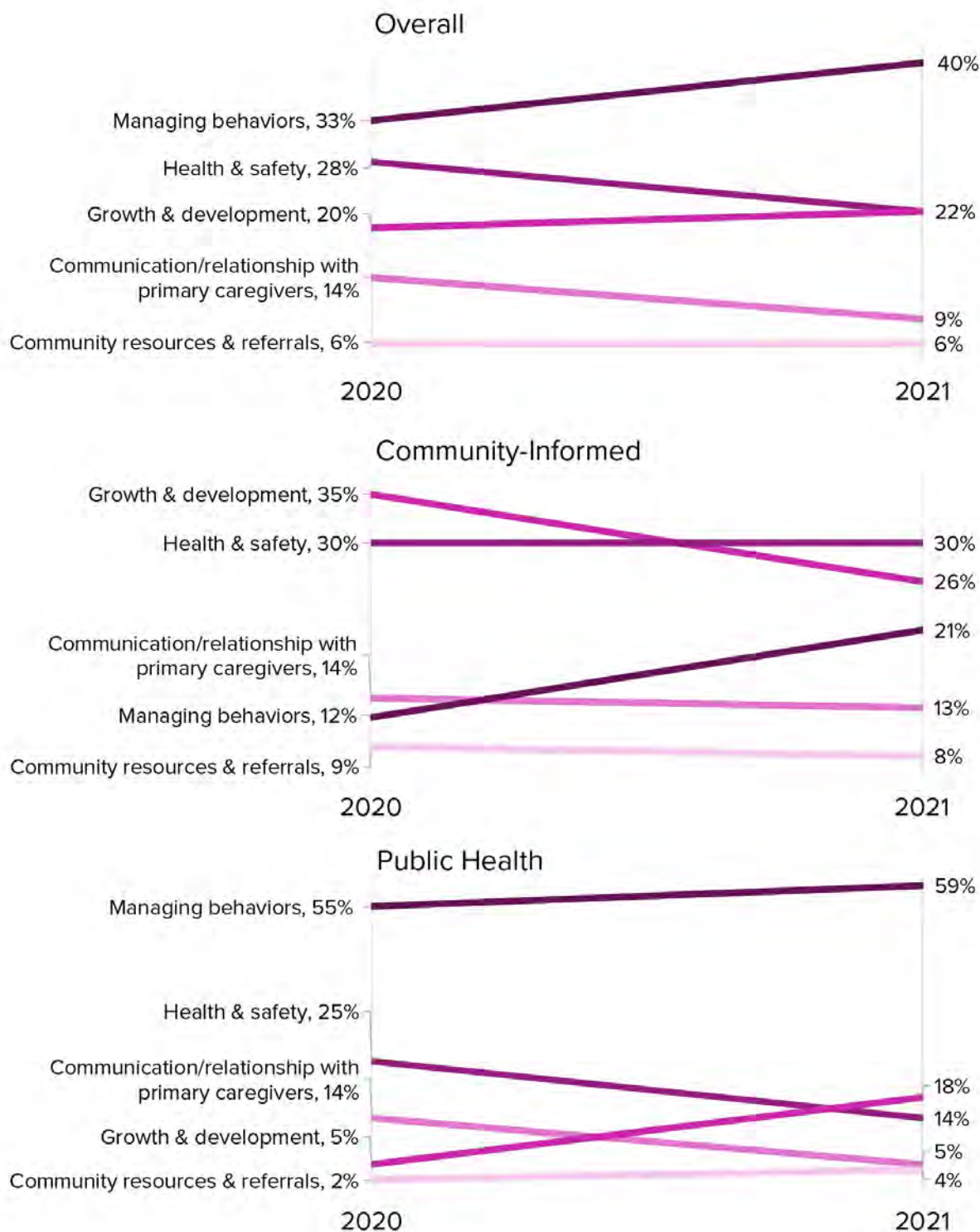
to health and safety and growth and development. Over time, consultants supported providers with more specific issues to go deeper into topics including additional topics such as managing challenging behaviors and growing relationships with children and families. Some consultants also provided additional services such as group trainings and provider learning communities.



In 2020 and 2021, providers were asked to select the most important topic of consultation over the past year. Providers primarily selected child care health and safety, child growth and development, and managing behaviors. **Figure 19** (on page 46) shows the topic categories that providers selected as most important in 2020 and in 2021 for the community-informed and public health approaches.

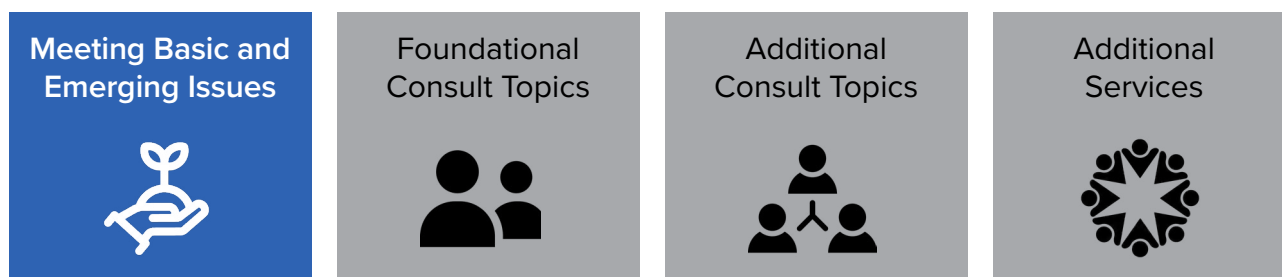
RESULTS

Figure 19: Most child care providers reported increasing their knowledge in at least one topic after working with a child care health consultant*



* Survey question added and available for 2020 and 2021 survey years

MEETING BASIC AND EMERGING ISSUES



RESOURCE SHARING

Grantees emphasized that they tailored consultation support to meet providers' needs.

We are really trying to meet our providers where they're at....we want to hear what their goals are, what would they like support with, and we're being flexible to meet that need.

—Consultant, Public Health Approach

Consultants shared resources and provided interpretation and translation as needed to ensure linguistic accessibility. During the COVID-19 pandemic, they supported providers in understanding COVID-19 related guidelines and with basic needs by distributing food, health, and sanitation supplies and supporting with grant funding opportunities.

Sometimes I can't afford to buy diapers, [the consultant] gives diapers, wipes, and school supplies.

—FFN Provider, Community-Informed Approach

In addition, providers said consultants gave them supplies to facilitate activities. For example, consultants gave providers books to promote reading with children.

LICENSING

Consultants supported providers in navigating licensing requirements. Consultants also supported providers in understanding 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, Community-Informed Approach

Consultants also conducted assessments of licensed family homes, supporting with environmental and health and safety issues and helping providers organize files for licensing agency visits.

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, Community-Informed Approach

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MANAGEMENT OF CHILD CARE SETTING

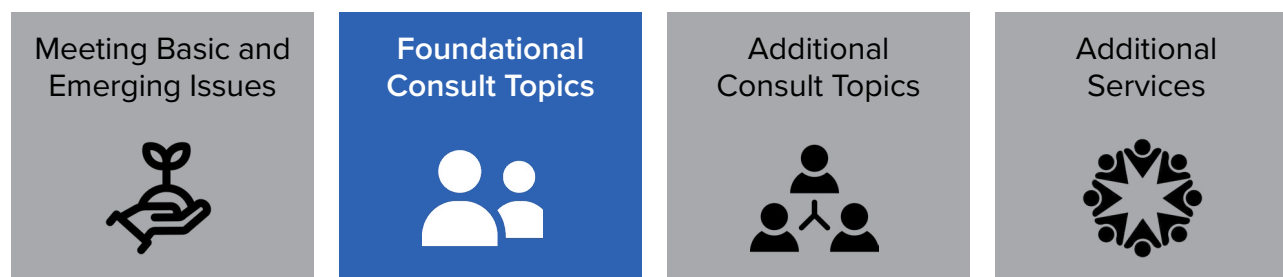
Providers indicated that they worked with consultants on health and emergency policies. Consultants helped providers create policies and procedures for COVID-19 exposure, and discussed how to wear masks, how to have children wear masks, and how to get tested for COVID-19. Consultants also helped providers create policies and processes for interacting with families and 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,
Community-Informed Approach



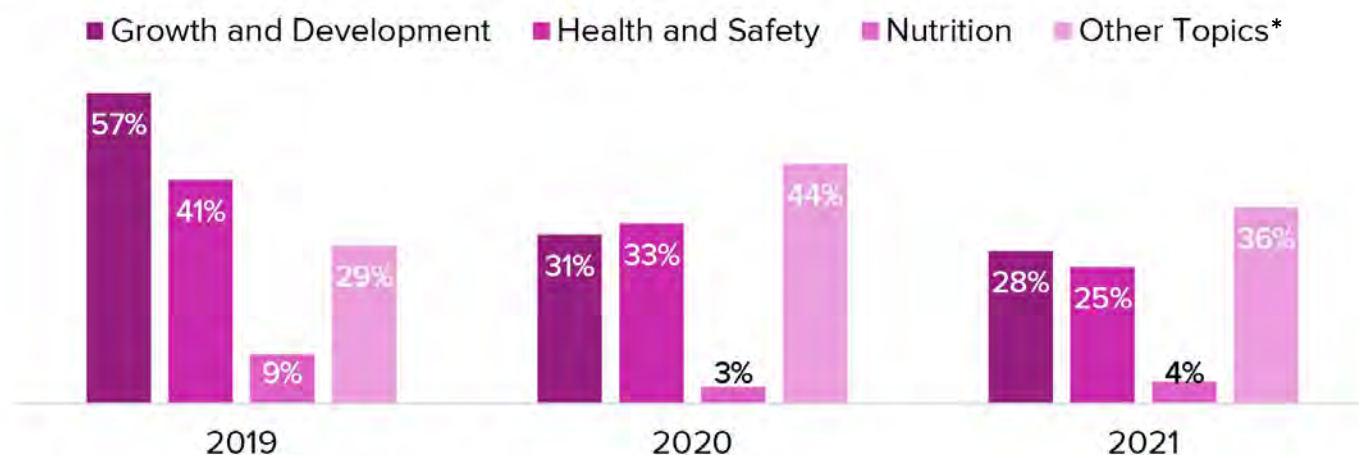
ADDRESSING FOUNDATIONAL CONSULTATION TOPICS



After meeting basic needs, consultants worked with providers to determine other topics from a list of options to focus on. 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. Consultation

topics were aggregated into four primary categories: 1) growth and development, 2) health and safety, 3) nutrition, and 4) other (Figure 20). In 2019, over a half of consultations covered growth and development. By 2021, consultations were more evenly divided between growth and development, health and safety, and other topics.

Figure 20: The proportion of individual consultations covering at least one topic related to growth and development, health and safety, and nutrition decreased over time



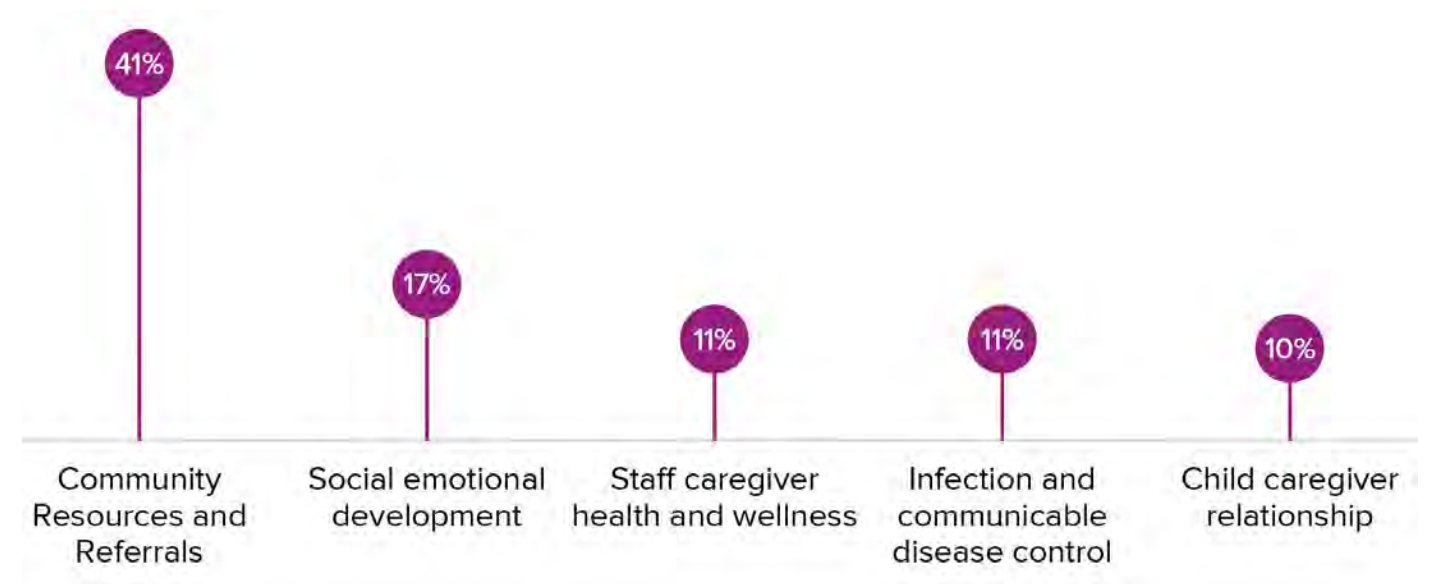
*Other topics included consultation on relationship building between child and child care provider, supporting children with special needs, classroom curriculum, family engagement, staff or care provider wellness, and licensing. COVID-19 was not included as part of topics and is summarized independently

RESULTS

Meeting Basic and Emerging Issues	Foundational Consult Topics	Additional Consult Topics	Additional Services
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Of the full list of 27 consultation topics, community resources (a sub-topic within the ‘other topics’ category in **Figure 20**) was covered most frequently (**Figure 21**).

Figure 21: Community resources and referrals was the most covered consultation topic



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Services**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 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. 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, providers who received community-informed approach consultation 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.

Across both the community-informed and public health approaches and the 2019 and 2021 survey years, a similar proportion of providers receiving consultation on growth and development increased their knowledge and use of developmental milestones, screening tools, and resources (**Table 5**).

Table 5. Many providers improved their knowledge and use of skills related to children's growth and development

	All Respondents %	Community- Informed %	Public Health %
Improved knowledge of developmental milestones	98	98	97
Increased use of developmental screening tools & resources	95	95	95

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*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,
Community-Informed Approach

Among providers who received community-informed approach consultation, this was especially helpful in creating planned activities to do with the children throughout the day.

*Before, I didn't know what the kids like or what is helpful for them. **Now, I know what helps kids' mental development. The kids like it and learn from it also.***

—Licensed Family Home Provider,
Community-Informed Approach

Providers learned about child development and developmental activities for children in their care.

*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 Site Provider,
Public Health Approach

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. Providers who received community-informed approach consultation also learned activities to do with the children to help them learn.

*[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, Community-Informed Approach

***[The consultant taught me] a lot of things I was not aware of and now I know what to work on with the kids....** Now, I work on crafts. I ask [the child] to use scissors to cut a rectangle. In the past, I never thought to use the scissors to cut the rectangle shape.*

—FFN Provider, Community-Informed Approach

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One provider said that they tailored development activities to support children with kindergarten readiness.

*They told us how to prepare a child for kindergarten. **They should know coloring, writing ABC, numbers, how to hold a pen. We applied that into the child care....** Before, I was not focusing on child education. It was too much, because I was not well-trained. Now, I learned what school they will go for kindergarten. I will meet with kindergarten teacher to learn what the child needs to know before kindergarten. I prepare the child, so they know all the rules.*

—Licensed Family Home Provider,
Community-Informed Approach

Providers said that children were learning quickly and were able to do activities faster than before they started doing them together regularly.

CCHC IMPACT ON PROVIDERS

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.

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,
Community-Informed Approach

*We do have some children with special needs, both identified and unidentified. [The consultants] are working with teaching teams to provide support in observation of classroom and children. **They provide resources, including ideas, strategies, environmental changes, as well as strategies for teacher interaction.** They have also provided us for access to other childcare professionals such as speech and occupational therapists.*

—Licensed Site Administrator,
Public Health Approach

RESULTS

Meeting Basic and Emerging Issues	Foundational Consult Topics	Additional Consult Topics	Additional Services
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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, with no difference across consultation approaches or survey years.

Table 6: Providers improved their knowledge and use of skills related to children’s health and safety

	All Respondents %	Community-Informed %	Public Health %
Implementing skills to increase health & safety	99	99	98

Of providers who participated in key informant interviews, all reported that they discussed environmental safety with their consultants within the first year of receiving CCHC services. Providers indicated that consultants assisted with assessing and changing the child care space, 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.

[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, Community-Informed Approach

In 2020 and 2021, consultants focused on responding to the COVID-19 related needs of child care providers. However, consultation was not exclusively focused on COVID-19, indicating that providers continued to need support on a range of topics (Figure 22 and Figure 23). 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 and was highest at the onset of the COVID-19 pandemic in early to mid-2020.

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Figure 22: On average, individual consultations included COVID-19, in addition to other topics (secondary COVID-19 consultation)

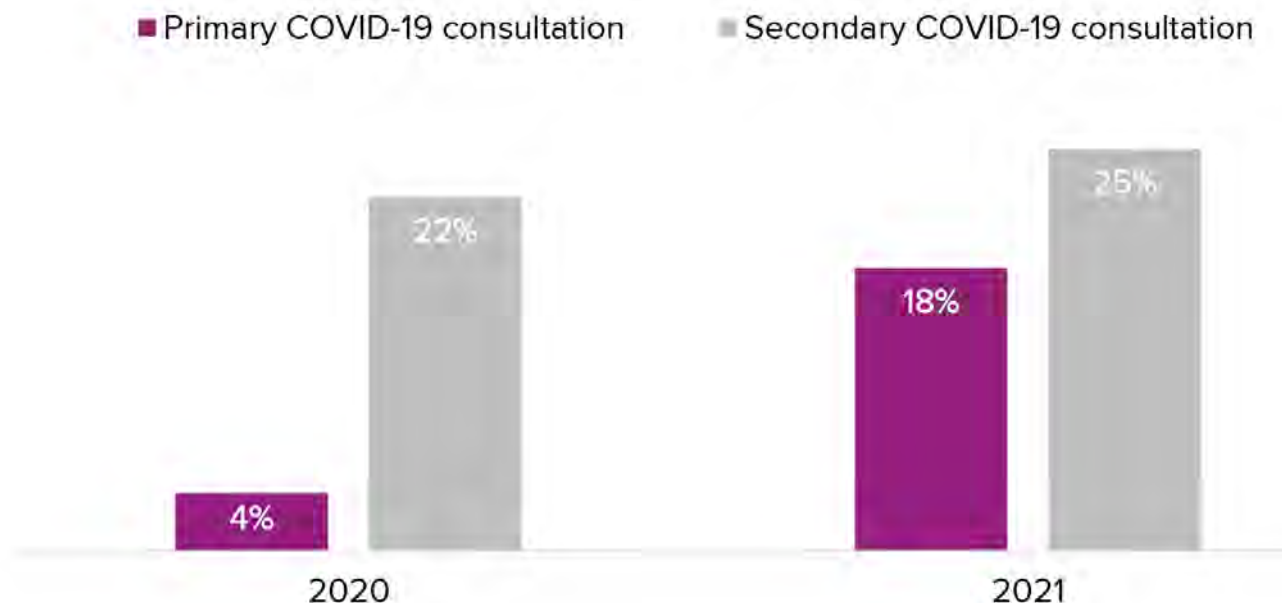
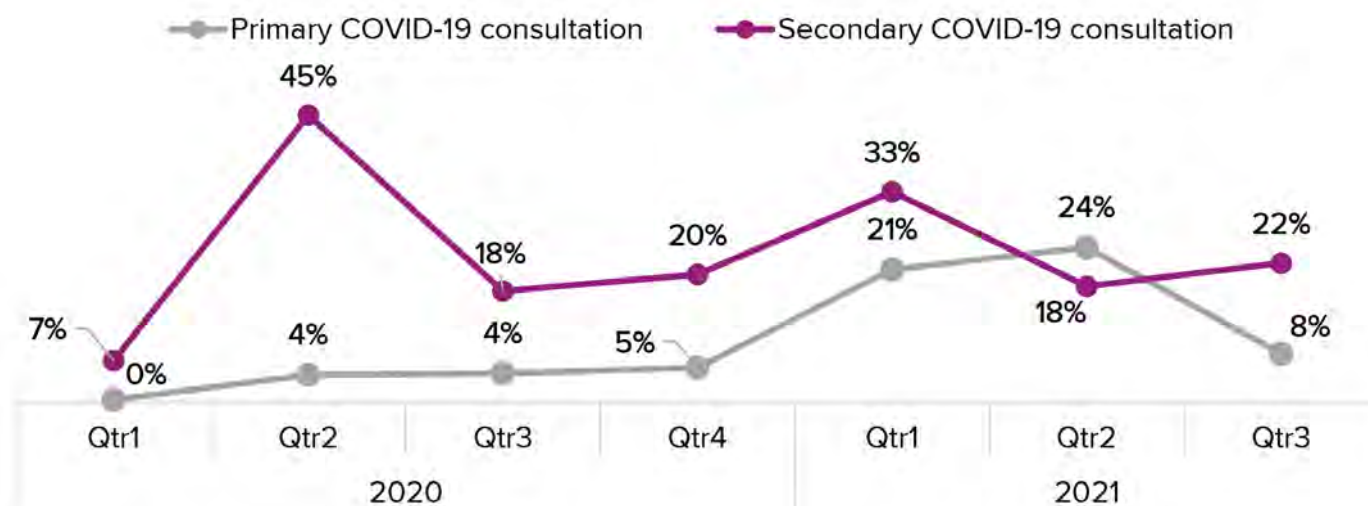


Figure 23: The percent of individual consultations covering COVID-19 either exclusively (primary COVID-19 consultation) or as a part of other topics (secondary COVID-19 consultation)



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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 that they developed policies for how to handle children's illness. FFN providers commented that consultants discussed activities to do with children throughout the day to support children's health. Community-informed approach consultants also assisted providers in navigating the health care process, including 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, Community-Informed Approach

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. Grantees built partnerships with other 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 helped providers support families who were navigating job loss and other stressors. Community-informed consultants provided culturally and linguistically appropriate information and resources to providers.

*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, Public Health Approach



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Services**NUTRITION**

Providers reported that they learned and implemented skills to improve nutrition of children in care (**Table 7**) with more providers in the community-informed approach receiving nutrition-related consultation. About 30% of providers receiving consultation through the public health approach reported not receiving nutrition-related consultation.

Table 7: Providers improved their knowledge and use of skills related to nutrition

	All Respondents %	Community- Informed %	Public Health %
Increased knowledge to better support nutrition	98	99	94
Using new ways to support nutrition	98	100	89

CCHC IMPACT ON PROVIDERS

Providers learned about how to support better 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.

It's really important to [feed the children food that is] more nutritious, not too fat, not too salty, don't give the kids too much sugar and candy, eat more vegetables.

—FFN Provider, Community-Informed Approach

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, Community-Informed Approach

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CCHC IMPACT ON PROVIDERS

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

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,
Community-Informed Approach

INCLUSION STRATEGIES FOR CHILDREN WITH SPECIAL NEEDS

Providers who participated in key informant interviews shared the challenges they had with inclusion of all children before working with their consultant.

CCHC IMPACT ON PROVIDERS

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 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 Teacher,
Public Health Approach

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*[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,
Public Health Approach

*[The consultant] framed inclusion as something beneficial for the whole classroom. [They] made the point that, when we have children of all ability levels [in our classroom], it teaches all children patience.... **It help kids build a community around other kids' learning needs.***

—Licensed Center Teacher,
Public Health Approach

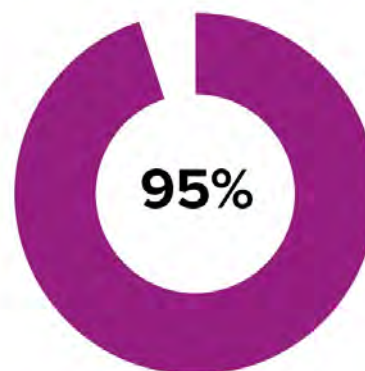
One provider shared in an interview that they wished their consultant better supported inclusion practice. The consultant shared ideas and strategies to do with the child, but teachers found activities hard to do consistently in a busy classroom.

*I did feel like there was a lack of knowledge on the consultant team for dealing with children who are autistic.... It came to a point where teachers didn't have the skills or the extra help that the child needed in the room for safety....We feel like the...child would benefit more if they were in a class with trained people to work with them or a smaller classroom size, but **[the consultant] did not have resources or places to refer the family.***

—Partial Day Provider,
Public Health Approach

About 95% of licensed child care providers (family homes and child care centers) who received consultation related to children with special health care needs reported that children with special health care needs had comprehensive individualized care plans (**Figure 24**). About 25% of surveyed licensed providers reported not receiving consultation that was related to care plans.

Figure 24: Licensed providers had individualized care plans for children in care with special health care needs



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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.

*In one of our classrooms, the cozy space was not meeting the needs of all the kids. They needed a secondary area of the classroom **that was less visually stimulating, a quieter more individual experience.***

—Licensed Site Administrator,
Public Health Approach

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 also encouraged FFN providers to have designated spaces in their homes for various playtime and learning activities, including a reading area, a block area, and a dramatic play area.

*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, Community-Informed Approach

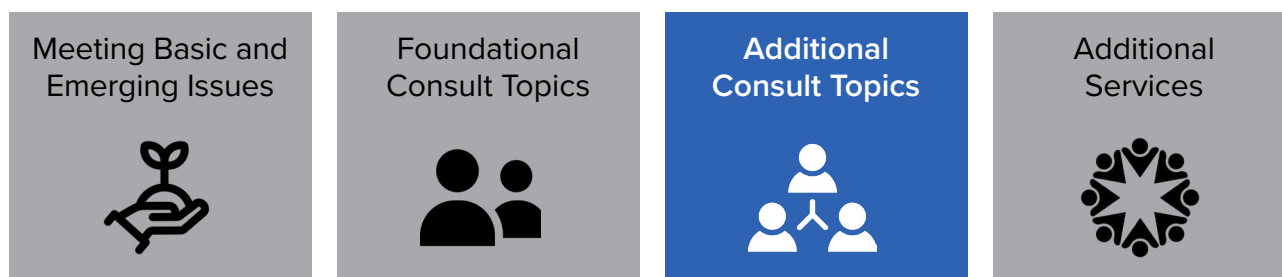
Consultants who participated in focus group discussions noted that, to support children with behavioral issues, providers often added a quiet space and removed punishment spaces in favor of areas in which to do activities (e.g., reading, dramatic play).

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 together). 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,
Public Health Approach

CONSULTANTS ALSO WORKED ON ADDITIONAL CONSULTATION TOPICS



BEHAVIOR SUPPORT AND EXCLUSION/EXPULSION PREVENTION

CCHC IMPACT ON PROVIDERS

Since working with their consultants, providers reported that they gained the tools necessary to manage challenging behaviors and special needs and have stopped asking children to leave their care.

Providers reported that they increased their ability to support challenging child behaviors after working with a consultant. Most providers (98%)

surveyed said that since working with a consultant, they have improved their ability to support and navigate children's behaviors. Over 90% of licensed providers reported being more comfortable creating individualized behavior support plans for children in partnership with a parent or caregiver.

Figure 25 shows provider responses to individual statements. In general, the proportion of providers who reported a greater ability to manage challenging behaviors decreased from 2019 to 2021, with the largest decrease in the proportion of providers reporting an improved ability to manage challenging behaviors in all three areas.

Figure 25: Providers responded to three statements related to improving knowledge and skills that support children's behavior in child care

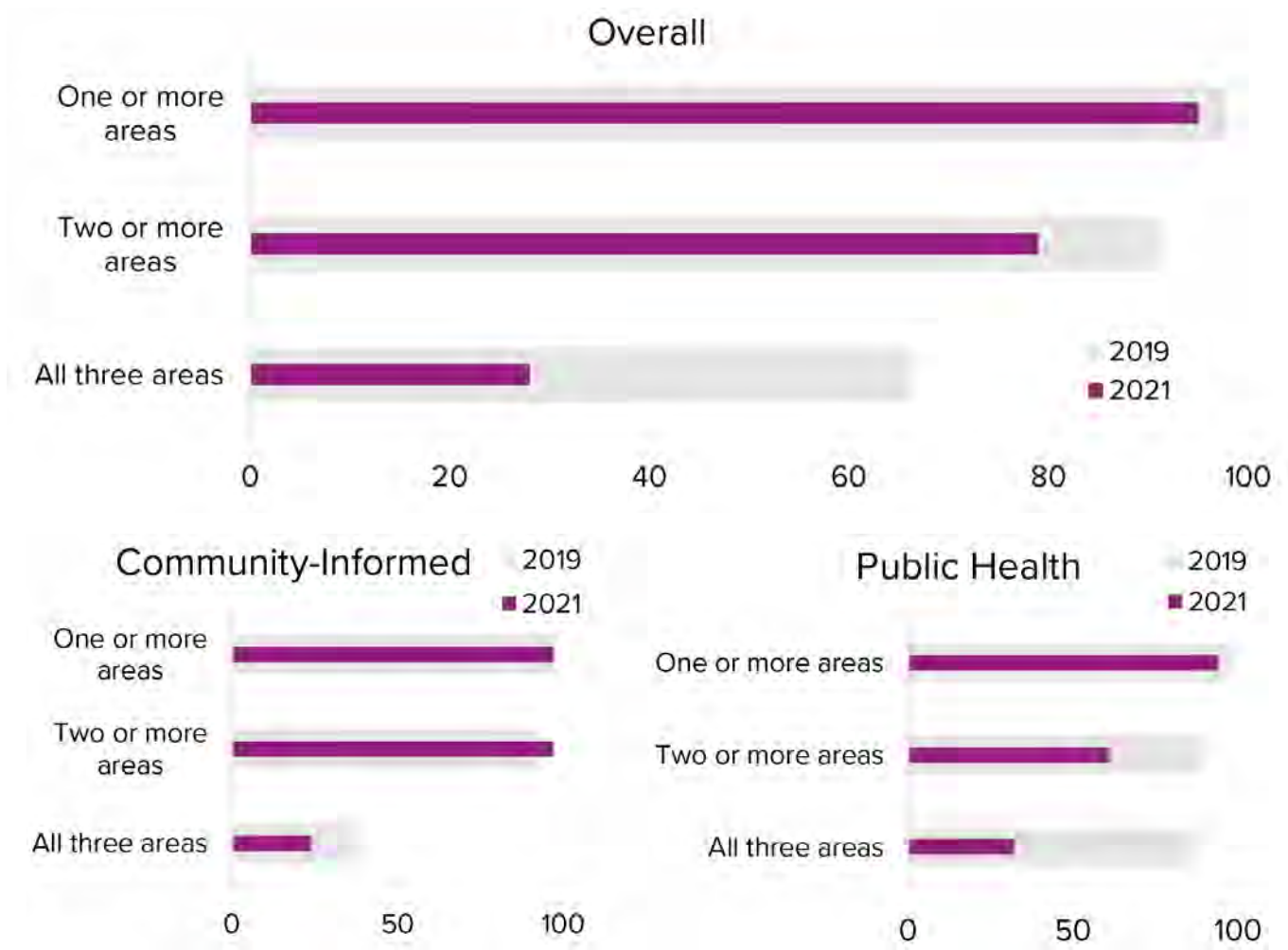


RESULTS

Meeting Basic and Emerging Issues	Foundational Consult Topics	Additional Consult Topics	Additional Services
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Providers were asked to respond to a series of three 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%) providers across both consultation approaches reported improving in at least one area. Over 80% reported improving in two or more areas, and over 40% reported improving in all three areas, with variation across consultation approaches and years (Figure 26).

Figure 26: Proportion of providers who reported improved ability to manage challenging behaviors



Meeting Basic and Emerging Issues

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A few licensed providers said that their sites had always had non-expulsion policies, but they sometimes had children they did not know how to support.

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, Public Health Approach

Consultants described how they assisted providers in understanding why challenging behaviors were occurring and how to document those behaviors to support conversations with parents. In general, providers thought that children were seeking more sensory activation when being physical in the classroom or 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.

CCHC IMPACT ON PROVIDERS

Providers noted that they used information gathered about challenging behaviors to work with their consultant on developing tools and strategies to manage those behaviors. Across consultation approaches, 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 still 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.

RESULTS

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*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, Public Health Approach

*[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, Community-Informed Approach

Providers also discussed creating a daily routine for children. The 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).

*Before, if the child said “I’m hungry”, I would go to the fridge and feed them. Now, they have their lunch, they have their snack, and then they have to wait until dinner. **From this time to this time, children play, then time is up, and we do painting, then time is up, and we go outside and do outdoor activities.***

—Licensed Family Home,
Community-Informed Approach

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 indicated that they provided additional focused attention to children who were seeking attention, including increased eye contact and repetition of what the child said back to them.

*Before, when I have 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,
Community-Informed Approach

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Consult TopicsAdditional
Services**CAREGIVER HEALTH AND WELLNESS**

Consultants supported caregivers with their own health and wellness. Conversations ranged from how to protect their back when changing diapers to nutritious foods to include in their diet. Community-informed approach consultants supported FFN providers with their own chronic disease management.

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, Community-Informed Approach

During the COVID-19 pandemic, consultants supported provider's mental health, including addressing isolation and supporting with mental health management. They also led trainings on how to prevent burnout and practice self-care.

I want to communicate [with my consultant] and ensure everyone [at the agency and in my community] is ok. [This communication] is a big deal for me. It is a lifeline and therapeutic.

—FFN Provider, Community-Informed Approach

Consultants supported providers throughout the COVID-19 pandemic. Consultants provided mental health support by providing mindfulness and mental health consultation and trainings. In addition, consultants referred 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, Public Health Approach



RESULTS

Meeting Basic and Emerging Issues	Foundational Consult Topics	Additional Consult Topics	Additional Services
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RELATIONSHIP AND COMMUNICATION SUPPORT

All FFN survey respondents (100%) reported feeling more involved in supporting the child(ren)’s development, along with the parents or primary caregivers. Most (93%) licensed child care providers reported overall improvement in their ability

to talk directly with primary caregivers. Licensed providers also reported that they now know more strategies to use for difficult conversations with primary caregivers and that they would talk with primary caregivers about concerns related to their child’s development as a result of working with a consultant (Table 8).

Table 8: Providers in licensed child care centers and licensed family homes had more tools to communicate and have difficult conversations with primary caregivers

	All Respondents %	Community-Informed %	Public Health %
Overall increased ability to talk with primary caregivers	93	100	88
Know more strategies to have difficult conversations	97	100	95
Providers plan to talk with primary caregivers about developmental concerns	97	100	95

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.

CCHC IMPACT ON PROVIDERS

Consultants helped providers build partnerships with families through these conversations, so they could be a team in supporting the child.

Providers and families worked together to implement strategies to use both at child care and at home.

Before...we would tell the families, we had concerns [about the child’s development], but families would say, “Maybe [my child has difficulties because of] the teacher and their style”. [The ASQ® is a] tool that helps the families participate in the process. It gives them something that is organized with a purpose that is designed to be supportive.

—Licensed Site Administrator,
Public Health Approach

Meeting Basic and Emerging Issues

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[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, Public Health Approach

Strong relationships between providers and families were especially supportive during the COVID-19 pandemic. Providers were able to share related resources with families and support families going through hard times.

[The consultant supported my] ability to apply resources and communicate more with parents and families on daily things about COVID or children, [I have] tools to use that I didn’t have before. [I saw] several parents [who were going through an] emotional rollercoaster...

some [employment] hours got cut, some families broke up...[I] talked about how can I assist them more [with the consultant][The consultant] was there for me to give them resources.... [I am now] a support system for families.

—Licensed Care Provider, Public Health Approach

*[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, Community-Informed Approach

Communication 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 have these conversations in a culturally appropriate way.

*Family, friend, and neighbor providers have problems with stigma surround special ed from their home country – need to tell them that, here, government and schools are supportive and need to get support instead of waiting. **Providers have a paradigm shift – need consultants to have a good relationship with the families, we’re able to care for the child.***

—Consultant, Community-Informed Approach

RESULTS

Meeting Basic and Emerging Issues

Foundational Consult Topics

Additional Consult Topics

Additional Services

CCHC IMPACT ON PROVIDERS

Providers used the ASQ® and had supportive conversations with families to share that their child may need additional support to be successful.

One FFN provider discussed how their consultant helped them approach these conversations in a culturally accessible manner. The provider believed a child in their care had Down syndrome, but the family was not open to the conversation because of stigma related to Down syndrome. After additional conversations with the provider, including about how support at an early age can help later development, the family agreed to seek services.

*I shared [the ASQ® results] with [the child's] mother. She was not satisfied. She didn't believe what I was talking about, so **I scheduled a time for the mom, the child, and me to sit down and fill out the ASQ® together.** Then, the mother agreed with me that there was a potential developmental delay.*

—Licensed Family Home Provider,
Community-Informed Approach

Providers created stronger relationships with families through increased, purposeful communication.

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.

*Before, I was teaching the children by myself, and I was not sharing information with the families. But, since I started engaging with the family, telling them what their child did at day care that day, saying that tonight the parents should work together on some homework to help the child, **we feel as though the child's learning has improved...how they hold the pen, how to write words.***

—Licensed Family Home Provider,
Community-Informed Approach

Meeting Basic and
Emerging IssuesFoundational
Consult TopicsAdditional
Consult TopicsAdditional
Services**CCHC IMPACT ON PROVIDERS**

Through their work with the consultant, providers indicated that they improved their relationship with families.

*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,
Public Health Approach

CCHC IMPACT ON PROVIDERS

Providers also 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.

FFN providers receiving services through the community-informed approach incorporated different interactive activities with the child(ren) in their care as a result of receiving consultation. Ninety-five percent (95%) of FFN providers decreased children's screen time, while 99% increased both the number of play activities children had and the number of opportunities children had to explore their environment.

RESULTS

Meeting Basic and
Emerging Issues

Foundational
Consult Topics

Additional
Consult Topics

Additional
Services

Providers said that the consultant's close relationship with the child in their care facilitated their work together and that seeing the consultant build a relationship with the child helped the providers build their own relationship with the child.

*[The consultant] comes and builds a good relationship with the child. He loves her.... [The child] would not listen to me. **[The consultant] helped to build up the relationship with the child, so that the child will listen to me.***

—FFN Provider, Community-Informed Approach

*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, Community-Informed Approach



CONSULTANTS PROVIDED ADDITIONAL SERVICES, WHICH WERE CRITICAL FOR COMPREHENSIVE CONSULTATION

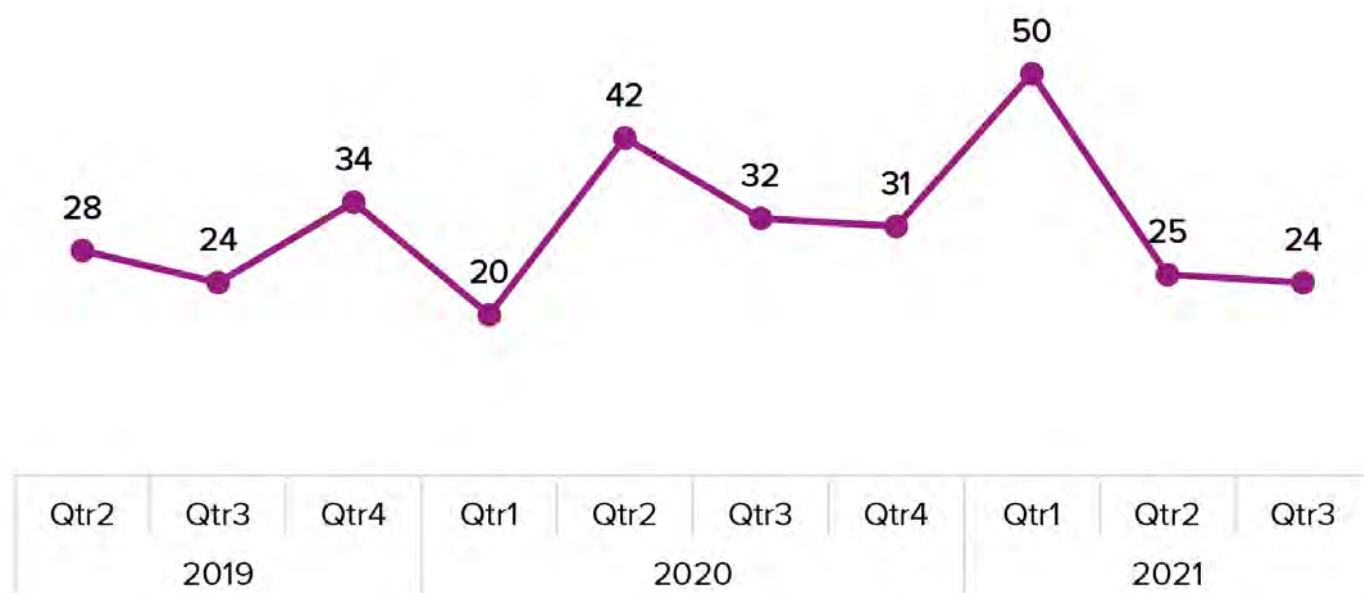


GROUP TRAININGS AND LEARNING COMMUNITIES/PEER COHORTS

Consultants led a total of **310 group trainings** between April 2019 and September 2021 (**Figure 27**), with more trainings being delivered through the public health approach (**Figure 28**). One grantee used a cohort model as the primary

programmatic approach to delivering CCHC services, where a set of licensed family home child care 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.

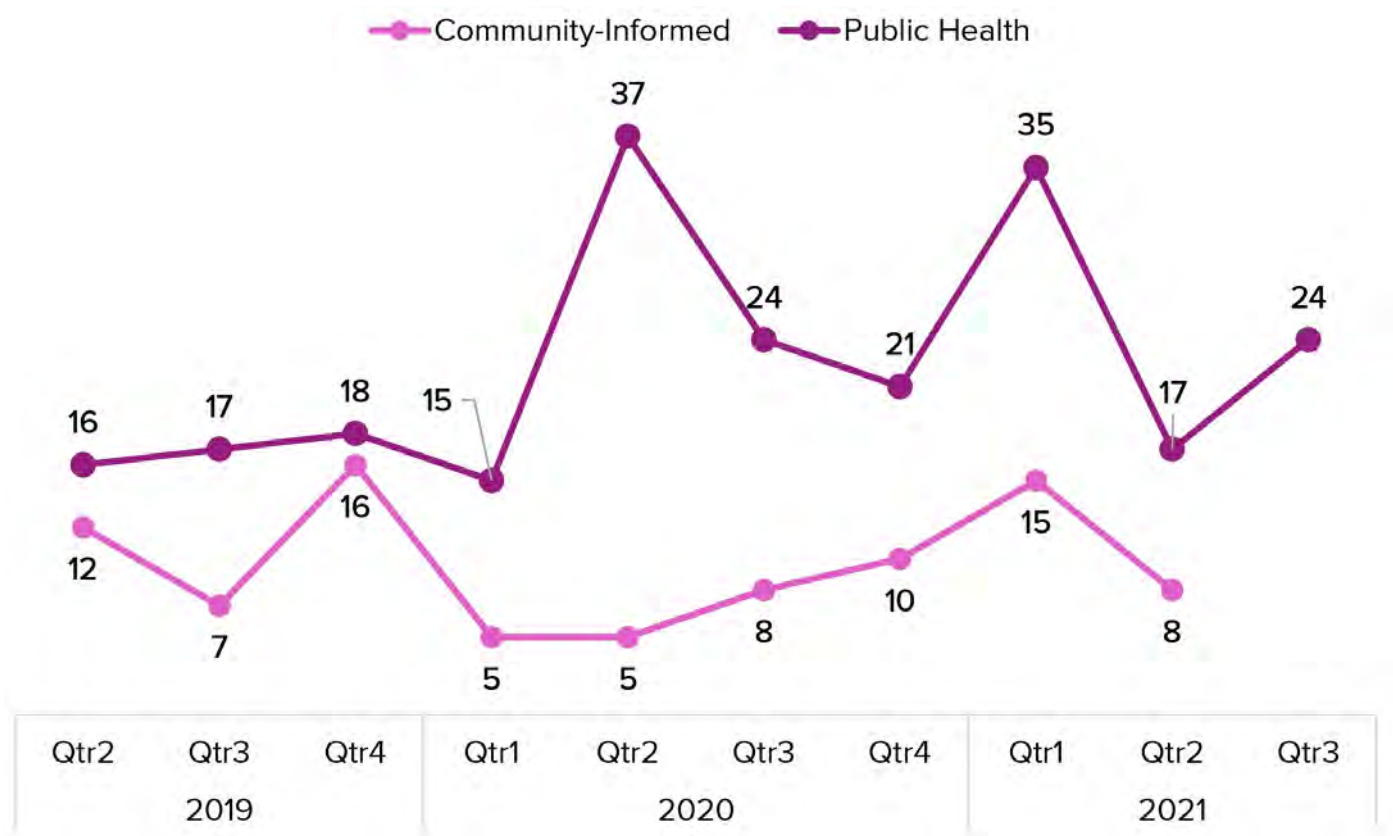
Figure 27: Total number of group trainings from April 2019 through September 2021



RESULTS

Meeting Basic and Emerging Issues	Foundational Consult Topics	Additional Consult Topics	Additional Services
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Figure 28: Differences in the types of providers and program models within the two consultation approaches led to more overall group trainings held by public health approach consultants



Providers appreciated coming together in groups to share and learn from one another. Providers from licensed sites that received public health approach consultation 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, and related trauma and stress. Trainings for FFN providers also included topics such as an orientation to how the public-school system works. Providers who worked with community-informed approach consultants said it was extremely helpful to hear about each other’s challenges, because when they experienced those challenges, they would have the tools to address those issues. In addition, they noted that they especially appreciated the opportunity to learn that other providers were struggling with similar child care issues, connect, and share strategies.

Meeting Basic and
Emerging IssuesFoundational
Consult TopicsAdditional
Consult TopicsAdditional
Services

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.

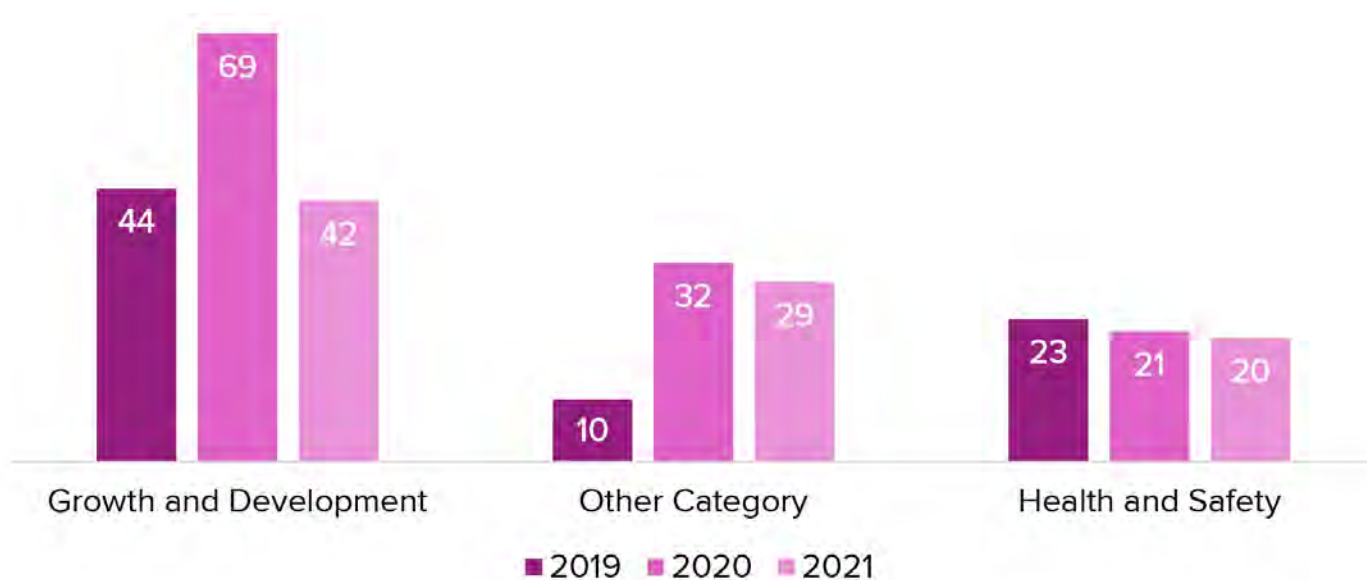
—Licensed Center Administrator,
Public Health Approach

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,
Community-Informed Approach

On average, group trainings lasted about an hour and a half, with some trainings lasting up to four hours (Figure 29).

Figure 29: 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 (6 total)

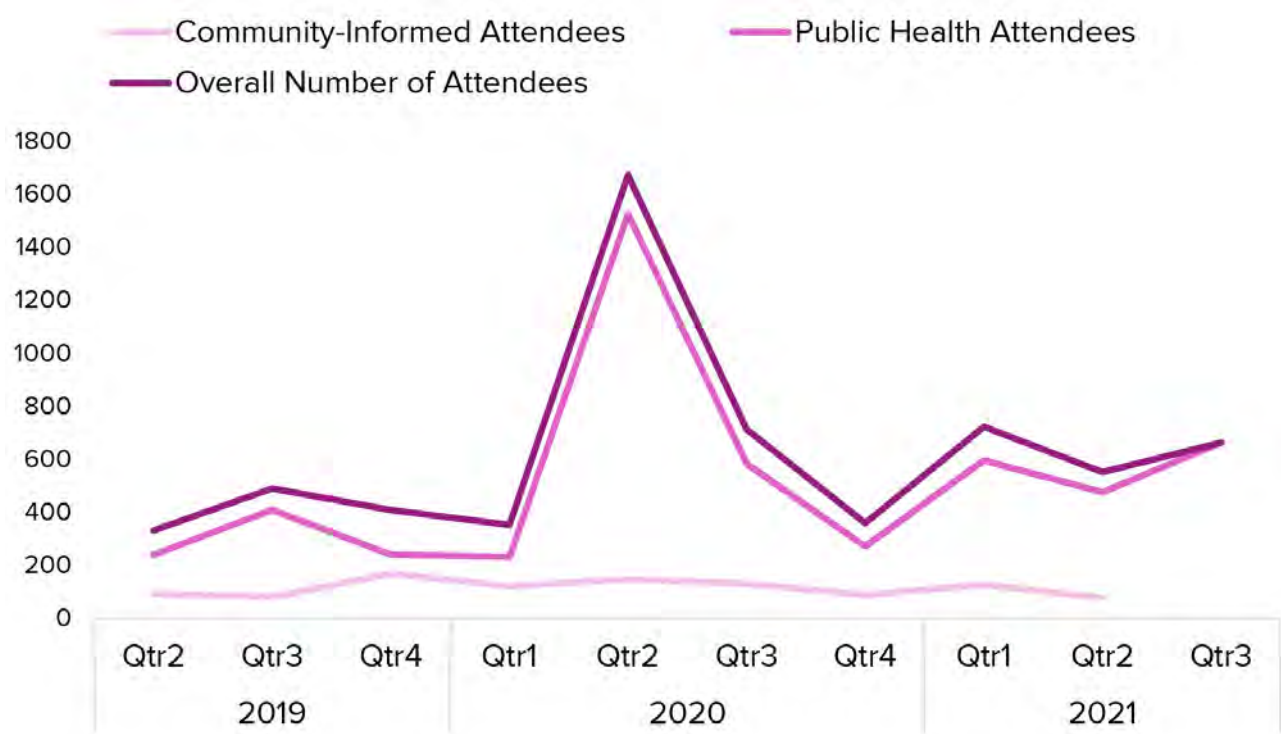
RESULTS

Meeting Basic and Emerging Issues	Foundational Consult Topics	Additional Consult Topics	Additional Services
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During COVID-19, consultants worked to meet emerging provider needs. Among those using the public health approach, there was an increase in the number of providers joining group trainings at the beginning of the pandemic (i.e., March 2020

through September 2020), while the number of providers joining group trainings remained consistent for those using the community-informed approach (Figure 30).

Figure 30: Over time, more providers working with public health consultants attended group trainings



Meeting Basic and
Emerging IssuesFoundational
Consult TopicsAdditional
Consult TopicsAdditional
Services**PARENT/CAREGIVER CONSULTATION**

About half of the grantees, representing both community-informed and public health approaches, conducted parent or caregiver consultation.

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 the consultant.

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. Some consultants connected with parents or caregivers before providing an observation with the child to ensure consent. Consultants then followed up with parents or caregivers regarding next-steps.

COMMUNITY RESOURCE REFERRAL AND CONNECTION

As described previously, community resource and referral was a common topic covered during or following a consultation. Overall, 41% of all consultations included community resources and referrals in addition to other topics. During the COVID-19 pandemic, community resources and referrals were the most commonly covered topic (**Figure 31**).

Figure 31: On average, over a third of all consultations included community resources and referral each quarter



RESULTS

Meeting Basic and Emerging Issues	Foundational Consult Topics	Additional Consult Topics	Additional Services
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Most providers (94%) who responded to the child care provider survey reported increasing their knowledge of available resources. Each year, around ninety-nine percent (99%) of providers receiving services through the community-informed approach improved their knowledge of resources. During 2020, fewer providers receiving services through the public health approach (69%) reported improving their knowledge of resources than in 2019 and 2021 (98% and 100%, respectively). About one-third of respondents reported not improving their knowledge of resources in 2020 (31%), and a few reported not receiving referral support in 2021 (7%) (Table 9).

Table 9: Most providers reported an increase in knowledge of resources across all survey years

	All Respondents %	Community-Informed %	Public Health %
Increased knowledge of community resources and referrals			
2019	98	98	95
2020	84	100	69
2021	99	99	100

Providers referred families to resources that supported their children’s development and, in some cases, connected children and families to those resources. Among providers who participated in key informant interviews, almost all reported that providers referred to children and families and connected them to resources, with support from their consultant. 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. For those who received community-informed approach consultation, they indicated that consultants assisted them in navigating stigma related to seeking mental health services. Most providers said that 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.

*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,
Public Health Approach

FFN providers reported that consultants 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 these types of activities, so the child had opportunities to interact with other children.

Meeting Basic and
Emerging IssuesFoundational
Consult TopicsAdditional
Consult TopicsAdditional
Services

*[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, Community-Informed Approach

Providers commented that consultants assisted them in determining which referral was most appropriate for the child and family 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.

*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,
Community-Informed Approach

CCHC IMPACT ON PROVIDERS

Providers who received public health approach consultation said that consultants supported them in connecting children and families to specialists, including occupational therapists and social workers, to assist with developmental delays and acute behavioral issues. Across consultation approaches, providers indicated that consultants connected families with speech therapists to assist children with delayed speech development.

***This child was 5 years old and had never been in a socialization program, so we started with a speech referral.** His parent had zero idea that there was help. They were very receptive and open to having help.*

—License-Exempt Site Administrator,
Public Health Approach

Providers who received community-informed approach consultation 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 the children in their care with appropriate health care professionals.

We listened to [the consultant's] suggestion and took him to the clinic for an allergy test....His skin has been improving, since working with [the consultant] and going to the doctor.

—FFN Provider, Community-Informed Approach

Providers indicated that families generally agreed to engage with specialists and that children have benefited from that engagement.

We ended up introducing the family of a child with behavior issues, in the classroom and at home, to [the grantee] parent interaction program via [the consultant's] suggestion. Worked out really well. Child is doing well, really flipped for the child and the behavior, and the family was really supportive with the process.

—Licensed Site Administrator,
Public Health Approach

CONSULTATION WAS PROVIDER-CENTERED AND HAD TEAM-BASED SERVICES AND SUPPORTS

CONSULTATION CENTERED THE ROLE OF TEAMS FOR SERVICE DELIVERY

Grantees had a team of consultants and staff suited to best meet provider needs. Grantee teams included: 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. Consultants had connections to outside resources for additional referral needs, were residents of King County, and were familiar with local policies and administrative codes.

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

- Skilled 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

In addition, community-informed approach staff were members of the ethnic-cultural communities served and spoke provider's preferred language as a first language.

GRANTEES WORKED TOGETHER FOR SUPPORT DURING THE COVID-19 PANDEMIC

Grantees and the Best Starts CCHC program manager met regularly throughout the COVID-19 pandemic to provide support and share resources. In 2021, the King County Child Care Health Program staff joined. These regular meetings were a space for agency staff to pose questions of challenges they were experiencing and discuss solutions. Topics included:

- Strategies to support mental health, mindfulness, and burnout prevention for consultants and child care providers
- Strategies to conduct virtual consultation and group training
- The changing state and local COVID-19 guidelines for child care, testing, and vaccination, and
- Consultation policies for returning to hybrid in-person and virtual practice

Grantees valued this time to come together and discuss updates, challenges, and solutions and will continue meeting in 2022.

CONSULTANTS ENSURED THE CONTINUITY OF RELATIONSHIP BETWEEN THEMSELVES AND THE PROVIDER

Most providers appreciated the quantity and quality of their engagement with their consultant, while a few wished for more frequent and focused engagement opportunities. The average number of individual consultations per child care location remained consistent across time (Figure 32).

Figure 32: The average number of individual consultations ranged from 5 to 8 consults every 3 months for each location



Most providers reported that regular engagement with their consultant 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, and were flexible with meeting time.

[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,
Public Health Approach

When providers had a question or request outside of a scheduled meeting, they indicated that consultants were responsive.

RESULTS

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,
Community-Informed Approach

During the COVID-19 pandemic community-informed approach consultation increased the frequency of consultation to respond to emerging needs. Consultations were at times shorter, but consultants were meeting with providers more often.

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, Community-Informed Approach

Providers said that consultants often communicated outside of the arranged individual consultations and group trainings via text, e-mail, and phone. One provider said that she called her consultant three to four times per week. When there was a last-minute request or problem, providers reported that consultants were available for support.

There was a time that my state licensing person e-mailed me a form and told me to turn it in as soon as possible. I came [to the consultant] and asked them to help me with it, and they filled it out and sent it right away. That was my happiest day.

—Licensed Family Home,
Community-Informed Approach

A few providers who received consultation from public health approach consultants shared in interviews that they wanted more time with their consultant, especially during the COVID-19 pandemic. They said before COVID, they met with their consultant on a regular weekly or biweekly basis. During COVID that reduced to monthly due to the consultant's more restricted schedule.



DISCUSSION

From the 2019–2021 results, the two (2) approaches under the shared Best Starts child care health consultation strategy have reached a range of licensed, unlicensed, and/or family, friends, and neighbor (FFN) care from diverse communities spread across King County. In this

updated report, the evaluation focused on describing: 1) CCHC services, 2) how CCHC services and unique approaches contribute to child care provider outcomes, and 3) how CCHC services have been developed, implemented, and revised over time.

WHAT DESCRIBES CCHC SERVICES?

Over time, consultants transform the consultative relationship in their work with providers to move through a range of consultation topics at varying depths and based on emergent and non-emergent needs.

The spread of topics covered during consultation is evenly distributed (about a third) across the three categories of growth and development, health and safety, and other additional consultation topics. Nutrition is less frequently covered (5% of all consultations), but is a topic that is more frequently discussed by providers during interviews. Across all topics, types of providers, and

both the community-informed and public health consultation approaches, providers tend to progress through consultation by starting with immediate basic needs, asking their most pressing questions, and learning about the services available through consultation. Providers then move through foundational topics and go into greater depth with additional topics or return to a foundational topic. CCHC grantees also supplement consultation with additional services such as group trainings and learning communities, direct consultation with parents and caregivers with children in child care, and community resources and referrals.



DISCUSSION

To transform the consultation relationship and support providers in engaging deeply with topics that may be sensitive, consultants use several strategies

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.



HOW DO CCHC SERVICES AND UNIQUE APPROACHES CONTRIBUTE TO CHILD CARE PROVIDER OUTCOMES?

CCHC services have a positive impact on child care providers across consultation approaches and topics covered. Best Starts' investment in bringing seven CCHC grantees 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 child care providers. The following areas of impact emerged across child care providers:



Providers learned to communicate with children at a developmentally appropriate level and had developmentally appropriate expectations

of children. Providers gained confidence in and increased use of developmental screening tools.



With support from consultants, providers were able to respond to health and safety concerns for children in their care.

Consultants shared information about the COVID-19 vaccine and helped providers get vaccinated, provided mental health support, helped develop policies for childcare sites, and shared COVID-19 safe activities to do with children throughout the day.



Providers were able to enroll more children with special needs, and see success with children who have special needs.

Providers appreciated consultant support in developing inclusion strategies for children with special needs.



Providers increased their ability to support challenging child behaviors.

Providers used information gathered about challenging behaviors to work with their consultant on developing tools and strategies to manage those behaviors.



Providers improved their relationship with families and children.

The strong relationship between providers and families was especially supportive during the COVID-19 pandemic. Providers were able to share pandemic-related resources with families and support families going through hard times.



Providers connected families and children to referrals and resources.

Across consultation approaches, providers indicated that consultants connected families with specialists to address developmental concerns. Consultants also supported with basic needs.



Providers implemented new nutrition practices to provide healthier foods for children in care.

Consultants shared ways to improve nutrition in ways that integrated a culturally strengths-based approach to preparing, storing, and making food for children.

HOW HAVE CCHC SERVICES BEEN DEVELOPED, IMPLEMENTED, AND REVISED OVER TIME?



Consultation and training are tailored and provided through seven different service delivery models. Each

grantee developed a unique program to deliver consultation to child care providers. Some grantees focused on the full picture of the providers' social determinants of health to first meet providers' basic needs, and then move into additional foundational topic areas. Others focused primarily on a specific set of foundational topics, such as inclusion of children with special needs, or built learning and peer communities among providers who typically worked in isolated settings such as family homes.



Grantees developed their service delivery models to best meet their provider communities' needs including a focus on building consultation teams

that would have a language, culture, or geographic match with child care providers receiving consultation. By tailoring service delivery models to best support provider communities, grantees had designed program infrastructure to easily adapt when provider needs change.



The ability to quickly adapt and revise without interruption was especially clear in the continuity of service delivery throughout the onset of the COVID-19 pandemic. The impact consultation has had in providing resources, information, tools, and general mental and wellness support to child care providers throughout the COVID-19 pandemic is also clear. In addition to having program adaptability, grantees 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.

NEXT STEPS

In 2022, a deeper dive into the multi-year data will be taken to draft a final report that more globally summarizes and connects the services data, qualitative interview, and survey outcome data across the three-year evaluation.



APPENDICES

APPENDIX A. GLOSSARY OF TERMS

GENERAL TERMS

Child care sites: A “site” refers to a single location where child care is provided by any type of provider. 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: CCHC services include information about how children’s brains and bodies develop. This could be information about developmental screenings (questions about the child’s actions, responses, or ability to complete tasks) or information and 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: CCHC services include information about how to improve the overall health and/or safety of children in care. This could be new ideas for snacks or certain foods, how to store food safely, new ideas for outdoor activities, how to help children use the bathroom or wash their hands, or ways to change diapers. Health and safety subtopics include:

- COVID-19 pandemic support
- Emergency policies and procedures
- Environmental safety
- Handwashing, diapering, 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: CCHC services include information about food allergy management, breastfeeding and infant feeding, food safety, meal planning, and introducing foods. This could be information on 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: CCHC services include information on topics that are outside of the other three topic categories, including:

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

CHILD CARE PROVIDER TYPES

Licensed child care center: A child care setting that is licensed to provide 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: A child care setting that is licensed to provide care to a small or large group in a house.

Partial day provider: A child care setting that provides child care for half of a day. This means the child care 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 grantees, 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 grantees 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 — Kinderling 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 CCHC grantees to collect service delivery and outcomes data: 1) child care provider intake and interest form, 2) CCHC consultation summary form, 3) child care 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 grantees to ensure usability of forms and strong evaluation data quality. Data collection was primarily implemented by grantees and consisted of data collection from providers receiving individual consultation and providers receiving 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, license-exempt administrators, licensed family home providers, and FFN care 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 in 2019. Cardea facilitated a focus groups with 11 child care health consultants at Public Health—Seattle & King County in 2019. Cardea interviewed CCHC program staff in 2020 and 2021 from the seven grantee agencies to learn more about their programming and programmatic adjustments due to the COVID-19 pandemic. 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 share 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 child care health consultants in grantee organizations about CCHC. Cardea completed ongoing qualitative data collection from September 2019 to December 2021.

DATA COLLECTION

DATA SHARING

Cardea set up data sharing agreements with each grantee and a secure electronic system for grantees to submit quantitative and qualitative data for analysis.

During the initial implementation phase (March through May 2019), grantees were asked to submit services data on a monthly basis for Cardea to review and support data quality and to improve the submission process for grantees. Following the implementation phase, grantees were asked to submit services data every three months. Under the data sharing agreements between grantees and Best Starts and between Cardea and Best Starts, Public Health—Seattle & King County requested that Cardea share non-identified¹ CCHC individual consultation, group training and provider follow-up survey data files.

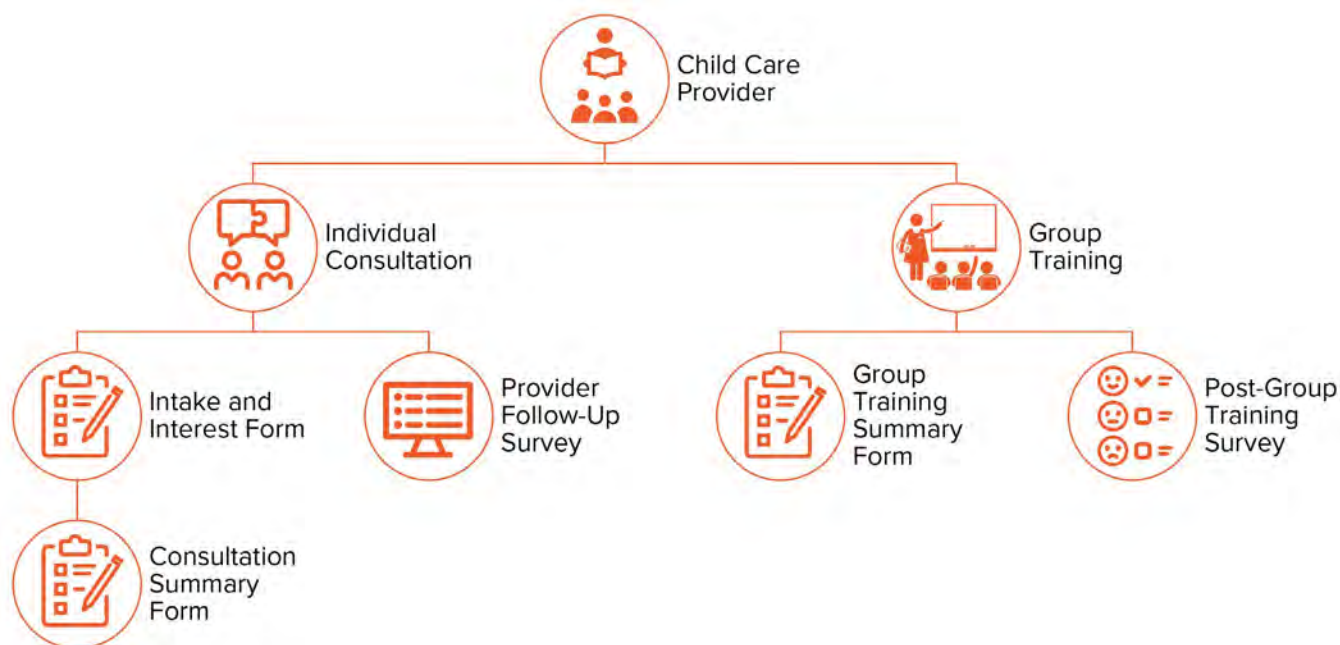
QUANTITATIVE

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 CCHC grantees, 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 grantees to collect service delivery and outcomes data: 1) child care provider intake and interest form, 2) CCHC consultation summary form, 3) child care 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 site (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) care providers. Cardea reviewed tools with the CCHC grantees 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 service provider grantees for final feedback and input. Cardea provided tools to grantees in PDF formats via Dropbox.

Data Collection Tool Implementation

In early March 2019, Cardea trained all grantees 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, grantees 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 grantee 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 grantees discussed challenges with the data collection processes. By the end of March 2019, all CCHC grantees were using all individual consultation and group training data collection tools.

Cardea primarily managed the provider follow-up survey process to minimize burden on grantees. 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 grantees and provided recruitment resources—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

Grantees 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 grantees 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 child care health consultants from grantee organizations and child care 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 care providers. The evaluation questions informed the development of the key informant interview and focus group discussion guides. Cardea developed one key informant interview guide for licensed providers and one for FFN care providers. Both 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 child care health consultants who were

grantee 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 and the 2019 and 2021 guides were reviewed once or twice by grantees before being finalized.

Data Collection Implementation

Cardea completed 29, semi-structured, in-depth key informant interviews with licensed site administrators, licensed site providers, license-exempt administrators, licensed family home providers, and FFN care 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 grantees to recruit child care providers for key informant interviews. Grantees 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 grantees. 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 grantee 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 grantee'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.

In the fall of 2019, Cardea facilitated two focus groups with child care health consultants from grantee organizations and one focus group with child care health consultants from the Public Health—Seattle & King County Child Care Health Program. The in-person focus group with grantee child care health 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 grantee child care health consultants from grantee organizations had two participants and was about 60 minutes long. The focus group with child care health 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 grantee agencies to learn more about their programming and programmatic adjustments due to the COVID-19 pandemic. Cardea interviewed staff from all seven grantees 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 share 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 between the two approaches, as well as unique breakouts of provider types where applicable. Data elements, including language, zip code, and provider type, were used to describe the broad reach and impact of CCHC services through the two approaches and through the seven different grantee program models.

QUALITATIVE

Key informant interviews with child care providers and child care health consultants provided an additional layer of context for understanding who is represented in CCHC service delivery, what elements of CCHC have an impact on providers, and facilitators and barriers to implementation of CCHC. In 2019, Cardea developed a draft codebook using prior 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, Cardea grouped data by similar themes from the 2019 codebook to inform analysis and applied a thematic approach to the qualitative analysis and reviewed detailed notes for each key informant interview, focus group, and meeting to write on initial observations about themes.

LIMITATIONS AND CONSIDERATIONS

CCHC grantees 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 child care providers, it is difficult to isolate the specific effect of CCHC services. In addition, since providers are the primary recipients of CCHC services, this evaluation is focused on provider-level changes vs. child and family-level outcomes and longitudinal changes among children and their families, since those outcomes and changes would be difficult to measure.

In 2019, the consistency and quality of data collection varied slightly across grantees, 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 grantee 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 grantee collected individual consultation data each time a consultant contacted a child care provider, resulting in exclusion of this grantee from some analyses.

Cardea's ongoing TA to grantees has largely resolved these issues for 2020 and 2021. However, since Cardea does not directly oversee data collection for grantees that have administrative information systems, there may be data quality issues in the future. Cardea will continue to provide TA to mitigate future challenges.

While the evaluation questions and data collection tools were largely informed by grantees, 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 grantees 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 grantees 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 be 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 grantees 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 CCHC grantees to build trust and continually work toward a set of common goals.

The COVID-19 pandemic resulted in limitations for evaluation data. Providers were overburdened during the pandemic, so Cardea did not conduct provider interviews in 2020. Additionally, a shortened provider survey was implemented in 2020 to reduce burden for providers.

APPENDIX D. SERVICE DELIVERY DATA COLLECTION FORMS

Child Care Health Consultation Intake Form

Family, Friend and Neighbor Caregiver Information

Staff Completing Intake _____ Intake Date ____ / ____ / ____
 m m d d y y
 FFN Caregiver Name _____
 Street Address _____ Main Phone _____
 City _____ Zip Code _____ Main E-mail _____

Caregiver Information

Relationship to child in care ☐ Grandparent ☐ Aunt/Uncle ☐ Other Extended Family ☐ Family Friend
☐ Neighbor ☐ Other (please specify) _____

Lives with child? ☐ Yes ☐ No ☐ Choose not to answer

If Applicable- Assistant Caregiver Information

First Name		Last Name	
Phone		Email	

Childcare Information

Care Frequency	About how many times (days) a month is child care provided? _____ days per month
How many children are in care at your site? _____	
What is the age range of children you provide care for? _____	
Do you receive a DSHS Working Connections Child Care subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about the program? (check all that apply)	<input type="checkbox"/> Agency Website <input type="checkbox"/> Childcare Resources <input type="checkbox"/> Flyer/Brochure <input type="checkbox"/> Friends/Word of Mouth/Social Media <input type="checkbox"/> Internal Agency Referrals <input type="checkbox"/> King County Website <input type="checkbox"/> Parent requested consultation <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Other (please specify) _____
What languages do the children speak? (check all that apply)	<input type="checkbox"/> Amharic <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Hindi <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Oromo <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Taisanese <input type="checkbox"/> Tigrinya <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify) _____
What languages do you speak with the children? (check all that apply)	<input type="checkbox"/> Amharic <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Hindi <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Oromo <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Taisanese <input type="checkbox"/> Tigrinya <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify) _____
Approximately what percentage of children are children of color?	<input type="checkbox"/> 0% <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 50-75% <input type="checkbox"/> 75-100%

Child Care Health Consultation FFN Intake Interest Form

Consultant Name _____ Date / /
 m m d d y y

FFN First Name _____ FFN Last Name _____

Zip Code _____

Number of years providing childcare? ☐ Less than 1 year ☐ 1 to 5 years ☐ 5 to 10 years ☐ More than 10 years

What is working well for you?	What concerns do you have? What support would you like?

Childcare Practices

Is there a philosophy and/or curriculum used for providing childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If yes, which one(s)?
Are developmental screening assessments currently completed with children in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If yes, which one(s)?
Are there currently any other screenings and/or assessments being completed with children in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If yes, which one(s)?

Please discuss provider's interest level in receiving support in the following areas:

Growth and Development	Very interested	A little interested	Need more information	Not interested/ not discussed	Notes
Brain development and milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental screening & early identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental/behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motor development – fine and/or gross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-adaptive skills (put on coat, brush teeth, follow routine etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory and self-regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Social-emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health and Safety	Very interested	A little interested	Need more information	Not interested/not discussed	Notes
Emergency policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handwashing, diapering, toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health and safety assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunization and health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection/communicable disease prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical activity & outdoor time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toxics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition					
Allergy management; breastfeeding/infant feeding; food safety; meal planning; menu review; introducing foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other					
Child-caregiver relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community resources and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family engagement and interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/Caregiver health and wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Child Care Health Consultation Visit Summary Form

FFN Caregiver Information

Consultant Name _____ Consultation Date ____/____/____
m m d d y y

FFN First Name _____ FFN Last Name _____

Site Zip Code _____ Number of caregiver(s) consulted: _____

Activity Format	Activity Type	Length of time in consult
<input type="checkbox"/> In person <input type="checkbox"/> Talking by phone <input type="checkbox"/> Written communication (email, text messaging, etc) <input type="checkbox"/> Video chat (zoom, facetime, whatsapp, skype, etc)	<input type="checkbox"/> Standard Consultation <input type="checkbox"/> WAC Infant Nurse Consultation <input type="checkbox"/> Other (please specify)	Hours _____ <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min Time spent on follow-up Hours _____ <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min

Primary content covered during consultation (check 1-3)

Growth and Development

- ☐ Brain development and milestones
- ☐ Developmental screening & early identification
 - ☐ ASQ specific # Children Screened _____ (if applicable)
- ☐ Language development
- ☐ Mental/behavioral health
- ☐ Motor development – fine and/or gross
- ☐ Self-adaptive skills (put on coat, brush teeth, follow routine etc)
- ☐ Sensory and self-regulation
- ☐ Social-emotional development
- ☐ Vroom

Other

- ☐ Child-caregiver relationship
- ☐ Children with special health care needs
- ☐ Classroom curriculum/environment
- ☐ Community resources and referrals
- ☐ Family engagement and interaction
- ☐ Staff/Caregiver health and wellness
- ☐ Other _____

Health and Safety

- ☐ Emergency policies and procedures
- ☐ Environmental safety
- ☐ Handwashing, diapering, toileting
- ☐ Health and safety assessment
- ☐ Immunization and health records
- ☐ Infection/Communicable disease prevention
- ☐ Medication management
- ☐ Oral health
- ☐ Physical activity & outdoor time
- ☐ Safe sleep
- ☐ Toxics

- ☐ **Nutrition** (allergy management; breastfeeding/infant feeding; food safety; meal planning; menu review; introducing foods)

Additional Comments:

Child Care Health Consultation Visit Observation Summary (Optional)

Content Area	Strengths/ Successes	Areas of Growth/ Goals	Next Steps
<div><input type="checkbox"/> Health and Safety</div> <div><input type="checkbox"/> Growth and Development</div> <div><input type="checkbox"/> Nutrition</div> <div><input type="checkbox"/> Other (specify)</div> <div></div>			<div><input type="checkbox"/> Consultation <input type="checkbox"/> Group Training</div>
<div><input type="checkbox"/> Health and Safety</div> <div><input type="checkbox"/> Growth and Development</div> <div><input type="checkbox"/> Nutrition</div> <div><input type="checkbox"/> Other (specify)</div> <div></div>			<div><input type="checkbox"/> Consultation <input type="checkbox"/> Group Training</div>
<div><input type="checkbox"/> Health and Safety</div> <div><input type="checkbox"/> Growth and Development</div> <div><input type="checkbox"/> Nutrition</div> <div><input type="checkbox"/> Other (specify)</div> <div></div>			<div><input type="checkbox"/> Consultation <input type="checkbox"/> Group Training</div>

Additional Comments:

Child Care Health Consultation Intake Form

Licensed Childcare Site Intake Information

Staff Completing Intake _____ Intake Date ____/____/____
 Site Name _____
 Site Street Address _____ Main Phone _____
 City _____ Zip Code _____ Main Email _____
 Type of Provider ☐ Licensed Child Care Center ☐ Licensed Family Home ☐ Partial Day Provider

About the Center/Childcare site

Care Schedule/Hours	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	Days of the Week <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Weekday Hours: ____am/pm to ____am/pm Weekend Hours: ____am/pm to ____am/pm
	How many rooms or classrooms do you have onsite? _____ How many Caregivers or Teachers are assigned to each room? _____		
What childcare subsidies do you accept? (check all that apply)		<input type="checkbox"/> Child Care Assistance Program (CCAP) <input type="checkbox"/> DSHS Working Connections Child Care (WCCC) <input type="checkbox"/> Early Childhood Education Assistance Program (ECEAP) <input type="checkbox"/> Early Head Start/Head Start (EHS/HS) <input type="checkbox"/> Seattle Preschool Program (SPP) <input type="checkbox"/> Step Ahead (SA) <input type="checkbox"/> Do not accept childcare subsidies	
How did you learn about our CCHC services? (check all that apply)		<input type="checkbox"/> Agency Website <input type="checkbox"/> Flyer/Brochure/Social Media <input type="checkbox"/> Internal Agency Referral <input type="checkbox"/> Parent requested consultation <input type="checkbox"/> External Community Organization <input type="checkbox"/> Other (please specify)	
		<input type="checkbox"/> Childcare Resources <input type="checkbox"/> Friends/Word of Mouth <input type="checkbox"/> King County Website <input type="checkbox"/> Public Health Nurse	

About the Children in Care

How many children are in care at your site?		
Approximately how many of those children have an Individual Education Plan (IEP)?		<input type="checkbox"/> Don't Know
Approximately how many of those children have an Individual Family Service Plan (IFSP)?		<input type="checkbox"/> Don't Know
What is the age range of children you provide care?		
What languages do children and their families speak? (check all that apply)	<input type="checkbox"/> Amharic <input type="checkbox"/> Korean <input type="checkbox"/> Somali <input type="checkbox"/> Ukrainian	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Cantonese <input type="checkbox"/> Oromo <input type="checkbox"/> Tagalog <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Hindi <input type="checkbox"/> Punjabi <input type="checkbox"/> Taisanese <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Tigrinya
What languages do providers speak with the children? (check all that apply)	<input type="checkbox"/> Amharic <input type="checkbox"/> Korean <input type="checkbox"/> Somali <input type="checkbox"/> Ukrainian	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Cantonese <input type="checkbox"/> Oromo <input type="checkbox"/> Tagalog <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Hindi <input type="checkbox"/> Punjabi <input type="checkbox"/> Taisanese <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Tigrinya
Approximately what percentage of children are children of color?		<input type="checkbox"/> 0% <input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

Licensed Child Care Health Consultation Intake Interest Form

Consultant Name _____ Date / /
m m d d y y

Site Name Site Zip Code

This interest form was conducted with: <input type="checkbox"/> Site Administrator <input type="checkbox"/> Classroom Providers			
Admin First Name:	Admin Last Name:	Role:	Number of years working in childcare? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 10 years
Classroom name		Number of children in classroom	Age range of children
Provider First Name	Provider Last Name	Role	Number of years providing childcare?
		<input type="checkbox"/> Main Teacher/Caregiver <input type="checkbox"/> Second Teacher/Caregiver <input type="checkbox"/> Support Staff <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 10 years
		<input type="checkbox"/> Main Teacher/Caregiver <input type="checkbox"/> Second Teacher/Caregiver <input type="checkbox"/> Support Staff <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 10 years
		<input type="checkbox"/> Main Teacher/Caregiver <input type="checkbox"/> Second Teacher/Caregiver <input type="checkbox"/> Support Staff <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 10 years

What is working well for you?	What concerns do you have? What support would you like?

Childcare Practices		
Is there a philosophy and/or curriculum used for providing childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If yes, which one(s)?
Are developmental screening assessments currently completed with children in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If yes, which one(s)?
Are there currently any other screenings and/or assessments being completed with children in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If yes, which one(s)?

Please provider's interest level in receiving support in the following areas based on initial conversation:					
Growth and Development	Very interested	A little interested	Need more information	Not interested/not discussed	Notes
Brain development and milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental screening & early identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental/behavioral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motor development – fine and/or gross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-adaptive skills (put on coat, brush teeth, follow routine etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory and self-regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social-emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health and Safety					
Emergency policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handwashing, diapering, toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health and safety assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunization and health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infection/communicable disease prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical activity & outdoor time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toxics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition					
Allergy management; breastfeeding/infant feeding; food safety; meal planning; menu review; introducing foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other					
Child-caregiver relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community resources and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family engagement and interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/Caregiver health and wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Child Care Health Consultation Visit Summary Form

Licensed Site/Provider Information

Consultant Name _____ Consultation Date ____/____/____
 m m d d y y

Site Name _____ Site Zip Code _____

Classroom name (if applicable) _____

Number of provider(s) consulted: ____ Number of director(s)/administrator(s) consulted _____

Provider/Teacher name(s) _____

Director/Administrator name(s) _____

Activity Format	Activity Type	Length of time in consult
<input type="checkbox"/> In person <input type="checkbox"/> Talking by phone <input type="checkbox"/> Written communication (email, text messaging, etc) <input type="checkbox"/> Video chat (zoom, facetime, whatsapp, skype, etc)	<input type="checkbox"/> Standard Consultation <input type="checkbox"/> WAC Infant Nurse Consultation <input type="checkbox"/> Other (please specify)	Hours _____ <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min Time spent on follow-up Hours _____ <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min

Primary content covered during consultation (check 1-3)

Growth and Development

- ☐ Brain development and milestones
☐ Developmental screening & early identification
 ☐ ASQ specific # Children Screened _____
 (if applicable)
☐ Language development
☐ Mental/behavioral health
☐ Motor development – fine and/or gross
☐ Self-adaptive skills (put on coat, brush teeth, follow routine etc)
☐ Sensory and self-regulation
☐ Social-emotional development
☐ Vroom

Other

- ☐ Child-caregiver relationship
☐ Children with special health care needs
☐ Classroom curriculum/environment
☐ Community resources and referrals
☐ Family engagement and interaction
☐ Staff/Caregiver health and wellness
☐ Other _____

Health and Safety

- ☐ Emergency policies and procedures
☐ Environmental safety
☐ Handwashing, diapering, toileting
☐ Health and safety assessment
☐ Immunization and health records
☐ Infection/Communicable disease prevention
☐ Medication management
☐ Oral health
☐ Physical activity & outdoor time
☐ Safe sleep
☐ Toxics

- ☐ **Nutrition** (allergy management;
 breastfeeding/infant feeding; food safety; meal
 planning; menu review; introducing foods)

Additional Comments:

Child Care Health Consultation Visit Observation Summary (Optional)

Content Area	Strengths/ Successes	Areas of Growth/ Goals	Next Steps
<input type="checkbox"/> Health and Safety <input type="checkbox"/> Growth and Development <input type="checkbox"/> Nutrition <input type="checkbox"/> Other (specify) _____			<input type="checkbox"/> Consultation <input type="checkbox"/> Group Training
<input type="checkbox"/> Health and Safety <input type="checkbox"/> Growth and Development <input type="checkbox"/> Nutrition <input type="checkbox"/> Other (specify) _____			<input type="checkbox"/> Consultation <input type="checkbox"/> Group Training
<input type="checkbox"/> Health and Safety <input type="checkbox"/> Growth and Development <input type="checkbox"/> Nutrition <input type="checkbox"/> Other (specify) _____			<input type="checkbox"/> Consultation <input type="checkbox"/> Group Training

Additional Comments:

Child Care Health Consultation Group Training Summary Form

Training Title			Training Date			/			/		
				m	m		d	d		y	y
Name of Trainer(s)											
Length of time training	_____ Hours _____ Minutes		Training Open to Public? <input type="checkbox"/> Yes Zip Code of Training Location _____								
Primary training topic(s) (check 1-3)											
<div> <div> Growth and Development <input type="checkbox"/> Brain development and milestones <input type="checkbox"/> Developmental screening & early identification <input type="checkbox"/> ASQ specific <input type="checkbox"/> Language development <input type="checkbox"/> Mental/behavioral health <input type="checkbox"/> Motor development – fine and/or gross <input type="checkbox"/> Self-adaptive skills (put on coat, brush teeth, follow routine etc) <input type="checkbox"/> Social-emotional development <input type="checkbox"/> Sensory and self-regulation <input type="checkbox"/> Vroom </div> <div> Health and Safety <input type="checkbox"/> Emergency policies and procedures <input type="checkbox"/> Environmental safety <input type="checkbox"/> Handwashing, diapering, toileting <input type="checkbox"/> Health and safety assessment <input type="checkbox"/> Immunization and health records <input type="checkbox"/> Infection/Communicable disease prevention <input type="checkbox"/> Medication management <input type="checkbox"/> Oral health <input type="checkbox"/> Physical activity & outdoor time <input type="checkbox"/> Safe sleep <input type="checkbox"/> Toxics </div> <div> Other <input type="checkbox"/> Child-caregiver relationship <input type="checkbox"/> Classroom curriculum/environment <input type="checkbox"/> Community resources and referrals <input type="checkbox"/> Family engagement and interaction <input type="checkbox"/> Staff/Caregiver health and wellness <input type="checkbox"/> Children with special health care needs <input type="checkbox"/> Other(specify) _____ </div> <div> <input type="checkbox"/> Nutrition (allergy management; breastfeeding/infant feeding; food safety; meal planning; menu review; introducing foods) </div> </div>											
Total number of people attended today's training						Total Individual Sites Attended Training					
Notes											

Training Title		Training Date			/			/		
			m	m		d	d		y	y

Child Care Health Consultation Post Group Training Survey

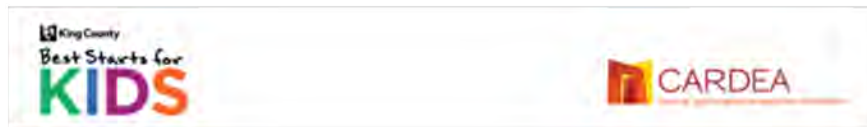
Thank you for attending today's training! We hope you liked the training.
 Your response to this evaluation will be used to help us improve our trainings and the related resources.
 Your answers are confidential.

How satisfied were you with the training? <input type="checkbox"/> Very Dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied						
Please rate each statement		Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
<u>AFTER</u> the training	My understanding of the training content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	My knowledge of informational resources related to the training content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you intend to incorporate the skills you practiced/learned during this training into your work? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, describe how you plan to incorporate these skills:			If no, please describe why not:			
Please rate each statement		Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
<u>BEFORE</u> the training	My understanding of the training content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	My knowledge of informational resources related to the training content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate each statement		Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4	
The training content was culturally relevant to my work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As a result of the training, I can think of ways to improve my work with children and/or families		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments						
What was most helpful about the training?			What topics are you interested in for future trainings?			
What was least helpful about the training?						

(Optional)

How Was Today's Training?				
Please rate the following statements	Strongly Disagree	Disagree	Agree	Strongly Agree
The training built on my knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer used their knowledge, experience, and expertise in ways that improved the training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer provided opportunities for us to practice or apply skills learned in the training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer spoke clearly and used a tone that is warm, respectful and energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer used a several teaching methods to address our needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training facility was a good place to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training materials (handouts, presentation, videos etc) were helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX E. PROVIDER FOLLOW-UP SURVEYS, 2019



Child Care Health Consultation Provider Survey Family Friend and Neighbor

King County's Best Starts for Kids is partnering with Cardea Services to evaluate child care health consultation (CCHC). We are sending this survey to you and other child care providers across King County who received CCHC services between May 2018 and September 2019. Your feedback will help us to improve future CCHC services, and also to learn more about the best ways to bring CCHC to more child care providers across King County.

Your participation in this survey is voluntary and confidential; your responses will not be shared with your CCHC consultant. Instead, Cardea evaluation staff will combine your response with responses from other child care providers. No one else who is reviewing the data will know how you responded to this survey. By taking this survey, you agree to allow Cardea to combine your response with responses from other child care providers and share that combined data with CCHC agencies and King County in reports and other types of formats. You can choose to answer some questions and not others. The survey should take approximately 10-20 minutes to complete.

We greatly appreciate your feedback!

1) In what language was this survey completed?*

☐ English

☐ Arabic

☐ Amharic

☐ Chinese

☐ Oromo

☐ Somali

☐ Spanish

☐ Tigrinya

☐ Vietnamese

☐ Other (please specify):

Family, Friend and Neighbor Follow-Up Survey

CCHC Content Areas

7) What types of CCHC services did you receive between May 2018 and September 2019 (select all that apply)

☐ **Child care health and safety:** Services provided information to improve overall health and/or safety of the child or children in your care. You may have learned new ideas for snacks or certain foods or new ideas for outdoor activities to do. You may also have learned things like how to store food safely, how to help the child wash their hands, or ways to change diapers or help the child use the potty.

☐ **Child development:** Services provided information about how children's brains and physical body develop. This could be information about developmental screenings (screenings ask questions about the child's actions, responses, or ability to complete tasks) or information and suggestions about how children learn, act, respond, or manage their feelings.

☐ **Managing behaviors:** Services provided information about why a child may have bad feelings, challenging behavior or act in a way that is difficult for you to care for.

☐ **Relationship with child and primary caregivers/ parents/ guardians:** Services provided information about what you can do with your time providing child care the child/children. Services may also have provided information about your interaction and conversations with the child's parent(s)/primary caregiver(s).

☐ **Community resources and referrals:** Community resources and referrals are information, organizations or services outside of your child care that you learn about through CCHC services.

☐ **Other (please specify):**

☐ **All of the above**

General Information

2) Please provide:*

Client Name and Zip Code: _____

First Name

Last Name

Zip Code

OR Write in Client ID Number: _____

3) What is your relationship to the child or children?*

 Grandparent

 Neighbor

C Aunt/Uncle

 Other (please specify):


 Other Extended Family Family Friend


4) Are you currently receiving CCHC services?*

☒ Yes☐ No

5) How many months have/did you received CCHC services?*

6) On average, how often did you meet with a CCHC consultant? *

 More than once a week

 Once a week

 Twice a month

☐ Once a month





☐ Less than once a month☐ Do not remember

Family, Friend and Neighbor Follow-Up Survey





I am using new ways to support the nutrition of children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more comfortable supporting children with special health care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) Please indicate your level of agreement with the following statements NOW and BEFORE CCHC

Before CCHC

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know the safety and emergency plan for children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children with special health care needs in my care have an individualized health care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know the safety and emergency plan for children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children with special health care needs in my care have an	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family, Friend and Neighbor Follow-Up Survey

8) Please rank how useful the following CCHC service topics have been to you:

Child care health and safety

Child development

Community resources and referrals

Managing behaviors





Relationship with child and primary caregivers/ parents/ guardians

Other (please specify):

Child Care Health and Safety

Child care health and safety consultation means the community liaison provided information and ideas for you to improve overall health and/or safety of the child or children in your care. Some examples of you may have learned are new ideas for snacks or certain foods like fruit to feed the child or new ideas for outdoor activities to do. You may also have learned things like how to store food safely, how to help the child wash their hands, or ways to change diapers or help the child use the potty.

9) Please indicate your level of agreement with the following statements.
As a result of CCHC...





	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know more ways to make the home safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more ways to better support the nutrition of children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family, Friend and Neighbor Follow-Up Survey





such as the Ages in Stages Questionnaire (ASQ)					
I am comfortable having someone complete a developmental screening tool with the children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14) Please indicate your level of agreement with the following statements NOW and BEFORE CCHC

Before CCHC

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I talk to the children in my care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan activities that are appropriate for the developmental stage of children in my care individualized health care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I create opportunities for the child/children to explore their environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I talk to the children in my care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family, Friend and Neighbor Follow-Up Survey

individualized health care plan					
---------------------------------	--	--	--	--	--

11) The children in my care are up to date in their immunizations (vaccines)





- ☐ Yes
- ☐ No
- ☐ Don't know

12) Please tell us anything else you would like to share about Child Care Health and Safety.

Child Development

Child development consultation means the consultant provided information about how children's brains and physical body develop. This could be information about developmental screenings (screenings ask questions about the child's actions, responses, or ability to complete tasks) or information and suggestions about how children learn, act, respond, or manage their feelings.

13) Please indicate your level of agreement with the following statements.
As a result of CCHC...

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know more about child development milestones for children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more aware of available developmental screening tools,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Family, Friend and Neighbor Follow-Up Survey

16) Please tell us anything else





Supporting and Managing Behaviors

Consultation on managing behaviors means the community liaison provided information about why a child may have bad feelings, challenging behavior or act in a way that is difficult for you to care for. By challenging behavior, we mean behavior that makes it difficult to do things like play or eat, or stops the child from learning, being successful when doing activities, or behavior that is harmful or physically hurtful to themselves or you.

17) Please indicate your level of agreement with the following statements NOW and BEFORE CCHC

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I look for underlying reasons why a child is behaving in a challenging way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use a variety of strategies to encourage positive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now





	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I look for underlying reasons why a child is behaving in a challenging way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use a variety of strategies to encourage positive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family, Friend and Neighbor Follow-Up Survey





I plan activities that are appropriate for the developmental stage of children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I create opportunities for the child/children to explore their environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15) Please indicate the following NOW and BEFORE CCHC

Before CCHC

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
Has the child or children in your care received a developmental screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to go (or send the child's parents) to have additional evaluation and services when there is a developmental concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now





	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
Has the child or children in your care received a developmental screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to go (or send the child's parents) to have additional evaluation and services when there is a developmental concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family, Friend and Neighbor Follow-Up Survey

Relationship with Child and Primary Caregivers





Consultation on relationship building with a child or parent(s)/primary caregiver(s) means the community liaison provided information about what you can do with your time providing child care the child/children. The community liaison could also have provided information about your interaction and conversations with the child's parent(s)/primary caregiver(s).

20) Please indicate your level of agreement with the following statements.
As a result of CCHC...

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
The child in my care does more play activities (such as going outside, doing activities with me, or going to play and learn groups, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I read more with the child in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child in my care has less screen time (watching tv shows or movies, using a phone or iPad to play games, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more involved in supporting the child's development with the parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family, Friend and Neighbor Follow-Up Survey

18) Please indicate your level of agreement with the following statements.
As a result of CCHC...

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I am better able to support and respond to challenging behavior(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to contact to ask for help managing a child's behavior Questionnaire (ASQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19) Please tell us anything else you would like to share about Supporting and Managing Behaviors.

Family, Friend and Neighbor Follow-Up Survey





community that can support my ability to provide child care					
I will more frequently access resources in my community that support my ability to provide child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25) Please tell us anything else you would like to share about Community Resources and Referrals.

Consultant Feedback

26) Please indicate your level of agreement with the following statements.

CCHC consultants...

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 
Approached interaction with us in a collaborative and engaging manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built on my knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged us to generate ideas, ask questions, and share our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged us through interactive coaching (demonstrating activities, talking through ideas, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family, Friend and Neighbor Follow-Up Survey

21) When you have an issue or concern about the child, how often do you have a difficult conversation with the child's primary caregiver/parent/guardian?

When there is a concern about the child,

Now	Before CCHC
<input type="checkbox"/> Every time (I always talk with their parent/caregiver(s))	<input type="checkbox"/> Every time (I always talk with their parent/caregiver(s))
<input type="checkbox"/> Sometimes (I will try to talk with their parent/caregiver(s), but not always)	<input type="checkbox"/> Sometimes (I will try to talk with their parent/caregiver(s), but not always)
<input type="checkbox"/> Rarely (I do not usually talk with their parent/caregiver(s))	<input type="checkbox"/> Rarely (I do not usually talk with their parent/caregiver(s))
<input type="checkbox"/> Never (I do not ever talk with their parent/caregiver(s))	<input type="checkbox"/> Never (I do not ever talk with their parent/caregiver(s))





22) Please describe one new strategy you learned from your CCHC consultant that helped you have a difficult conversation with the child's primary caregiver/parent/guardian?

23) Please tell us anything else you would like to share about your Relationship with Child and Primary Caregiver.

Community Resources and Referrals

Community resources and referrals are information, organizations or services outside of your child care that you learn about through your consultant. Your consultant does not provide the information or services but gives you the tools or knowledge for how to find what you need out in the community.

24) Please indicate your level of agreement with the following statements.
As a result of CCHC...

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know more about resources in my	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family, Friend and Neighbor Follow-Up Survey

31) Please rate your level agreement with the following statement:

The consultant helped me reach my goals

<input type="checkbox"/> Strongly Disagree	Please explain why CCHC did not help you reach your goals:
<input type="checkbox"/> Disagree	
<input type="checkbox"/> Agree	Please explain how CCHC helped you reach your goals:
<input type="checkbox"/> Strongly Agree	

32) On a scale from 1 to 10, how likely are you to refer CCHC services to a friend or colleague? (circle one)

1 2 3 4 5 6 7 8 9 10

Extremely unlikely

Definitely will recommend

33) What other suggestions do you have for improving CCHC?

34) Is there anything else you'd like to share?

THANK YOU!!

Family, Friend and Neighbor Follow-Up Survey

Provided opportunities for us to practice or apply skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a variety of consultation methods to address our needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Experience with CCHC

27) How satisfied were you with the CCHC services you received this year?*

- ☐ Very Unsatisfied
- ☐ Unsatisfied
- ☐ Satisfied
- ☐ Very Satisfied

28) If you marked very unsatisfied or unsatisfied, why were you unsatisfied with the CCHC services you received

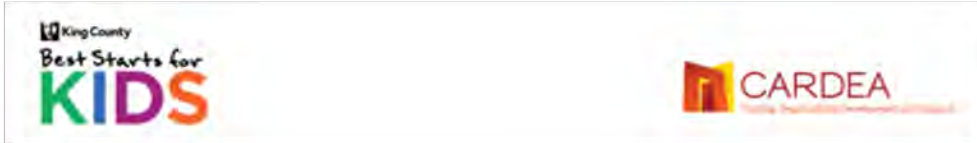
29) Have you used the skills you learned/practiced from the CCHC consultant/community liaison with the child/children in your care? *

<input type="checkbox"/> Yes Please share at least one example of how you've incorporated these skills.*
<input type="checkbox"/> No Please describe why not.*

30) Do you plan to continue using CCHC services in 2020?

<input type="checkbox"/> Yes Why? What would encourage you to use CCHC services more often in 2020?
<input type="checkbox"/> No Why? What would encourage you to use CCHC services in 2020?
<input type="checkbox"/> Not Sure

Family, Friend and Neighbor Follow-Up Survey



Child Care Health Consultation Follow-up Assessment Form Licensed Providers

King County's Best Starts for Kids is partnering with Cardea Services to evaluate child care health consultation (CCHC). We are sending this survey to you and other child care providers across King County who received CCHC services between May 2018 and September 2019. Your feedback will help us to improve future CCHC services, and also to learn more about the best ways to bring CCHC to more child care providers across King County.

Your participation in this survey is voluntary and confidential; your responses will not be shared with your CCHC consultant. Instead, Cardea evaluation staff will combine your response with responses from other child care providers. No one else who is reviewing the data will know how you responded to this survey. By taking this survey, you agree to allow Cardea to combine your response with responses from other child care providers and share that combined data with CCHC agencies and King County in reports and other types of formats. You can choose to answer some questions and not others. The survey should take approximately 10-20 minutes to complete.

We greatly appreciate your feedback!

1) In what language was this survey completed?*

- ☐ English
- ☐ Arabic
- ☐ Amharic
- ☐ Chinese
- ☐ Oromo
- ☐ Somali
- ☐ Spanish
- ☐ Tigrinya
- ☐ Vietnamese
- ☐ Other (please specify):

Licensed Provider Follow-Up Survey

General Information

2) Which of the following best describes your child care setting? *

☐ **Licensed child care center:** licensed to provide child care in a large group setting that is located 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.

☐ **Licensed family home:** a licensed home child care that can be a small or large group setting that is located in a house. Can have one or multiple rooms and can provide child care to a range of ages.

☐ **Partial day provider:** child care that is only open to provide child care for half of a day. This means the child care site is completely closed to providing child care for at least half of the day. These types of child care are usually located in community buildings such as religious buildings, community centers or community organizations.

3) Please write your site name and zip code below:*

The collection of site name is to be able to aggregate information and will not be used to provide individual responses back to anyone you have received services from.

Site Name _____

Zip Code _____

4) What is your role?*

☐ Site Administrator

☐ Assistant Teacher/Caregiver

☐ Lead Teacher/Caregiver

☐ Classroom Aid/Support Staff

5) Are you currently receiving CCHC services?*

☐ Yes → How many months have you received CCHC services?* _____

☐ No → How many months did you receive CCHC services?* _____

7) On average, how often did you meet with a CCHC consultant? *

☐ More than once a week

☐ Twice a month

☐ Less than once a month

☐ Once a week

☐ Once a month

☐ Do not remember

8) Did you have experience with CCHC *prior* to receiving services from the CCHC consultant?*

☐ Yes → 10) Please describe your *prior experience* with CCHC.*

☐ No

CCHC Content Areas

Licensed Provider Follow-Up Survey

9) What types of CCHC services did you receive between May 2018 and September 2019? (select all that apply)

- ☐ **Child care health and safety** Services provided information to improve overall health and/or safety of the child or children in your care. You may have learned new ideas for snacks or certain foods or new ideas for outdoor activities to do. You may also have learned things like how to store food safely, how to help the child wash their hands, or ways to change diapers or help the child use the potty.
- ☐ **Child development** Services provided information about how children's brains and physical body develop. This could be information about developmental screenings (screenings ask questions about the child's actions, responses, or ability to complete tasks) or information and suggestions about how children learn, act, respond, or manage their feelings.
- ☐ **Communication with primary caregivers/parents/guardians** Services provided information about how to communicate information and resources to parent(s)/primary caregiver(s). You may also have been provided training/ways to have difficult conversations.
- ☐ **Managing behaviors** Services provided information about why a child may have bad feelings, challenging behavior or act in a way that is difficult for you to care for.
- ☐ **Community resources and referrals** Community resources and referrals are information, organizations or services outside of your child care that you learn about through CCHC services.
- ☐ Other (please specify):
- ☐ All of the above
-

10) Please rank how useful the following CCHC service topics have been to you:





- Child care health and safety**
- Child development**
- Communication with primary caregivers/parents/guardians**
- Managing behaviors**
- Community resources and referrals**
- Other**

Child Care Health and Safety

Child care health and safety consultation means the consultant provided information and ideas for you to improve overall health and/or safety of the child or children in your care. Some examples of you may have learned are new ideas for snacks or certain foods like fruit to feed the child or new ideas for outdoor activities to do. You may also have learned things like how to store food safely, how to help the child wash their hands, or ways to change diapers or help the child use the potty.





11) Please indicate your level of agreement with the following statements.

As a result of CCHC...





	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know more ways to make the childcare space safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more ways to better support the nutrition of children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am using new ways to support the nutrition of children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12) Please indicate your level of agreement with the following statements *NOW* and *BEFORE* CCHC

Now

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I am confident I am implementing safety and emergency policies correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can accurately resolve and update discrepancies in immunization records for the children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children with special health care needs in my care have comprehensive individualized health care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Before CCHC

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I am confident I am implementing safety and emergency policies correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Licensed Provider Follow-Up Survey

I can accurately resolve and update discrepancies in immunization records for the children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children with special health care needs in my care have comprehensive individualized health care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





13) Please tell us anything else you would like to share about Child Care Health and Safety.

Child Development

Child development consultation means the consultant provided information about how children’s brains and physical body develop. This could be information about developmental screenings (screenings ask questions about the child’s actions, responses, or ability to complete tasks) or information and suggestions about how children learn, act, respond, or manage their feelings.

14) Please indicate your level of agreement with the following statements.

As a result of CCHC...


	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know more about child development milestones for children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will more regularly complete a developmental screening tool with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Licensed Provider Follow-Up Survey





children in my care, such as the Ages and Stages Questionnaire (ASQ)					
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15) Please indicate your level of agreement with the following statements NOW and BEFORE CCHC

Now

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I talk to the children in my care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan activities that are appropriate for the developmental stage of children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Before CCHC

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I talk to the children in my care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan activities that are appropriate for the developmental stage of children in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Licensed Provider Follow-Up Survey

16) The percent of children that I know have received developmental screening in my care *NOW* and *BEFORE* CCHC:





Developmental screening means that a tool such as the ASQ or similar has been completed with the child. The screening could be completed by you as a child care provider, someone you have on staff, or by an organization such as parent123, WithinReach, etc. This question is NOT asking about early intervention or referral for further evaluation, that will be asked in the next question

- Now**
- ☐ 0%
 - ☐ 1% - 25%
 - ☐ 26 - 50%
 - ☐ 51 - 75%
 - ☐ 76 - 100%





- Before CCHC**
- ☐ 0%
 - ☐ 1% - 25%
 - ☐ 26 - 50%
 - ☐ 51 - 75%
 - ☐ 76 - 100%

17) Please indicate your level of agreement with the following statement *NOW* and *BEFORE* CCHC

Now

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know where to send families for additional developmental evaluation and services when there are developmental concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Before CCHC

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know where to send families for additional developmental evaluation and services when there are developmental concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





18) Please tell us anything else you would like to share about Child Development.

Supporting and Managing Behaviors

Consultation on managing behaviors means the consultant provided information about why a child may have bad feelings, challenging behavior or act in a way that is difficult for you to care for. By challenging behavior, we mean behavior that makes it difficult to do things like play or eat, or stops the child from learning, being successful when doing activities, or behavior that is harmful or physically hurtful to themselves or you.

19) Please indicate your level of agreement with the following statements *NOW* and *BEFORE* CCHC





Now

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I look for underlying reasons why a child is behaving in a challenging way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Licensed Provider Follow-Up Survey





I use a variety of strategies to encourage positive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I create individualized behavior support plans for children with a parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Before CCHC

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I look for underlying reasons why a child is behaving in a challenging way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use a variety of strategies to encourage positive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I create individualized behavior support plans for children with a parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Licensed Provider Follow-Up Survey

20) Please indicate your level of agreement with the following statements.
As a result of CCHC...

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know more ways to prevent and manage challenging behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to support and respond to challenging behavior(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to contact to ask for help managing a child's behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more confident I won't have to ask a child to leave child care due to behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21) Please tell us anything else you would like to share about Supporting and Managing Behaviors.

Licensed Provider Follow-Up Survey





Communication with Primary Caregivers

Consultation on communicating with parent(s)/primary caregiver(s) means the consultant provided information about information and resources to provide parent(s)/primary caregiver(s) and training/ways to have difficult conversations.

Difficult conversations with a child's parent(s)/primary caregiver(s) could mean talking about something uncomfortable like a child's challenging behaviors or developmental concerns you have about the child. Difficult conversations could also mean talking with a parent(s)/primary caregiver(s) about a child no longer being able to come to child care.

22) Please indicate your level of agreement with the following statements.

As a result of CCHC...

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic
I know more resources and information to provide to parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more strategies I can use if I need to have a difficult conversation with a parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will talk to parents/guardians about concerns I have about their child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23) When you have an issue or concern about the child, how often do you have a difficult conversation with the child's primary caregiver/parent/guardian?

Difficult conversations with a child's parent(s)/primary caregiver(s) could mean talking about something uncomfortable like a child's challenging behaviors or developmental concerns you have about the child. Difficult conversations could also mean talking with a parent(s)/primary caregiver(s) about a child no longer being able to come to child care.

When there is a concern about the child,

Now	Before CCHC
<input type="checkbox"/> Every time (I always talk with their parent/caregiver(s))	<input type="checkbox"/> Every time (I always talk with their parent/caregiver(s))
<input type="checkbox"/> Sometimes (I will try to talk with their parent/caregiver(s), but not always)	<input type="checkbox"/> Sometimes (I will try to talk with their parent/caregiver(s), but not always)
<input type="checkbox"/> Rarely (I do not usually talk with their parent/caregiver(s))	<input type="checkbox"/> Rarely (I do not usually talk with their parent/caregiver(s))
<input type="checkbox"/> Never (I do not ever talk with their parent/caregiver(s))	<input type="checkbox"/> Never (I do not ever talk with their parent/caregiver(s))





24) Please describe one new strategy you learned from your CCHC consultant that helped you have a difficult conversation.

25) Please tell us anything else you would like to share about Communication with Primary Caregivers.

Community Resources and Referrals

Community resources and referrals are information, organizations or services outside of your child care that you learn about through your consultant. Your consultant does not provide the information or services but gives you the tools or knowledge for how to find what you need in out in the community.





26) Please indicate your level of agreement with the following statements.
As a result of CCHC...

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 	Did not receive consultation on the topic	Resources not available
I know more about resources in my community that can support my ability to provide child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will more frequently access resources in my community that support my ability to provide child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27) Please tell us anything else you would like to share about Community Resources and Referrals.

Consultant Feedback

28) Please indicate your level of agreement with the following statements.
CCHC consultants...

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 
Approached interaction with us in a collaborative and engaging manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built on my knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged us to generate ideas, ask questions, and share our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged us through interactive coaching (demonstrating activities, talking through ideas, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided opportunities for us to practice or apply skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a variety of consultation methods to address our needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Experience with CCHC

29) How satisfied were you with the CCHC services you received this year?*

☐ Very Unsatisfied

☐ Satisfied

☐ Unsatisfied

☐ Very Satisfied

[If very unsatisfied or unsatisfied]

32) Why were you unsatisfied with the CCHC services you received this year? *

Licensed Provider Follow-Up Survey

30) Have you incorporated the skills you learned/practiced during CCHC into your work? *

<input type="checkbox"/> Yes Please share at least one example of how you've incorporated these skills.*
<input type="checkbox"/> No Please describe why not.*

31) Do you plan to continue using CCHC services in 2020?

<input type="checkbox"/> Yes Why? What would encourage you to use CCHC services more often in 2020?
<input type="checkbox"/> No Why? What would encourage you to use CCHC services in 2020?
<input type="checkbox"/> Not Sure

32) Please rate your level agreement with the following statement:

The consultant helped me reach my goal

<input type="checkbox"/> Strongly Disagree Please explain why CCHC did not help you reach your goals:
<input type="checkbox"/> Disagree
<input type="checkbox"/> Agree Please explain how CCHC helped you reach your goals:
<input type="checkbox"/> Strongly Agree

Licensed Provider Follow-Up Survey

33) On a scale from 1 to 10, how likely are you to refer CCHC to a friend or colleague? (circle one)

1 2 3 4 5 6 7 8 9 10

34) What other suggestions do you have for improving CCHC?

35) Is there anything else you'd like to share?

Licensed Provider Follow-Up Survey

APPENDIX F. PROVIDER FOLLOW-UP SURVEY, 2020

Child Care Health Consultation Follow Up Survey 2020_FFN Web Version

Child Care Health Consultation Services Survey

King County's Best Starts for Kids is partnering with Cardea Services to evaluate child care health consultation (CCHC). We are sending this survey to you and other child care providers across King County who received CCHC services January 1, 2020 through December 31, 2020. Your feedback will help us to improve future CCHC services, and also to learn more about the best ways to bring CCHC to more child care providers across King County.

Your participation in this survey is voluntary and confidential. Cardea will remove your name when sharing responses with CCHC agencies and King County. Cardea evaluation staff will combine your response with responses from other child care providers. No one else who is reviewing the data will know how you responded to this survey. By taking this survey, you agree to allow Cardea to combine your response with responses from other child care providers and share that combined data with CCHC agencies and King County in reports and other types of formats. You can choose to answer some questions and not others. The survey should take approximately 10 minutes to complete.

We greatly appreciate your feedback!

General Information

1) What is your relationship to the child or children?*

- ☐ Grandparent
- ☐ Aunt/Uncle
- ☐ Other Extended Family
- ☐ Family Friend
- ☐ Neighbor
- ☐ Other (please specify): _____

2) Are you currently receiving CCHC services?*

- ☐ Yes
- ☐ No

3) Which of the following describes you?

Check all that apply

- ☐ American Indian or Alaska Native

Check all that apply

- ☐ Black or African American
- ☐ Eritrean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other Black or African American or African (specify):

Check all that apply

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino

- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify):: _____

Check all that apply

- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander (specify):: _____

Check all that apply

- ☐ Hispanic, Latino, or Spanish origin
- ☐ Middle Eastern
- ☐ White
- ☐ A race, ethnicity, or origin not listed (specify):: _____

Child Care Consultation Topic Areas

4) Please rate how helpful the following CCHC service topics have been to you:

	Not at all helpful	A little helpful	Very helpful	I did not receive help with this topic
Child care health and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with child and primary caregivers/parents/guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community resources and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) Please select the topic most important for you to discuss with your consultant/home visitor over the past year:

- ☐ Child care health and safety
- ☐ Child development
- ☐ Relationship with child and primary caregivers/parents/guardians
- ☐ Managing behaviors
- ☐ Community resources and referrals
- ☐ Another topic (write topic in comments)

Comments:

Please rate your level of agreement with the following statements

6) As a result of CCHC, I know more about community resources that I can...

	Strongly disagree	Disagree	Agree	Strongly agree	Resources not available?	Did not receive consultation
Use to support my ability to provide child care	()	()	()	()	()	()
Provide to parents/guardians	()	()	()	()	()	()
Contact to ask questions or receive help	()	()	()	()	()	()

7) How satisfied are you with the support you received from the consultant/home visitor throughout the COVID-19 pandemic?

() Very Dissatisfied () Dissatisfied () Neutral () Satisfied () Very Satisfied

8) How has consultation from your consultant/home visitor supported you through the COVID-19 pandemic?

Thank you for taking the survey. We appreciate your time!

**To receive a \$10 gift card, please wait while we redirect you to the gift card form.
You will receive your gift card from your consultant/home visitor.**

Child Care Health Consultation Follow Up Survey 2020_Licensed Provider Web Version

Child Care Health Consultation Services Survey

King County's Best Starts for Kids is partnering with Cardea Services to evaluate child care health consultation (CCHC). We are sending this survey to you and other child care providers across King County who received CCHC services January 1, 2020 through December 31, 2020. Your feedback will help us to improve future CCHC services, and also to learn more about the best ways to bring CCHC to more child care providers across King County.

Your participation in this survey is voluntary and confidential. Cardea will remove your name when sharing responses with CCHC agencies and King County. Cardea evaluation staff will combine your response with responses from other child care providers. No one else who is reviewing the data will know how you responded to this survey. By taking this survey, you agree to allow Cardea to combine your response with responses from other child care providers and share that combined data with CCHC agencies and King County in reports and other types of formats. You can choose to answer some questions and not others. The survey should take approximately 10 minutes to complete.

We greatly appreciate your feedback!

General Information

1) Which of the following best describes your child care setting? *

- ☐ Licensed child care center [Learn More](#) Licensed child care center: licensed to provide child care in a large group setting that is located 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.
- ☐ Licensed family home [Learn More](#) Licensed family home: a licensed home child care that can be a small or large group setting that is located in a house. Can have one or multiple rooms and can provide child care to a range of ages.
- ☐ Partial day provider [Learn More](#) Partial day provider: child care that is only open to provide child care for half of a day. This means the child care site is completely closed to providing child care for at least half of the day. These types of child care are usually located in community buildings such as religious buildings, community centers or community organizations.

2) What is your role?*

- ☐ Site Administrator
- ☐ Lead Teacher/Caregiver
- ☐ Assistant Teacher/Caregiver
- ☐ Classroom Aid/Support Staff

3) Are you currently receiving CCHC services?*

- ☐ Yes
- ☐ No

4) Which of the following describes you?

Check all that apply

- ☐ American Indian or Alaska Native

Check all that apply

- ☐ Black or African American
- ☐ Eritrean:
- ☐ Ethiopian
- ☐ Somali
- ☐ Other Black or African American (specify):

Check all that apply

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian (specify):: _____

Check all that apply

☐ Native Hawaiian

☐ Samoan

☐ Other Pacific Islander (specify)::

Check all that apply

☐ Hispanic, Latino, or Spanish origin

☐ Middle Eastern

☐ White

☐ A race, ethnicity, or origin not listed (specify)::

Child Care Consultation Topic Areas

5) Please rate how helpful the following CCHC service topics have been to you:

	Not at all helpful	A little helpful	Very helpful	I did not receive consultation on this topic
Child care health and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication with primary caregivers/parents/guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community resources and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6) Please select the topic most important for you to discuss with your consultant over the past year:

- ☐ Child care health and safety
- ☐ Child development
- ☐ Communication with primary caregivers/parents/guardians
- ☐ Managing behaviors
- ☐ Community resources and referrals
- ☐ Another topic (write topic in comments)

Comments:

Please rate your level of agreement with the following statements

7) *As a result of CCHC, I know more about community resources that I can...*

	Strongly disagree	Disagree	Agree	Strongly agree	Resources not available ?	Did not receive consultation
Use to support my ability to provide child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide to parents/guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact to ask questions or receive help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8) How satisfied are you with the support you received from the consultant throughout the COVID-19 pandemic?

☐ Very Dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very Satisfied

9) How has consultation, and/or your consultant, supported you through the COVID-19 pandemic?

Thank you for taking the survey. We appreciate your time!

**To receive a \$10 gift card, please wait while we redirect you to the gift card form.
You will receive your gift card from your consultant/home visitor.**

APPENDIX G . PROVIDER FOLLOW-UP SURVEY, 2021

CCHC Provider Follow Up Survey 2021_FFN Web Version

Child Care Health Consultation Services Survey

King County's Best Starts for Kids is partnering with Cardea Services to evaluate child care health consultation (CCHC). We are sending this survey to you and other child care providers across King County who received CCHC services January 1, 2021 through December 31, 2021. Your feedback will help us to improve future CCHC services, and also to learn more about the best ways to bring CCHC to more child care providers across King County.

Your participation in this survey is voluntary and confidential. Cardea will remove your name when sharing responses with CCHC agencies and King County. Cardea evaluation staff will combine your response with responses from other child care providers. No one else who is reviewing the data will know how you responded to this survey. By taking this survey, you agree to allow Cardea to combine your response with responses from other child care providers and share that combined data with CCHC agencies and King County in reports and other types of formats. You can choose to answer some questions and not others. The survey should take approximately 15 minutes to complete.

We greatly appreciate your feedback!

General Information

1) What is your relationship to the child or children?*

☐ Grandparent

☐ Aunt/Uncle

☐ Other Extended Family

☐ Family Friend

☐ Neighbor

☐ Other (please specify): _____

2) Are you currently receiving CCHC services?*

☐ Yes

☐ No

3) Which of the following describes you?

Check all that apply

☐ American Indian or Alaska Native

Check all that apply

☐ Black or African American

☐ Eritrean

☐ Ethiopian

☐ Somali

☐ Other Black or African American or African (specify):

Check all that apply

☐ Asian Indian

☐ Chinese

☐ Filipino

- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify):: _____

Check all that apply

- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander (specify):: _____

Check all that apply

- ☐ Hispanic, Latino, or Spanish origin
- ☐ Middle Eastern
- ☐ White
- ☐ A race, ethnicity, or origin not listed (specify):: _____

Child Care Consultation Topic Areas

4) Please rate how helpful the following CCHC service topics have been to you:

	Not at all helpful	A little helpful	Very helpful	I did not receive help with this topic
Child care health and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with child and primary caregivers/parents/guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community resources and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) Please select the topic most important for you to discuss with your consultant/home visitor over the past year:

- ☐ Child care health and safety
- ☐ Child development
- ☐ Relationship with child and primary caregivers/parents/guardians
- ☐ Managing behaviors
- ☐ Community resources and referrals
- ☐ Another topic (write topic in comments)

Comments:

Child Care Health and Safety

Child care health and safety consultation means the consultant/home visitor/community liaison provided information and ideas for you to improve overall health and/or safety of the child or children in your care. Some examples of you may have learned are new ideas for snacks or certain foods like fruit to feed the child or new ideas for outdoor activities to do. You may also have learned things like how to store food safely, how to help the child wash their hands, or ways to change diapers or help the child use the potty.

6) Please indicate your level of agreement with the following statements.

As a result of CCHC...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not receive consultation on the topic
I know more ways to make the home safer					
I know more ways to better support the nutrition of children in my care					
I am using new ways to support the nutrition of children in my care					

Child Development

Child development consultation means the consultant/home visitor/community liaison provided information about how children's brains and physical body develop. This could be information about developmental screenings (screenings ask questions about the child's actions, responses, or ability to complete tasks) or information and suggestions about how children learn, act, respond, or manage their feelings.

7) Please indicate your level of agreement with the following statements.

As a result of CCHC...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not receive consultation on the topic
I know more about child development milestones for children in my care					
I am more aware of available developmental screening tools, such as the Ages in Stages Questionnaire (ASQ)					
I create opportunities for the child/children to explore their environment					

Supporting and Managing Behaviors

Consultation on managing behaviors means the consultant/home visitor/community liaison provided information about why a child may have bad feelings, challenging behavior or act in a way that is difficult for you to care for. By challenging behavior, we mean behavior that makes it difficult to do things like play or eat, or stops the child from learning, being successful when doing activities, or behavior that is harmful or physically hurtful to themselves or you.

8) Please indicate your level of agreement with the following statements.

As a result of CCHC...

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am better able to support and respond to challenging behavior(s)				
I know who to contact to ask for help managing a child's behavior				

Relationship with Child and Primary Caregivers

Consultation on relationship building with a child or parent(s)/primary caregiver(s) means the consultant/home visitor/community liaison provided information about what you can do with your time providing child care the child/children. The consultant/home visitor/community liaison could also have provided information about your interaction and conversations with the child's parent(s)/primary caregiver(s).

9) Please indicate your level of agreement with the following statements.

As a result of CCHC...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not receive consultation on the topic
The child in my care does more play activities (such as going outside, doing activities with me, or going to play and learn groups, etc)					
The child in my care has less screen time (watching tv shows or movies, using a phone or iPad to play games, etc)					
I feel more involved in supporting the child's development with the parents					

Please rate your level of agreement with the following statements

10) As a result of CCHC, I know more about community resources that I can...

	Strongl y disagree	Disagr ee	Agre e	Strongl y agree	Resourc es not availabl e <u>?</u>	Did not receive consultati on
Use to support my ability to provide child care	()	()	()	()	()	()
Provide to parents/guardians	()	()	()	()	()	()

11) How satisfied were you with the CCHC services you received this year?

- () Very Unsatisfied
- () Unsatisfied
- () Satisfied
- () Very Satisfied

12) How has consultation from your consultant/home visitor supported you through the COVID-19 pandemic?

Thank you for taking the survey. We appreciate your time!

**To receive a \$10 gift card, please wait while we redirect you to the gift card form.
You will receive your gift card from your consultant/home visitor.**

CCHC Provider Follow Up Survey 2021_Licensed

Child Care Health Consultation Services Survey

King County's Best Starts for Kids is partnering with Cardea Services to evaluate child care health consultation (CCHC). We are sending this survey to you and other child care providers across King County who received CCHC services January 1, 2021 through December 2021. Your feedback will help us to improve future CCHC services, and also to learn more about the best ways to bring CCHC to more child care providers across King County.

Your participation in this survey is voluntary and confidential. Cardea will remove your name when sharing responses with CCHC agencies and King County. Cardea evaluation staff will combine your response with responses from other child care providers. No one else who is reviewing the data will know how you responded to this survey. By taking this survey, you agree to allow Cardea to combine your response with responses from other child care providers and share that combined data with CCHC agencies and King County in reports and other types of formats. You can choose to answer some questions and not others. The survey should take approximately 10 minutes to complete.

We greatly appreciate your feedback!

General Information

1) Which of the following best describes your child care setting? *

- ☐ Licensed child care center [Learn More](#) Licensed child care center: licensed to provide child care in a large group setting that is located 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.
- ☐ Licensed family home [Learn More](#) Licensed family home: a licensed home child care that can be a small or large group setting that is located in a house. Can have one or multiple rooms and can provide child care to a range of ages.
- ☐ Partial day provider [Learn More](#) Partial day provider: child care that is only open to provide child care for half of a day. This means the child care site is completely closed to providing child care for at least half of the day. These types of child care are usually located in community buildings such as religious buildings, community centers or community organizations.

2) What is your role?*

- ☐ Site Administrator
- ☐ Lead Teacher/Caregiver
- ☐ Assistant Teacher/Caregiver
- ☐ Classroom Aid/Support Staff
- ☐ Family Home Child Care Owner

3) Are you currently receiving CCHC services?*

- ☐ Yes
- ☐ No

4) Which of the following describes you?

Check all that apply

- ☐ American Indian or Alaska Native

Check all that apply

- ☐ Black or African American
- ☐ Eritrean:
- ☐ Ethiopian

☐ Somali

☐ Other Black or African American (specify)::

Check all that apply

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian (specify)::

Check all that apply

☐ Native Hawaiian

☐ Samoan

☐ Other Pacific Islander (specify)::

Check all that apply

☐ Hispanic, Latino, or Spanish origin

☐ Middle Eastern

☐ White

☐ A race, ethnicity, or origin not listed (specify)::

Child Care Consultation Topic Areas

5) Please rate how helpful the following CCHC service topics have been to you:

	Not at all helpful	A little helpful	Very helpful	I did not receive consultation on this topic
Child care health and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication with primary caregivers/parents/guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community resources and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6) Please select the topic most important for you to discuss with your consultant over the past year:

- ☐ Child care health and safety
- ☐ Child development
- ☐ Communication with primary caregivers/parents/guardians
- ☐ Managing behaviors
- ☐ Community resources and referrals
- ☐ Another topic (write topic in comments)

Comments:

Child Care Health and Safety

Child care health and safety consultation means the consultant provided information and ideas for you to improve overall health and/or safety of the child or children in your care. Some examples of you may have learned are new ideas for snacks or certain foods like fruit to feed the child or new ideas for outdoor activities to do. You may also have learned things like how to store food safely, how to help the child wash their hands, or ways to change diapers or help the child use the potty.

7) Please indicate your level of agreement with the following statements.

As a result of CCHC...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not receive consultation on the topic
I know more ways to make the childcare space safer					
I know more ways to better support the nutrition of children in my care					
I am using new ways to support the nutrition of children in my care					

8) *As a result of CCHC...*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not receive consultation on the topic
I am confident I am implementing safety and emergency policies correctly					
I can accurately resolve and update discrepancies in immunization records for the children in my care					
Children with special care needs in my care have comprehensive individualized health care plans					

Child Development

Child development consultation means the consultant provided information about how children’s brains and physical body develop. This could be information about developmental screenings (screenings ask questions about the child’s actions, responses, or ability to complete tasks) or information and suggestions about how children learn, act, respond, or manage their feelings.

9) Please indicate your level of agreement with the following statements.

As a result of CCHC...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not receive consultation on the topic
I know more about child development milestones for children in my care					
I will more regularly complete a developmental screening tool with children in my care, such as the Ages and Stages Questionnaire (ASQ)					

Supporting and Managing Behaviors

Consultation on managing behaviors means the consultant provided information about why a child may have bad feelings, challenging behavior or act in a way that is difficult for you to care for. By challenging behavior, we mean behavior that makes it difficult to do things like play or eat, or stops the child from learning, being successful when doing activities, or behavior that is harmful or physically hurtful to themselves or you.

10) Please indicate your level of agreement with the following statements.

As a result of CCHC...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not receive consultation on the topic
I know more ways to prevent and manage challenging behaviors					
I am better able to support and respond to challenging behavior(s)					
I know who to contact to ask for help managing a child's behavior					
I am more confident I won't have to ask a child to leave child care due to behavior					

Communication with Primary Caregivers

Consultation on communicating with parent(s)/primary caregiver(s) means the consultant provided information about information and resources to provide parent(s)/primary caregiver(s) and training/ways to have difficult conversations.

Difficult conversations with a child’s parent(s)/primary caregiver(s) could mean talking about something uncomfortable like a child’s challenging behaviors or developmental concerns you have about the child. Difficult conversations could also mean talking with a parent(s)/primary caregiver(s) about a child no longer being able to come to child care.

11) Please indicate your level of agreement with the following statements.

As a result of CCHC...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not receive consultation on the topic
I know more strategies I can use if I need to have a difficult conversation with a parent or guardian					
I will talk to parents/guardians about concerns I have about their child’s development					

Please rate your level of agreement with the following statements

12) *As a result of CCHC, I know more about community resources that I can...*

	Strongly disagree	Disagree	Agree	Strongly agree	Resources not available ?	Did not receive consultation
Use to support my ability to provide child care	()	()	()	()	()	()
Provide to parents/guardians	()	()	()	()	()	()

13) **How satisfied were you with the CCHC services you received this year?***

() Very Unsatisfied

() Unsatisfied

() Satisfied

() Very Satisfied

14) **How has consultation, and/or your consultant, supported you through the COVID-19 pandemic?**

Thank you for taking the survey. We appreciate your time!

To receive a \$10 e-gift card, please wait while we redirect you to the gift card form. We will then email you a gift card (typically takes 1 week).

APPENDIX H. QUALITATIVE GUIDES, 2019 – 2021

Page 1 of 4

Key Informant Interview Guide, 2019

CHILD CARE HEALTH CONSULTATION—FFN

Interviewee: [Click here to enter text.](#)Affiliation(s): [Click here to enter text.](#)Interviewer: [Choose an item.](#)Date: [Click here to enter a date.](#)

INTRODUCTION AND ASSENT

Hi, my name is [Choose an item.](#) from Cardea. Thanks for taking the time to speak with us today about your experience with developmental screening.

Cardea is partnering with Public Health—Seattle & King County to evaluate the Best Starts for Kids Child Care Health Consultation strategy. Best Starts is an initiative to improve the health and well-being of King County by investing in promotion, prevention, and early intervention for children, youth, families, and communities. Cardea is completing an evaluation to learn more about what services you have received. This evaluation will help Best Starts for Kids and others understand how well the services are working, how the services can be improved and help inform the future delivery of child care health consultation services in King County.

We are interviewing a providers who received support from child care health consultants in the last 12 months to learn about experiences with the services they received and how those services changed their work, if at all. This conversation will inform the future CCHC services and a report on the Child Care Health Consultation Strategy in King County.

The conversation today will take approximately 60 minutes. Please note that this conversation is voluntary and confidential. You can choose to answer some questions and not others. With your permission, I would like to audio record the discussion, so I have an accurate record of what you said for the purposes of taking notes. If you do not give permission to tape the discussion, then it will not be taped. Any recording will be destroyed once we have completed our review.

<i>Do you have any questions about the purpose of today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do you want to continue to participate in today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do I have your permission to record the discussion?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do I have your permission to use de-identified quotes in summaries or reports?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

BACKGROUND

1. How long have you been providing child care for a child under 5 years old?
 - Where do you provide child care?

[Click here to enter text.](#)
2. How long have you been working with a child care health consultant? What types of CCHC services have you used?
 - **PROBE:** Have you attended group trainings?
 - **PROBE:** Had a consultant guide you through modeling?
 - **PROBE:** Received individualized support for concerns/questions you have?
 - **PROBE:** Are there certain topics or reasons you decided to use CCHC services? Such as to learn about behavior, child development, health and safety practices, etc?

[Click here to enter text.](#)

CCHC FEEDBACK

3. How well did the CCHC services meet your needs? Why?
 - **PROBE:** Did you feel you were able to learn or receive support for the reasons you originally decided to use CCHC services [Q2 probe]?

[Click here to enter text.](#)
4. What did you like about the CCHC services you received? What worked well for you, what was helpful?
 - **PROBE:** Availability of services? Were you able to receive consultation at a time that worked for your schedule? If not, can you explain?
 - **PROBE:** Topics covered?

[Click here to enter text.](#)
5. What would make CCHC services that you have received better? If you could change something about CCHC services, what change(s) would you make?

[Click here to enter text.](#)

CCHC IMPACT

6. How have CCHC services changed the way you set up your home for the child/children you care for?
 - **PROBE:** Changes in the type or location of furniture?
 - **PROBE:** Changes in how you keep your home?



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

[Click here to enter text.](#)

7. How have CCHC services changed the way in which you interact with the child's/children's parents/families?
 - **PROBE:** Can you think of any conversations you have now that you did not have before you started working with the consultant? What are those conversations about? Why do you think you have those conversations now?
8. How have the CCHC services you received changed how you take of the child/children?
 - **PROBE:** What kind of activities do you do with the child as a result of CCHC?
 - **PROBE:** Did CCHC provide the support you needed to provide care for the child/children? If so in what way?

[Click here to enter text.](#)

9. How have the child and parents/families benefitted from your conversations, work, and referrals with the CCHC community health worker/consultant?

[Click here to enter text.](#)

IMPLEMENTATION

10. Is there anything that you are doing differently that is better for the child/children?
 - **PROBE:** What is something that you learned from the CCHC community health worker/consultant that was easy to do differently? Why was is easy?
 - **PROBE:** What is something that you learned from the CCHC community health worker/consultant that was more difficult to do differently? Why was is difficult?
 - **PROBE:** Do you have the resources you need to use the skills or new practices you learn through CCHC? Financial resources? Information resource?

[Click here to enter text.](#)

11. What additional services/supports would be most helpful?

[Click here to enter text.](#)

12. Are there any questions that you wish I would have asked and did not?

[Click here to enter text.](#)



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

THANK YOU AND PROJECT UPDATES

Thank you so much for sharing your experiences and time with us today. Your input will be very helpful for our efforts to assess and improve CCHC services in King County. Any final questions? Thank you!



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

Key Informant Interview Guide, 2019

CHILD CARE HEALTH CONSULTATION—GROUP/LICENSED PROVIDERS

Interviewee: [Click here to enter text.](#)

Affiliation(s): [Click here to enter text.](#)

Interviewer: [Choose an item.](#)

Date: [Click here to enter a date.](#)

INTRODUCTION AND ASSENT

Hi, my name is [Choose an item.](#) from Cardea. Thanks for taking the time to speak with us today about your experience with child care health consultations.

Cardea is partnering with Public Health—Seattle & King County to evaluate the Best Starts for Kids Child Care Health Consultation strategy. Best Starts is an initiative to improve the health and well-being of King County by investing in promotion, prevention, and early intervention for children, youth, families, and communities. Cardea is completing an evaluation to learn more about what services you have received. This evaluation will help Best Starts for Kids and others understand how well the services are working, how the services can be improved and help inform the future delivery of child care health consultation services in King County.

We are interviewing a providers who received support from child care health consultants in the last 12 months to learn about experiences with the services they received and how those services changed their work, if at all. This conversation will inform the future CCHC services and a report on the Child Care Health Consultation Strategy in King County.

The conversation today will take approximately 60 minutes. Please note that this conversation is voluntary and confidential. You can choose to answer some questions and not others. With your permission, I would like to audio record the discussion, so I have an accurate record of what you said for the purposes of taking notes. If you do not give permission to tape the discussion, then it will not be taped. Any recording will be destroyed once we have completed our review.

<i>Do you have any questions about the purpose of today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do you want to continue to participate in today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do I have your permission to record the discussion?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do I have your permission to use de-identified quotes in summaries or reports?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

BACKGROUND

1. How long have you been providing child care services to children ages 0-5?
2. How long have you been using CCHC services? What types of CCHC services have you used?
 - **PROBE:** Have you been to group trainings?
 - **PROBE:** Had a consultant guide you through modeling (show you how to do something)?
 - **PROBE:** Received individualized consultations?
 - **PROBE:** Are there certain things you wanted to learn or reasons you decided to use CCHC services? Such as to learn about behavior, child development, health and safety practices, etc?

[Click here to enter text.](#)

CCHC FEEDBACK

3. How well did the CCHC services meet your needs? Why?
 - **PROBE:** Did you feel you were able to learn or receive support for the reasons you originally decided to use CCHC services [Q2 probe]?

[Click here to enter text.](#)

4. What did you like about the CCHC services you received? What are strengths of the CCHC services?
 - **PROBE:** Availability of services? Were you able to receive consultation at a time that worked for your schedule? If not, can you explain?
 - **PROBE:** Topics covered?
5. What could be improved about the CCHC services you received? If you could change any aspect(s) of CCHC services, what change(s) would you make?

CCHC IMPACT

6. How have CCHC services changed the way you do things and/or set up your center/home?



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

7. How have CCHC services changed the way in which you (and/or others you work with/colleagues) work with children and families?
 - **PROBE:** Changes in ability to include all children in activities throughout the day in the classroom/program?

8. How have CCHC services changed how you care for a child that you had difficulty caring for in the past?
 - **PROBE:** Think back to a time when you had a challenge caring for a child (or alternatively can you think of a time did not feel you had support to care for a child) or a time when you could not enroll a child. Describe what that looked like.
 - **PROBE:** Did CCHC provide the support you needed to provide care for that child (or other children)? If so in what way?
 - **PROBE:** Did CCHC provide the support you needed to make changes in enrollment? If so in what way?

9. How have CCHC services changed how you connect families to resources outside of child care?
 - **PROBE:** Can you share an example of a time you were successfully able to connect a family to a resource?
 - **PROBE:** Can you share an example of a time you were unable to successfully connect a family to a resource? (reasons could be resource did not exist, language barrier, financial etc).

10. How have the children and families you serve benefitted from CCHC services?

ASQ has been the primary focus and families and children are benefitting from better connection and education about behavior and development



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

IMPLEMENTATION

11. What new skills or practices, if anything, makes have you (and/or others you work with/colleagues) been successful using? What new skills or practices, if anything, have you had challenges using?

- **PROBE:** Can you think of a skill or new practice you learned from the consultant? What happened when you tried to use that skill or new practice? What made it successful to use? What made it challenging?
- **PROBE:** Do you have the resources you need to use the skills or new practices you learn through CCHC? Financial resources? Information resource?

12. What additional services/supports would be most helpful?

[Click here to enter text.](#)

13. Are there any questions that you wish I would have asked and did not?

[Click here to enter text.](#)

THANK YOU

Thank you so much for sharing your experiences and time with us today. Your input will be very helpful for our efforts to assess and improve CCHC services in King County. The gift card will be emailed electronically, we send them out in batches after completing this week's interviews. Any final questions? Thank you!



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

Focus Group Guide, 2019

CHILD CARE HEALTH CONSULTATION SERVICES

BSK GRANTEE CONSULTANT GUIDE

Facilitator: [Choose an item](#)

Interpreter/Translator: [Click here to enter text](#)

Language:

Note-taker: [Choose an item](#)

Location: [Click here to enter text](#)

Date: [Click here to enter a date](#)

OPENING DIALOGUE & GROUP AGREEMENTS

Hi, my name is [Choose an item](#) from Cardea and [Choose an item](#) is taking notes. Thank you very much for joining us today to share your experience providing Child Care Health Consultation services. This evaluation will help Best Starts for Kids and others understand how well the services are working, how the services can be improved and help inform the future delivery of child care health consultation services in King County.

Today we will be discussing your experiences, successes and challenges you have had providing consulting services to child care providers. Your perceptions and experiences are valuable to us, we look forward to hearing from you.

Your responses are **confidential**, meaning we will summarize what we learn from you as a group, but no one will be identified by their name. Your responses will be used to inform our understanding of developmental screening and referrals in King County and to inform improvements to that system. Our goal in King County is to build a system where all families get the information they need at the right time. Your voice matters in helping to build this system. Please honor the confidentiality of everyone here today. If you wish to describe today's experience with others, please share themes and ideas rather than stories with names.

Your participation is completely **voluntary** and you can choose to answer some questions and not others. If you would like to stop your participation at any time, please just let us know.

Also, we would like to tape this discussion to help us take better notes. Any tape will be destroyed after we have finished typing our notes.

Child Care Health Consultant Focus Group Guide

Does anyone not want us to tape the discussion? ☐ YES ☐ NO

[IF "YES"] Ok, Lizzy will be taking written notes during our discussion.

[IF "NO"] Ok, we will start the recording in a few minutes. Once we've completed our report on the current state of developmental screening and connection to services, the audio recording will be destroyed.

Do I have your permission to use your stories or phrases in summaries or reports? We will not identify you by name. ☐ YES ☐ NO

[IF "YES," Proceed to group agreements.]

[If "NO," Ok, we will not use direct quotes from this group.]

We value the contribution of each member in this group. To ensure each person is heard and respected, we believe it's important to have the following **group agreements**.

- A. Please support one person talking at a time.
- B. Please remember that people have different ideas and ways of looking at things—there are no right or wrong answers.
- C. We'll ask everyone to share their thoughts and ideas. Please feel free to pass, if you aren't comfortable with the question or don't have an opinion to share.
- D. Please use respectful language. And,
- E. Please remember that what is said in this room should stay in this room.
- F. Please feel free to step out of the room and re-enter, as needed. When you re-enter, please do that respectfully.
- G. Please feel free to get more <<food and beverage>> during the discussion.
- H. If you have a cell phone, please turn it off or to vibrate. No texting please.

Does anyone have any group agreements they would like to add? ☐ YES ☐ NO

[IF "YES," Acknowledge the suggestions.]

[IF "NO," Proceed to next question.]

Do you have any questions about the purpose of our discussion? ☐ YES ☐ NO

[IF "YES," Answer questions.]

[If "NO," Proceed to final opening remarks.]

Ok, we will start the recording now and start our discussion.

Let's begin with introductions, so we're all familiar with each other.

INTRODUCTIONS

26. Please tell us your name and one reason why you wanted to participate in this conversation.
[Click here to enter text.](#)

INTERVIEW QUESTIONS

27. What types of CCHC services are most important for the child care providers you serve?

- **PROBE:** What topics are most important?

[Click here to enter text.](#)

28. What successes have you had in providing CCHC services?

- **PROBE:** What challenges have you had?
- **PROBE:** If you could change any aspect(s) of CCHC services, what change(s) would you make?

[Click here to enter text.](#)

29. How have CCHC services changed the environment in/way in which child care providers set up their centers/homes?

[Click here to enter text.](#)

30. How have child care providers you serve changed the way they work with children and parents/families, based on the CCHC services you provide?

- **PROBE for licensed centers/family homes:** Have any child care providers made any changes to enrollment eligibility? For example become more inclusive of children with a range of health needs?

[Click here to enter text.](#)

31. **[Licensed centers/family homes]** Have you seen changes in how likely child care providers are to expel or consider expelling children, based on the CCHC services you provide?

- **PROBE:** Can you describe any incremental changes you have noticed such as a provider reaching out to you for support before deciding to expel a child?
- **PROBE:** have you worked with a provider who either expelled or considered expulsion of a family/child? Describe how you worked with the provider.

[Click here to enter text.](#)

32. What, if anything makes it easier or harder for child care providers to fully implement what they learn or gain from you through CCHC services?

- **PROBE:** Are there informational resources child care provider needs available to you? Why or why not? Are there resources and referrals available that are culturally and linguistically supportive to child care providers?
- **PROBE:** have you experienced a child care provider who could not make changes in their child care practices as a result of financial barriers? What did that look like?

[Click here to enter text.](#)

33. How have children and families benefitted from CCHC services? What additional services/supports would be most helpful?

[Click here to enter text.](#)

THANK YOU

Thank you so much for sharing your insights and time with us today. Your input will be very helpful for honing and implementing this strategic plan. If you're also interested in receiving periodic updates (summary reports, strategic plans, etc.), please let us know before you leave today—we'd be happy to keep you informed.

Child Care Health Consultant Focus Group Guide

Focus Group Guide, 2019

Public Health—Seattle & King County

CHILD CARE HEALTH CONSULTATION TEAM

Facilitator(s): [Choose an item.](#)

Note-taker: [Choose an item.](#)

Location: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

OPENING DIALOGUE & GROUP AGREEMENTS

Hi, my name is [Choose an item.](#), and I am a Research and Evaluation Manager for Cardea. As you may know, Cardea is working with Best Starts for Kids on a CCHC evaluation, primarily focused on the seven organizations that were funded under the public health model and community informed approaches.

Thank you very much for joining us to share your experience providing Child Care Health Consultation services. During our time together, we will be discussing the CCHC services that you provide, as well as the experiences, successes, and challenges you have had providing these services to child care providers. Your perceptions and experiences are valuable to us, we look forward to hearing from you. This conversation will be about 90 minutes.

Your responses are **confidential**, meaning we will summarize what we learn from you as a group, but no one will be identified by their name. Your responses will be used to inform our understanding of child care health consultation in King County and to inform improvements to that system. Our goal in King County is to continue building a system where all providers and families get the information they need at the right time. Your voice matters in helping to grow this system. Please honor the confidentiality of everyone here today. If you wish to describe today's experience with others, please share themes and ideas rather than stories with names.

Your participation is completely **voluntary** and you can choose to answer some questions and not others. If you would like to stop your participation at any time, please just let us know.

Also, we would like to record this discussion to help us take better notes. The recording will be destroyed after we have finished typing our notes.

Does anyone not want us to tape the discussion?

☐ YES

☐ NO

[If "YES"] Ok, ____ will be taking written notes during our discussion.

Child Care Program (CCP) Focus Group Guide

[IF "NO"] Ok, we will start the recording in a few minutes. Once we've completed our report on the current state of child care health consultation, the audio recording will be destroyed.

Do I have your permission to use your stories or phrases in summaries or reports? We will not identify you by name.

☐ YES

☐ NO

[IF "YES," Proceed to group agreements.]

[If "NO," Ok, we will not use direct quotes from this group.]

We value the contribution of each member in this group. To ensure each person is heard and respected, we believe it's important to have the following **group agreements**.

- I. Please support one person talking at a time.
- J. Please remember that people have different ideas and ways of looking at things—there are no right or wrong answers.
- K. We'll ask everyone to share their thoughts and ideas. Please feel free to pass, if you aren't comfortable with the question or don't have an opinion to share.
- L. Please use respectful language.
- M. Please remember that what is said in this room should stay in this room.
- N. Please feel free to step out of the room and re-enter, as needed. When you re-enter, please do that respectfully.
- O. Please feel free to get more <food and beverage> during the discussion.
- P. If you have a cell phone, please turn it off or to vibrate. No texting please.

Does anyone have any group agreements they would like to add?

☐ YES

☐ NO

[IF "YES," Acknowledge the suggestions.]

[IF "NO," Proceed to next question.]

Do you have any questions about the purpose of our discussion?

☐ YES

☐ NO

[IF "YES," Answer questions.]

[If "NO," Proceed to final opening remarks.]

Ok, we will start the recording now and start our discussion.

Let's begin with introductions, so we're all familiar with each other.

INTRODUCTIONS

34. Please tell us your name, educational background and professional experience, and how long you have provided CCHC services at PHSKC. If you have provided CCHC services as a private consultant or for another organization, we would greatly appreciate hearing about that experience, too.

[Click here to enter text.](#)

INTERVIEW QUESTIONS

35. Please describe how you engage with child care providers. What does your first engagement look like?

- **PROBE:** How are providers referred to you?
- **PROBE:** Please describe your intake process.

[Click here to enter text.](#)

36. Do you develop a plan of action to address the provider's needs? If so, what are core elements of the plan of action and what is the process of developing the plan of action?

- **PROBE:** How often do you update the plan of action?

[Click here to enter text.](#)

37. What do subsequent engagements look like?

- **PROBE:** How often do you connect with providers?
- **PROBE:** How do you typically connect with providers (e.g., in-person, phone, e-mail, text)?
- **PROBE:** If/when you meet in-person, how long is the average meeting?
- **PROBE:** How many meetings do you have with each provider?

[Click here to enter text.](#)

38. What types of CCHC services do you provide?

- **PROBE:** What topics are most important or requested by providers?
- **PROBE:** What do you consider to be core elements of CCHC services?
- **PROBE:** What techniques do you use to facilitate learning? Individualized consultations? Group trainings? Modeling?

[Click here to enter text.](#)

39. What successes have you had in providing CCHC services?

- **PROBE:** What challenges have you had?

[Click here to enter text.](#)

40. How have child care providers you serve changed the way they work with children and families, based on the CCHC services you provide?

- **PROBE:** Have any child care providers made any changes to enrollment eligibility? For example become more inclusive of children with a range of health needs?

[Click here to enter text.](#)

41. Have you seen changes in how likely child care providers are to expel or consider expelling children, based on the CCHC services you provide?

- **PROBE:** Can you describe any incremental changes you have noticed such as a provider reaching out to you for support before deciding to expel a child?
- **PROBE:** Have you worked with a provider who either expelled or considered expulsion of a child? Describe how you worked with the provider.

[Click here to enter text.](#)

42. What, if anything makes it easier or harder for child care providers to fully implement what they learn or gain from you through CCHC services?

- **PROBE:** Are there informational resources child care provider needs available to you? Why or why not? Are there resources and referrals available that are culturally and linguistically supportive to child care providers?
- **PROBE:** have you experienced a child care provider who could not make changes in their child care practices as a result of financial barriers? What did that look like?

[Click here to enter text.](#)

43. How have children and families benefitted from CCHC services?

- **PROBE:** What additional services/supports would be most helpful?

[Click here to enter text.](#)

THANK YOU

Thank you so much for sharing your insights and time with us today. Your input will be very helpful for further understanding child care health consultation services. If you're also interested in receiving periodic updates (summary reports, strategic plans, etc.), please let us know before you leave today—we'd be happy to keep you informed.

Interview Guide, 2020

BSK CCHC GRANTEES

CHILD CARE HEALTH CONSULTATION PROGRAMS

Facilitator(s): [Choose an item.](#)

Note-taker: [Choose an item.](#)

Location: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

OPENING DIALOGUE & GROUP AGREEMENTS

Hi, my name is [Choose an item.](#), and I am a Research and Evaluation Manager for Cardea. As you know, Cardea is working with Best Starts for Kids on the CCHC evaluation, primarily focused on the seven organizations that were funded under the public health model and community informed approaches.

Thank you very much for joining us. During our time together, we will be discussing the CCHC services that you provide, as well as the impact of COVID-19 on providing these services to child care providers. This conversation will be about 60-90 minutes.

Your responses are **confidential**, meaning we will summarize what we learn from you as a group, but you will not be identified by name. Your responses will be used to inform our understanding of child care health consultation across all seven programs to better describe Child Care Health Consultation programs.

Your participation is completely **voluntary** and you can choose to answer some questions and not others. If you would like to stop your participation at any time, please just let us know.

Also, we would like to record this discussion to help us take better notes. The recording will be destroyed after we have finished typing our notes.

Can we record the discussion?

☐ YES ☐ NO

[IF "NO"] Ok, [Choose an item.](#), will be taking written notes during our discussion.

[IF "YES"] Ok, we will start the recording in a few minutes.

Do I have your permission to use quotes from you in summaries or reports? We will not identify you by name unless we ask your direct permission.

☐ YES ☐ NO

[If "YES," Proceed questions about the discussion]

[If "NO," Ok, we will not use direct quotes]

Do you have any questions about the purpose of our discussion?

☐ YES ☐ NO

[If "YES," Answer questions.]

[If "NO," Proceed to final opening remarks.]

Ok, we will start the recording now and start our discussion.

We have created a program snapshot based on your data submitted in 2019 (March through December 2019). We hope you had a chance to review. Would it be helpful to take a few minutes to review?

We hope you had a chance to review. Would it be helpful to take a few minutes to review?

☐ YES ☐ NO

[If "YES," Pause and share screen with snapshot.]

[If "NO," Proceed to first question.]

INTERVIEW QUESTIONS

1. What is your impression of the program snapshot? (Keep in mind the snapshot is pre-COVID)

[Click here to enter text.](#)

2. What (if anything) would you add to this snapshot? (not specific to COVID)

- **PROBE:** Ask specific assumption question for each grantee such as timing and review generally for program specific nuances

[Click here to enter text.](#)

3. What challenges are providers facing, in light of COVID-19? What types of support have providers requested?

- **PROBE:** what additional topics are coming up?

[Click here to enter text.](#)

4. How has your program changed, in light of COVID-19?

- **PROBE:** How has your program stayed the same, in light of COVID-19?
- **PROBE:** What are you doing now that you were not doing pre-COVID? In what ways have you adjusted or changed areas of services such as topics, types of services, or added new services?

Page 3 of 3

- **PROBE:** what additional physical or technical assistance needs came up? Example: technology for staff or training for staff to use virtual platforms, etc

[Click here to enter text.](#)

5. As you have changed services to meet provider needs, what has worked well?

- **PROBE:** Do you expect to continue any of these changes post-COVID?
- **PROBE:** What has not worked well?
- **PROBE:** In light of what worked well and what did not work well, what are your lessons learned/takeaways?

[Click here to enter text.](#)

6. How can we best gather information on provider experiences, in light of COVID-19?

- **PROBE:** What can you (grantee) provide – child care closures, surveys, etc?
- **PROBE:** What response would providers have to a shortened survey in 2020? What areas would you focus on asking providers in the survey?
- **PROBE:** How can we best support COVID-19 specific data collection among providers you work with in 2020 and early 2021?

[Click here to enter text.](#)

7. To what extent do you have the capacity to strategize and provide feedback on gathering information on provider experiences? How can we best support your participation in that process?

- **PROBE:** Would you be willing to review survey or interview tools? Would you be willing to participate in a Zoom review and feedback session? What frequency (monthly/quarterly or only once) works best for you?

THANK YOU

Thank you so much for sharing your insights and time with us today. Your input will be very helpful for further understanding child care health consultation services and the impact of COVID-19 on providers and communities.

Interview Guide, 2021

BSK CCHC GRANTEES

CHILD CARE HEALTH CONSULTATION PROGRAMS

Facilitator(s): [Click here to enter text.](#)

Note-taker: [Click here to enter text.](#)

Location: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

OPENING DIALOGUE & GROUP AGREEMENTS

Hi, my name is [Click here to enter text.](#), and I am a Research and Evaluation/Program Manager for Cardea. As you know, Cardea is working with Best Starts for Kids on the CCHC evaluation, primarily focused on the seven organizations that were funded under the public health model and community informed approaches.

Thank you very much for joining us. During our time together, we will be discussing the updated 2020 evaluation snapshot, the CCHC services that you provide, and the 2021 CCHC evaluation. This conversation will be about 60 minutes.

Your responses are **confidential**, meaning we will summarize what we learn from you as a group, but you will not be identified by name. Your responses will be used to inform our understanding of child care health consultation across all seven programs.

Your participation is completely **voluntary** and you can choose to answer some questions and not others. If you would like to stop your participation at any time, please just let us know.

Also, we would like to record this discussion to help us take better notes. The recording will be destroyed after we have finished typing our notes.

Can we record the discussion?

☐ YES

☐ NO

[IF "NO"] Ok, [Click here to enter text.](#), will be taking written notes during our discussion.

[IF "YES"] Ok, we will start the recording in a few minutes.



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

Do I have your permission to use quotes from you in summaries or reports? We will not identify you by name unless we ask your direct permission.

☐ YES

☐ NO

[If "YES," Proceed questions about the discussion]

[If "NO," Ok, we will not use direct quotes]

Do you have any questions about the purpose of our discussion?

☐ YES

☐ NO

[If "YES," Answer questions.]

[If "NO," Proceed to final opening remarks.]

Ok, we will start the recording now and start our discussion.

We have created a program snapshot based on your data submitted in 2020. We hope you had a chance to review. Would it be helpful to take a few minutes to review?

We hope you had a chance to review. Would it be helpful to take a few minutes to review?

☐ YES

☐ NO

[If "YES," Pause and share screen with snapshot.]

[If "NO," Proceed to first question.]

INTERVIEW QUESTIONS

1. What is your impression of the 2020 program snapshot?

[Click here to enter text.](#)

2. What (if anything) would you add to or adjust on this snapshot?

- **PROBE:** See the primary and secondary COVID consult information at the bottom of slide 1. Can you please describe how your team records a consultation as a primary or secondary COVID-19 consult?
- **PROBE:** Ask specific assumption questions for each grantee such as timing and review generally for program specific nuances
 - Is the staff time reflective of how much staffing is needed for a fully functional CCHC program? or is it only reflecting the FTE this grant pays for? If it is grant specific - what does the full staffing look like?
 - The average amount of time in consult in 2019 was around 60 minutes for consultation and 30 minutes for following up. What is the ideal amount of time for consultation? Do consultants ever feel rushed? What matters most, the amount of time spent in consultation or consistency of consultation and relationship?
 - Missing data – does this information exist, did we miss it?

[Click here to enter text.](#)



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

3. In our last interview we discussed how your program adapted in response to COVID-19. In light of updated state and local guidance, what programmatic changes have you made or what changes do you anticipate making?
 - **PROBE:** What kinds of conversations are staff having about vaccination among the CCHC team and with providers?
 - **PROBE:** How have these conversations influences services?

[Click here to enter text.](#)

4. Service delivery has shifted due to COVID-19 for many groups. Some grantees have shared that they have increased direct consultations with parents and caregivers. To what extent and in what ways does your team consult with parents and caregivers?
 - **PROBE:** Generally, how many parent consults tend to happen each month?
 - **PROBE:** How are parent consults recorded?
 - **PROBE:** Do you anticipate direct consultation with parents to be a temporary or permeant service delivery component in the future?
 - **[IF they do have data] PROBE:** Would you be interested in sharing past data on consultations with parents and caregivers?

[Click here to enter text.](#)

5. To learn more about providers' experiences with CCHC in 2020 and 2021, we would like to schedule interviews with providers. We anticipate reaching out in July. Would you be able to suggest 2-3 providers who we might be able to interview this summer? We understand that providers' time is very valuable and have a flexible gift card to thank them for their time.

[Click here to enter text.](#)

THANK YOU

Thank you so much for sharing your insights and time with us today. Your input will be very helpful for further understanding child care health consultation services and the impact of COVID-19 on providers and communities. We will update the 2020 snapshot and share it back with you for your records.



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

Key Informant Interview Guide, 2021

CHILD CARE HEALTH CONSULTATION—FFN PROVIDERS

Interviewee: [Click here to enter text.](#)

Affiliation(s): [Click here to enter text.](#)

Interviewer: [Choose an item.](#)

Date: [Click here to enter a date.](#)

INTRODUCTION AND ASSENT

Hi, my name is [Choose an item.](#) from Cardea. Thanks for taking the time to speak with us today about your experience with the community health worker/home visitor from [agency name].

Cardea is partnering with Public Health—Seattle & King County to evaluate the Best Starts for Kids Child Care Health Consultation strategy. Best Starts is an initiative to improve the health and well-being of King County by investing in promotion, prevention, and early intervention for children, youth, families, and communities. Cardea is completing an evaluation to learn more about what services you have received. This evaluation will help Best Starts for Kids and others understand how well the services are working, how the services can be improved and help inform the future delivery of child care health consultation services in King County.

We are interviewing providers who received support from community health workers/home visitors to learn about experiences with the services they received and how those services changed their work, if at all. This conversation will inform the future child care health consultation services and a report on the Child Care Health Consultation Strategy in King County.

The conversation today will take approximately 60 minutes. Please note that this conversation is voluntary and confidential. You can choose to answer some questions and not others. With your permission, I would like to audio record the discussion, so I have an accurate record of what you said for the purposes of taking notes. If you do not give permission to tape the discussion, then it will not be taped. Any recording will be destroyed once we have completed our review.

<i>Do you have any questions about the purpose of today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do you want to continue to participate in today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do I have your permission to record the discussion?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do I have your permission to use de-identified quotes in summaries or reports?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

BACKGROUND

1. How long have you been providing child care services to children age zero to five?

[Click here to enter text.](#)

2. How long have you been working with a community health worker/home visitor?

[Click here to enter text.](#)

3. What types of CCHC services have you used?

- **PROBE:** Have you been to group trainings? Received individual consultations? In-person and/or virtual consultation?
- **PROBE:** *[If the provider received both virtual and in-person services]* How do virtual services compare to in-person services?
- **PROBE:** What was the most important topic you covered with your community health worker/home visitor in the past year?
 - Did your community health worker/home visitor provide resources or referrals related to this topic, for example, did they give you a handout, send additional information to read or refer you to another specialist for support? If so, can you please describe how you used the resources or referral?
- **PROBE:** What topics did you cover related to the COVID-19 pandemic?
 - To what extent did you and your community health worker/home visitor discuss COVID-19 vaccination?
 - To what extent did your community health worker/home visitor provide COVID-19 resources and referral support?

[Click here to enter text.](#)

CCHC FEEDBACK

4. How well did the community health worker/home visitor meet your needs? Why?

- **PROBE:** Is the length of your meetings with the community health worker/home visitor long enough? How often do you meet with the community health worker/home visitor (e.g., weekly, biweekly, monthly, as needed), and does that meet your needs?
- **PROBE:** Availability of services? Were you able to receive consultation at a time and in a way(virtual/in-person) that worked for you? If not, can you explain?
- **PROBE:** Topics covered?

[Click here to enter text.](#)



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

5. How well has your community health worker/home visitor supported you through the COVID-19 pandemic?

- **PROBE:** What services/supports have been most helpful through the COVID-19 pandemic? What services/supports did you receive related to the COVID-19 vaccine?
- **PROBE:** What additional information about the COVID-19 vaccine would be helpful to receive from your community health worker/home visitor?

[Click here to enter text.](#)

6. What would make the services that you have received from your community health worker/home visitor better? If you could change any aspect(s) of your work with the community health worker/home visitor, what change(s) would you make?

- **PROBE:** Have you encountered any challenges in working with your community health worker/home visitor?
- **PROBE:** What additional services/supports would be most helpful?

[Click here to enter text.](#)

IMPLEMENTATION

7. As a result of working with your community health worker/home visitor, is there anything that you are doing differently for the child/children?

- **PROBE:** What is something that you learned from the community health worker/home visitor that was easy to do differently? Why was it easy?
- **PROBE:** What is something that you learned from the community health worker/home visitor that was more difficult to do differently? Why was it difficult?
- **PROBE:** Do you have the resources you need to use the skills or new practices you learn through the community health worker/home visitor? Financial resources? Information resources?

[Click here to enter text.](#)

8. What are some things your consultant does to make sure their services work with your culture?

[Click here to enter text.](#)



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

CCHC IMPACT

9. How has your work with the community health worker/home visitor changed the way in which you take care of children?
- **PROBE:** What kind of activities do you do with the child as a result of your community health worker/home visitor?
 - **PROBE:** Are there any conversations you have now with parents that you did not have before you started working with the community health worker/home visitor? Please describe those conversations.
 - **PROBE:** Are there times when you have asked or would have liked to ask your community health worker/home visitor to talk directly to parents and caregivers? Please describe those situations.
 - **PROBE:** How have the children and families you serve benefitted from your conversations with the community health worker/home visitor? How have the children and families you serve benefitted from the referrals you received from the community liaison/home visitor?

[Click here to enter text.](#)

10. How did your work with the community health worker/home visitor support you through the COVID-19 pandemic?

[Click here to enter text.](#)

11. Are there any questions that you wish I would have asked and did not?

[Click here to enter text.](#)

THANK YOU

Thank you so much for sharing your experiences and time with us today. Your input will be very helpful for our efforts to assess and improve child care health consultation services in King County. The gift card will be emailed electronically, we send them out in batches after completing this week's interviews. Any final questions? Thank you!



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

Key Informant Interview Guide, 2021

CHILD CARE HEALTH CONSULTATION—PROVIDERS

Interviewee: [Click here to enter text.](#)

Affiliation(s): [Click here to enter text.](#)

Interviewer: [Choose an item.](#)

Date: [Click here to enter a date.](#)

INTRODUCTION AND ASSENT

Hi, my name is [Choose an item.](#) from Cardea. Thanks for taking the time to speak with us today about your experience with child care health consultations through [agency name].

Cardea is partnering with Public Health—Seattle & King County to evaluate the Best Starts for Kids Child Care Health Consultation strategy. Best Starts is an initiative to improve the health and well-being of King County by investing in promotion, prevention, and early intervention for children, youth, families, and communities. Cardea is completing an evaluation to learn more about what services you have received. This evaluation will help Best Starts for Kids and others understand how well the services are working, how the services can be improved and help inform the future delivery of child care health consultation services in King County.

We are interviewing providers who received support from child care health consultants to learn about experiences with the services they received and how those services changed their work, if at all. This conversation will inform the future child care health consultation services and a report on the Child Care Health Consultation Strategy in King County.

The conversation today will take approximately 60 minutes. Please note that this conversation is voluntary and confidential. You can choose to answer some questions and not others. With your permission, I would like to audio record the discussion, so I have an accurate record of what you said for the purposes of taking notes. If you do not give permission to tape the discussion, then it will not be taped. Any recording will be destroyed once we have completed our review.

<i>Do you have any questions about the purpose of today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do you want to continue to participate in today's interview?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do I have your permission to record the discussion?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Do I have your permission to use de-identified quotes in summaries or reports?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

BACKGROUND

1. How long have you been providing child care services to children age zero to five?

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2. How long have you been using child care health consultation services with [agency name]?

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3. What types of child care health consultation services have you used?

- **PROBE:** Have you been to group trainings? Received individual consultations? In-person and/or virtual consultation?
- **PROBE:** *[If the provider received both virtual and in-person services]* How do virtual services compare to in-person services?
- **PROBE:** What was the most important topic you covered with your consultant in the past year?
 - Did your consultant provide resources or referrals related to this topic, for example, did they give you a handout, send additional information to read or refer you to another specialist for support? If so, can you please describe how you used the resources or referrals?
- **PROBE:** What topics did you cover related to the COVID-19 pandemic?
 - To what extent did you and staff from [agency name] discuss COVID-19 vaccination?
 - To what extent did staff from [agency name] provide COVID-19 resources and referral support?

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CCHC FEEDBACK

4. How well did the child care health consultation services meet your needs? Why?

- **PROBE:** Are your meetings with the consultant the right length? How often were you in contact with your consultant? How often do you meet with the consultant (e.g., weekly, biweekly, monthly, as needed), and does that meet your needs?
- **PROBE:** Availability of services? Were you able to receive consultation at a time and in a mode (virtual/in-person) that worked for you? If not, can you explain?
- **PROBE:** Topics covered?

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BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

5. How well has child care health consultation from [agency name] supported you through the COVID-19 pandemic?
- **PROBE:** What services/supports have been most helpful through the COVID-19 pandemic? What services/supports did you receive related to the COVID-19 vaccine?

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6. What would make child care health consultation from [agency name] better? If you could change any aspect(s) of child care health consultation from [agency name], what change(s) would you make?
- **PROBE:** What additional information about the COVID-19 vaccine would be helpful to receive from your consultant?

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IMPLEMENTATION

7. What new skills or practices, if any, have you (and/or others you work with/colleagues) been able to develop as a result of the services/supports you received from the consultant?
- **PROBE:** What new skills or practices, if any, have been more challenging?
 - **PROBE:** Do you have the resources you need to apply what you have learned through the consultant? Financial resources? Information resources?

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8. What additional services/supports would be most helpful?

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CCHC IMPACT



BUILDING ON STRENGTH AND RESILIENCE IN KING COUNTY KIDS, FAMILIES, AND COMMUNITIES

9. How have CCHC services changed the way in which you (and/or others you work with/colleagues) work with children and families?
- **PROBE:** How did your work with the consultant support your responses through the COVID-19 pandemic?
 - **PROBE:** Changes in ability to include all children in activities throughout the day in the classroom/program?
 - **PROBE:** Are there any conversations you have now that you did not have before you started working with the consultant? Please describe those conversations.
 - **PROBE:** Are there times when you have asked your consultant to talk directly to parents and caregivers? Are there times when you would have liked to ask your consultant to talk directly to parents and caregivers? Please describe those situations.
 - **PROBE:** How have the children and families you serve benefitted from your conversations with the consultant? How have the children and families you serve benefitted from the referrals you received from the consultant?

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10. Sometimes, child care providers have difficulty caring for a child and have to make the difficult decision to ask a child and family to leave child care. How has your consultant provided support to care for children you might have had difficulty caring for in the past?
- **PROBE:** What factors do you consider when enrolling children in child care? To what extent did consultation support navigating enrollment?

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11. Are there any questions that you wish I would have asked and did not?

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THANK YOU

Thank you so much for sharing your experiences and time with us today. Your input will be very helpful for our efforts to assess and improve child care health consultation services in King County. The gift card will be emailed electronically, we send them out in batches after completing this week's interviews. Any final questions? Thank you!



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APPENDIX I. CHARACTERISTICS – KEY INFORMANT INTERVIEW PARTICIPANTS

Of the 29 key informants, 16 received CCHC services through the public health approach, and 13 through the community-informed approach. The interviews were split among site administrators, licensed family home providers, and FFN care providers. At least one provider who worked with each grantee was interviewed. Key informants had been providing child care from three months to 33 years.

Table 1: Characteristics—Key Informant Interview Participants

		Percent
Overall	Community-Informed	55
	Public Health	45
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 J. ADDITIONAL QUALITATIVE FINDINGS: CHALLENGES PROVIDERS FACED DURING COVID-19

Child care 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.

Grantee 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, public health approach

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 and it was 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, community-informed approach

Due to low subsidy reimbursement, increased instability, and nation-wide shortages, providers faced challenges obtaining basic supplies. Additionally, FFN care providers reported seeking rent and mortgage assistance as members of their family 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, community-informed approach

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 experienced increased social isolation and conflict between caregivers, family members, and children due to increased daily stress and limited mobility.

*Another challenge as 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.***

—Consultant, community-informed approach

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



 King County

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