



BEST STARTS FOR KIDS
CHILD CARE HEALTH CONSULTATION
FINAL EVALUATION REPORT



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.

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All photos provided by Best Starts for Kids

EXECUTIVE SUMMARY

INTRODUCTION



Best Starts for Kids (Best Starts) builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Child Care Health Consultation (CCHC) is a strategy that promotes the health and development of children, families,

and child care providers (providers) by ensuring healthy and safe child care environments. Best Starts defines “child care providers” broadly, as inclusive of family, friends, and neighbor caregivers (FFN) and providers in license-exempt and licensed child care programs. Child care locations (sites) are supported by child care health consultants (consultants).

GOALS AND OBJECTIVES

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

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

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

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

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

— Parent/Caregiver

SUMMARY OF SERVICES PROVIDED AND SERVICE TEAM

On average between April 2019 and March 2022, over 1,000 consultations were completed quarterly. The number of individual consultations decreased slightly in 2020, in light of the COVID-19 pandemic and the transition to new

modes of consultation (e.g., virtual consultation). The number of individual consultations rose again in 2021. On average, about two (2) providers per child care location received consultation services.

Between April 2019 and March 2022*, there were:



* Refer to the Results section starting on page 27 for full data analysis and data considerations over the 2019 to 2022 time period.

+ Unique refers to an unduplicated count of individual providers



NAVIGATING CCHC SERVICES DURING THE COVID-19 PANDEMIC

Providers experienced challenges stemming from the COVID-19 pandemic, including managing and adhering to health and safety guidelines, changes in enrollment, lack of resources, and emotional stress and grief. Best Starts-funded CCHC service delivery partners (service delivery partners) worked quickly to adapt their services to provide virtual consultation and address provider challenges and needs. Consultants shared information about the COVID-19 vaccine and helped providers get vaccinated, provided mental health

and wellness support, helped develop policies for sites, suggested COVID-19 safe activities to do with children throughout the day, and distributed other resources and tools. In addition to adapting programs to address provider challenges and needs, service delivery partners attributed their focus on building strong relationships as central to their success in continuing to engage providers in consultation services after pivoting programs in response to the COVID-19 pandemic.

Before COVID-19 (April 2019 – April 2020)

Individual Consultation				
Topics		Modality		Time
<p>Growth & Development</p> <p>Language development Motor development Social emotional development</p>	<p>Health & Safety</p> <p>Emotional safety Handwashing, diapering, toileting Immunizations</p>	<p>In-person</p> 	<p>Coaching & Modeling</p>	<p>60 Minutes Consultation</p> <p>20–30 Minutes of Follow-up per Consultation</p> 
<p>Nutrition</p> 	<p>Other Topics</p> <p>Community resources & referral</p>		<p>Observation & Feedback Cycles</p>	

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Early COVID-19 (May 2020 – December 2020)

Individual Consultation				
Topics		Modality		Time
Growth & Development Social emotional development	Health & Safety Infection & communicable disease	Virtual Phone, video, email 	Resources & Training Videos	30 Minutes Consultation 20 Minutes of Follow-up per Consultation 
Nutrition 	Other Topics Community resources & referrals Staff/caregiver health & wellness		Pandemic Crisis Support	

Ongoing COVID-19 (January 2021 – March 2022)

Individual Consultation				
Topics		Modality		Time
Growth & Development Language development Social emotional development	Health & Safety Handwashing, diapering, toileting Infection & communicable disease	Hybrid In-person, phone, video 	Pandemic Support	30–40 Minutes Consultation 15 Minutes of Follow-up per Consultation 
Nutrition 	Other Topics Community resources & referrals Child-caregiver relationship Staff/caregiver wellness		Observation & Feedback Cycles	

DISCUSSION

WHY INVEST IN CHILD CARE HEALTH CONSULTATION?

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

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

— Parent/Caregiver

WHAT WAS THE INITIAL VISION FOR CCHC SERVICES?

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

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

— Parent/Caregiver

WHAT DID WE LEARN?

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

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

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

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

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

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

— Parent/Caregiver

AREAS OF IMPACT



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

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



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

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



Providers implemented new nutrition practices

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



Providers learned to interact with children in developmentally appropriate ways

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



Providers developed their capacity to care for children with special needs

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



Providers increased their ability to support challenging child behaviors

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

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Providers improved their relationship with families and children

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



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

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



Providers received support with personal health and wellness

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



WHAT'S NEXT?

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

