



CHILD CARE HEALTH CONSULTATION

Community Voices
Strengthen Our Systems
in King County



Community-informed
recommendations
for designing a more
equitable system of
child care health
consultation



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A NOTE ABOUT EQUITY



The goal of this project was to develop an accessible system through which different people offering CCHC services are connected, supported, well-prepared, and working together to address unmet needs and alleviate race- and place-based inequities. As this final report is put forth, we acknowledge that it is just the start of moving toward a more equitable, diverse, and inclusive system.

The definition for equity used in this report was inspired by King County’s Children and Youth Advisory Board Equity Statement. Equity is foundational to the CCHC system that the King County community aspires to build.¹ An equitable system requires furthering the well-being of systemically marginalized children, families, child care providers, and caregivers served by child care health consultants. To achieve equity, we must root out entrenched racism from within the CCHC system. This will require every King County agency that provides CCHC services—and every government agency that provides, intersects with, and is in a position of power or influence as it relates to CCHC—to do work internally to advance their commitment to equity, diversity, and inclusion. For example, what would it look like to create a system that reflects and responds to the spectrum of cultural, linguistic, socioeconomic, and neurodiverse/developmental needs of all children in our community? To realize an equitable CCHC system, there must be a redistribution of power and resources toward Black, Indigenous, and communities of color who have been subjected to systemic oppression and kept furthest from opportunity.

As work on the CCHC Systems Development project began, Kinderling learned from the community through interviews, focus groups, community

cafés, and summits that the current system is not equitable. However, coming up with a definition of an equitable system of CCHC was challenging. To do so requires intentional gathering of input, ideas, and opinions from the entire community of individuals, organizations, and entities that interact with the system. Ideas and opinions about how an equitable system should look may conflict or lead toward different visions. Furthermore, working toward equity is an iterative process as we continue to expand our understanding of equity and how it is achieved. Defining an equitable system requires us as a community to collectively embrace creativity by thinking beyond what has been, and instead exploring what could be.

It is also hard to know if the recommendations will in fact result in an equitable system. We asked the community to prioritize efforts that would increase confidence in the recommendations and allow progress toward Best Starts for Kids’ long-term goals of impacting child and family outcomes. As the community worked to prioritize efforts, we asked them to keep in mind the following questions (adapted from the Washington State Department of Children, Youth, and Families Early Learning Advisory Council, see [Appendix 5](#)):

- Do the recommendations and strategies benefit children, families, child care providers, caregivers, and child care health consultants of color?
- Do some benefit or have more access to services than others?
- Are there any unintended consequences as a result of implementing these recommendations?

These and likely other questions will need to continue to be asked as recommendations are implemented.

¹ Abigail Echo-Hawk and Barbara Langdon, “Equity is fundamental to the community we want to build,” Best Starts Washington blog (October 13, 2016). Available from <https://beststartsblog.com/2016/10/13/equity-is-fundamental-to-the-community-we-want-to-build/>

DEFINITIONS



The following definitions are used for the purposes of this report.

Child care health consultation (CCHC): A collaborative partnership between a trusted consultant and families, caregivers, and child care providers to promote the optimal physical and emotional health, safety, and development of children in child care.

Child care health consultants: Child care health consultants aspire to work from a healing-centered, trauma-informed, and multidisciplinary approach to support providers and families to identify, prevent, and reduce risks in child care settings for the purpose of strengthening the capacity of those caring for young children who are not their own.

Community-based organization: Community organizations that are most often nonprofit organizations and service agencies located in and providing services to neighborhoods and communities.

Community stakeholders: People, groups, or organizations with an interest, involvement, or investment in child care or early learning in King County.

Culturally responsive: The ability to listen, prioritize, and respond to the cultural needs, challenges, and goals of people and communities from cultures different from one's own.

Equity: (see [A Note About Equity](#)).

Healing-centered approach: A way of centering an individual's or community's culture to respond to trauma in the creation of their own well-being.²

Health: Physical and emotional well-being and safety of young children in child care settings.

Multidisciplinary team: Involving several disciplines or professional specializations working together to support child care providers and caregivers.

Reflective practice: Deliberate reflection on work experiences to foster continuous learning that is the foundation of professional development.

Traditionally marginalized: Broadly defined to include many people or groups that fall outside the dominant culture and have been historically oppressed within our society, including Black, Indigenous, and people of color; those that identify as lesbian, gay, bisexual, transgender, queer, or two-spirit (LGBTQ+); immigrants; individuals with disabilities; older individuals; and those of lower socioeconomic status.

Trauma-informed: Recognizes the presence of symptoms due to trauma and acknowledges the role trauma may play in an individual's life.

² Shawn Ginwright, "The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement," *Medium* (May 31, 2018). Available from <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

EXECUTIVE SUMMARY



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Best Starts for Kids is a voter-approved initiative led by Executive Dow Constantine to help put every baby born and every child raised in King County on a path toward lifelong success. Best Starts Prenatal to Five investments reach children and families where they are from birth to 5 years—homes, child care settings, and communities—to support healthy child development and family well-being.

In 2018, Kindering was funded by King County Best Starts for Kids to partner with the community to identify needs and recommendations for establishing a cohesive and accessible countywide system of child care health consultation (CCHC) that alleviates race- and place-based inequities.

CCHC is a collaborative partnership between a trusted child care health consultant and families, caregivers, and child care providers to promote optimal physical and emotional health, safety, and development of children in their care. Child care providers and caregivers are critical to the health and well-being of children in our communities.

When Kindering began planning the CCHC Systems Development project, we knew that no recommendations could be made without input from those directly affected and the wider early learning community. All phases of the project relied

on extensive community engagement in a variety of formats to ensure that recommendations included voices representing the cultural, linguistic, and geographic diversity within King County. This process allowed us to develop inclusive conversations with the community that included child care providers, caregivers, families, child care health consultants, the Washington State Department of Children, Youth, and Families, Child Care Resources, and other individuals and community-based organizations invested in King County’s early learning system.

Throughout community engagement activities, child care providers and caregivers reported experiencing many barriers within King County’s current system, including a shortage of available consultants due to lack of funding for CCHC, especially outside the City of Seattle; absence of a mechanism for finding a consultant; the cost of CCHC services to providers and caregivers; and a CCHC work force that does not adequately reflect the race, ethnicity, and primary languages of King County’s children, families, child care providers, and caregivers. Additionally, they report not having a designated community-based leadership entity to coordinate and support the development of the CCHC work force and other aspects of a cohesive and accessible countywide system of CCHC.

King County Best Starts for Kids is committed to investing in a system of CCHC to support the community of people caring for young children. CCHC furthers equity by increasing child care provider and caregiver confidence and abilities to improve health outcomes for children from traditionally marginalized backgrounds and to reduce suspensions and expulsions, which disproportionately affect young children of color and children with disabilities. CCHC services in King County are provided in a variety of ways, by both entities and individuals of varying health disciplines, qualifications, and experiences. Community stakeholders came together throughout 2019 to explore the existing and preferred scope of work of child care health consultants in King County. The following definition of child care health care consultation was created as a result of this process and was considered by stakeholders as foundational to the pursuit of an equitable CCHC system:



Photo: Kindering

Child care health consultants aspire to work from a multidisciplinary, healing-centered, and trauma-informed approach to support providers and families to identify, prevent, and reduce risks in child care settings for the purpose of strengthening the capacity of those caring for young children that are not their own. CCHC aims to be racially equitable and social justice focused, individualized, and culturally and linguistically responsive.

The core of this report is a **Road Map of Recommendations** to bridge the gaps in King County’s current CCHC system and build a community-preferred system of equitable CCHC across the county. The preferred system of CCHC includes four main goals/outcomes:

1. High-quality and culturally responsive CCHC services are **accessible** to caregivers and child care providers.
2. Child care health consultants are **well-prepared**.
3. Child care health consultants are **supported**.
4. Child care health consultants are **working cohesively** within King County’s larger early learning system.

This report includes:

- An **overview of the community and stakeholder engagement process** that resulted in this report, including the values that drove our efforts to (1) listen and learn, (2) decide and design, and (3) respond and recommend. Community and stakeholder engagement consisted of over 150 conversations with almost 1,500 individuals across King County.
- A summary of the four **key inputs** that will be needed to achieve these goals: funding, leadership, CCHC service providers, and a strong and healthy child care community.
- A report of **early actions** resulting from this process, which include defining the CCHC scope of work, creating education and outreach materials, and process improvement for a community of practice.
- A **logic model** that outlines the plan for an equitable system of CCHC in King County.



Photo: Kindering

African American boys account for only 18% of preschool enrollment, yet they account for 48% of preschool suspension.³

Children with disabilities represent just 13% of the nation’s preschoolers, but they account for 75% of all suspensions and expulsions.⁴

³ US Department of Education, Office for Civil Rights, *Civil Rights Data Collection: Data Snapshot (School Discipline)*, Issue Brief no. 1 (March 21, 2014). Available from <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-discipline-snapshot.pdf>

⁴ Cristina Novoa and Rasheed Malik, “Suspensions Are Not Support: The Disciplining of Preschoolers With Disabilities” (Center for American Progress, January 12, 2018). Available from <https://www.americanprogress.org/issues/early-childhood/reports/2018/01/17/445041/suspensions-not-support/>

Impacts of COVID-19

Beginning in March 2020, King County experienced an outbreak of COVID-19, resulting in a countywide shutdown. At the time this report was written, Washington state's "Stay Home, Stay Healthy" order due to the COVID-19 pandemic was in effect. During this time, the Road Map of Recommendations in this report was formulated based on input from the community collected before the pandemic. Priority recommendations identified through community and stakeholder engagement that address the impact of COVID-19 on child care providers, caregivers, and child care health consultants are included in the Road Map of Recommendations.

COVID-19 has had a significant impact on child care providers and caregivers in King County, and across Washington state, as they were deemed essential businesses and encouraged to continue providing care to children of first responders and other essential workers. Additionally, schools suddenly entered the marketplace, offering child care at no cost to essential workers, thus adding more complexity to the child care system. Despite being called upon to continue providing care, child care providers and caregivers faced significant barriers in accessing basic health and safety supplies needed to care for children, such as masks, gloves, disinfectant, thermometers, toilet paper, and paper towels. Social distancing, handwashing, and wearing masks posed additional challenges when caring for very young children. Many child care programs reported facing the difficult decision to close their businesses, some permanently, due to low enrollment and to protect the health and safety of staff and families.

At the end of August 2020, Child Care Aware of Washington reported that nearly half of Washington's licensed child care providers were at risk of closing permanently due to the impacts of the pandemic, while nearly 550,000 children under the age of 12 are without access to child care.⁵

The impact that COVID-19 has had on child care providers and caregivers highlights the urgent need for an equitable and coordinated system of CCHC. Systemic barriers created many challenges for providers and caregivers of young children in accessing the most current information and support necessary to keep children and adults in caregiving settings healthy and safe.

⁵ Child Care Aware of Washington, "Washington's Child Care Crisis Leaves Nearly 550,000 Children Without Child Care" (August 25, 2020). Available from <https://childcareawarewa.org/2020/08/25/washingtons-child-care-crisis-leaves-nearly-550000-children-without-child-care/>

OVERVIEW: BACKGROUND AND VALUES



Photo: Kindering

The settings in which young children are cared for contribute significantly to their physical, social-emotional, and developmental health. Children receive care in licensed child care programs including family child care homes, license-exempt programs, and informal caregiving by what is referred to as family, friend, and neighbor (FFN) care. The term “child care provider” often connotes different meanings depending on the reader. In this broad definition, child care providers include FFN caregivers who receive subsidies through the Washington State Department of Children, Youth, and Families (DCYF); FFN caregivers who are not connected to DCYF; licensed child care providers; center-based child care programs; family child care homes; license-exempt child care providers; and partial-day child care providers. In 2018, 75% of young children in Washington were cared for by FFN caregivers rather than by licensed providers, and this percentage was even larger for children in low-income families and communities of color.⁶ In 2019, Child Care Aware reported that King County had 2,026 licensed child care providers with the capacity to care for 67,430 children.⁷ As a result of the ongoing COVID-19 pandemic, the use of FFN and informal caregiving arrangements has drastically increased as child care programs closed due to a variety of health and economic reasons.⁸

All child care providers, whether they are licensed or license-exempt, benefit from having access to evidence-

“*Though without early intervention knowledge, my parents-in-law trained my daughter in their own way, focusing on gross motor development, which benefited her a lot. I appreciate them very much.*”

— Parent

based information regarding children’s health and development, including strategies to prevent injury and communicable disease, assess health care needs, support infant and early childhood mental health, and connect to community services. Through collaboration with a child care health consultant, child care providers and caregivers increase their knowledge, skills, and experience, leading to improved health outcomes for children from traditionally marginalized backgrounds. This partnership also leads to reduced suspensions and expulsions, which disproportionately affect young children of color and children with disabilities. In focus groups and community cafés, child care providers and caregivers reported that consultants who reflect the communities they serve are better able to provide consultation that aligns with practices and values of the caregiver or provider.

Licensed child care providers are expected to follow Washington state’s child care licensing regulations to ensure the health and safety of children in their care. Regulations include safe sleep environments, food handling, diapering/toileting, and toothbrushing. In comparison, Washington state’s voluntary quality rating and improvement system, Early Achievers,⁹ works with licensed child care programs to measure the quality of early learning environments and interactions. Early Achievers coaches may offer support to providers on how to individualize activities and curricula for children, maximize child engagement, and provide learning materials. However, Early Achievers does not focus on foundational health and safety that is required in licensing regulations. Informal caregivers have even fewer supports. There is no formal system of technical assistance or training in Washington state to support providers in implementing practices that meet health and safety guidelines. This is one example of a gap in the current system, which supports a community of caregivers and child care providers largely made up of women of color making poverty-level wages.¹⁰

⁶ Child Care Resources, “Family, Friends, and Neighbors Caring for Young Children,” accessed on organization website, May 29, 2020, <https://www.childcare.org/what-we-do/family-friends-neighbors.aspx>

⁷ Child Care Aware of Washington, *2018 Data Report: Trends, Child Care Supply, Cost of Care, and Demand for Referrals* (Tacoma, WA: 2019). Available from <https://childcareawarewa.org/wp-content/uploads/2019/03/2018-Data-Report.pdf>

⁸ Lisa Conley (personal communication, October 5, 2020).

⁹ Early Achievers is Washington’s quality rating and improvement system for child care facilities that commit to providing high-quality early learning experiences for children birth to 5 years old. <https://www.dcyf.wa.gov/services/earlylearning-childcare/early-achievers>

¹⁰ Julie Vogtman, *Undervalued: A Brief History of Women’s Care Work and Child Care Policy in the United States* (Washington, DC: The National Women’s Law Center, 2017). Available from https://nwlc.org/wp-content/uploads/2017/12/final_nwlc_Undervalued2017.pdf

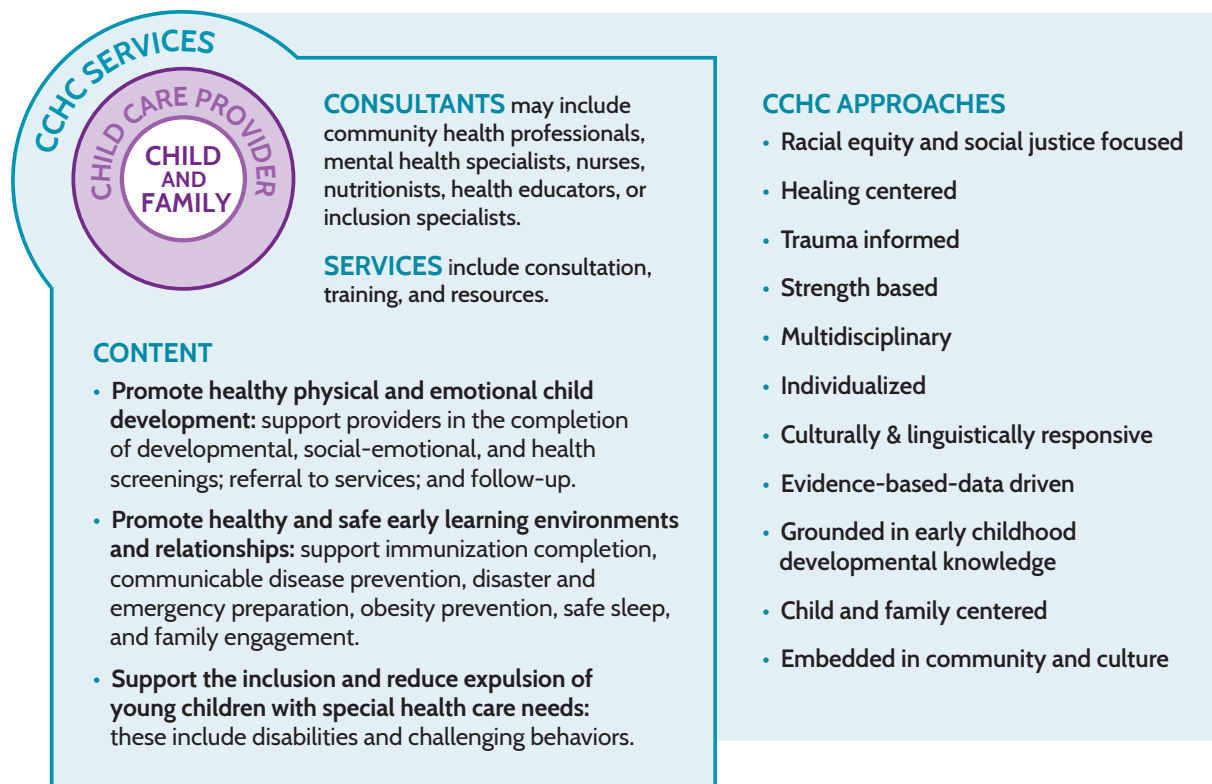
Child care health consultation (CCHC) is a key strategy for integrating child health into early learning systems and maximizing the contribution of caregiving settings toward the healthy development of young children. The first years of a child’s life are important in regard to cognitive, social, and physical development. Early experiences affect a child’s brain and behavior and shape their ability to learn, get along with others, and develop an overall state of well-being. Not all children have the same opportunities, which can lead to disparities. In addition, social, economic, and environmental factors have been closely linked to health disparities.

Disparities in overall health and well-being in adulthood may be rooted in early childhood. For example, those who lived in poverty as young children are more at risk for leading causes of illness and are

more likely to experience poor quality of life.¹¹ Services such as CCHC that support healthy development in early childhood reduce disparities and have lifelong positive impacts. Establishing a robust system of CCHC provides a unique opportunity to address systemic inequities and the disproportionality of health outcomes experienced by traditionally marginalized communities, specifically communities of color and those for whom English is not a native language.

CCHC helps ensure that child care environments are safe and that children’s health and developmental needs are addressed. CCHC in child care settings leads to positive outcomes including improved nutrition, better sanitation and infection control, increased access to preventive health care and referrals, and increased inclusion of children with disabilities and special health care needs.¹²

Child Care Health Consultation (CCHC) Services



Content created by the CCHC Scope of Work group (see [Defining the CCHC Scope of Work](#))

¹¹ Ross A. Thompson, Paul H. Dworkin, Georgina Peacock, and Mary Ann McCabe, “Addressing Health Disparities in Early Childhood” (presentation, Centers for Disease Control and Prevention Public Health Grand Rounds, March 16, 2016). Available from <https://www.cdc.gov/grand-rounds/pp/2016/20160315-childhood-development.html>

¹² Elaine A. Donoghue and Council on Early Childhood, “Quality Early Education and Child Care From Birth to Kindergarten,” *Pediatrics* 140, no. 2 (August 2017). Available from <https://doi.org/10.1542/peds.2017-1488>

CCHC is a means of furthering equity by improving health outcomes for children from traditionally marginalized backgrounds, increasing child care provider and caregiver confidence and capacity, and reducing suspensions and expulsions, which disproportionately affect young children of color. According to the US Department of Education, African American boys account for only 18% of preschool enrollment, yet they account for 48% of preschool suspension.¹³ In addition, children with disabilities represent just 13% of the nation's preschoolers, but they account for 75% of all suspensions and expulsions.¹⁴ Child care health consultants reported during interviews, focus groups, and summits that the most frequent reasons for consultation requests include managing behaviors interpreted as “challenging” or concerns about a child’s development. Group child care settings often leave little room for individualized attention, which can result in providers not having the capacity to care for children who need additional support. In focus groups and the provider summit, child care providers reported having nowhere to turn for support and consultation in order to successfully serve children at risk for expulsion, which only perpetuates the disproportionate rate at which children of color and children with disabilities are suspended and expelled.

Best Starts for Kids CCHC in King County

Best Starts for Kids, a King County voter-funded initiative, funds **CCHC service delivery** to offer child care providers and caregivers evidence-based and culturally responsive practices for healthy, safe child care environments. Best Starts for Kids has also invested in **CCHC systems development** to sustain and strengthen CCHC supports for child care providers and caregivers of young children and their families across the county.

CCHC SERVICE DELIVERY INITIATIVE

In 2018, in order to be comprehensive, Best Starts for Kids funded two approaches to CCHC service delivery: a public health approach and a community-informed approach. Programs from both approaches work to support formal child care providers and informal FFN caregivers in cultural, linguistic, and geographic communities that have not had access to CCHC. The public health approach was informed by the Public Health—Seattle & King County (PHSKC) Child Care Health team’s model for services. The teams using this public health approach include a registered nurse on staff and may also include consultants with backgrounds from other disciplines such as inclusion specialists (for promotion of disability accessibility), community health professionals, health educators, nutritionists, or mental health specialists. The community-informed approach was established in recognition of the wisdom and expertise within community-based organizations who center their community’s culture and language in delivering CCHC services and support. Each community-informed program has established a team of child care health consultants with experiences and backgrounds best suited to support children and families within the communities they serve.

The seven organizations funded by Best Starts for Kids to support child care health consultation service delivery are:

- Chinese Information and Services Center
- Encompass
- Kindering
- Living Well Kent
- Northwest Center
- Sisters in Common
- Somali Health Board

¹³ US Department of Education, Office for Civil Rights, *Civil Rights Data Collection: Data Snapshot (Early Childhood)*, Issue Brief no. 2 (March 21, 2014). Available from <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-early-learning-snapshot.pdf>

¹⁴ Novoa and Malik, “Suspensions Are Not Support.”

While each organization that provides CCHC services has unique programmatic elements, all of the organizations have designed and implemented responsive and impactful service delivery programs. These programs are embedded in their communities' cultural practices and norms, bolster their communities' strengths, and support their children's health, safety, and development despite systemic barriers and oppressions, such as racism and classism, that these community-based organizations face in the social sector.

Part of the Best Starts for Kids initiative to expand and refine the CCHC system included a formative evaluation. The selected contractor, Cardea Services, evaluated the CCHC service delivery programs in 2019 (described in further detail in *Best Starts for Kids Child Care Health Consultation Evaluation: Year 1*¹⁵). The objectives for the first year of the CCHC evaluation were to:

- Describe the core programmatic elements of CCHC and the unique programmatic elements of public health and community-informed approaches;
- Identify facilitators and barriers to service implementation and impact; and
- Explore how CCHC contributes to the following child care provider and caregiver outcomes: improve parent conversations, increase knowledge of supports and resources, and increase ability to improve the child care environment.

The Road Map of Recommendations for a system of CCHC has been informed by our partnership with the Cardea Services team and the results of the evaluation.

The efforts of CCHC service delivery are intertwined with other Best Starts for Kids Prenatal to Five initiatives focused on child health such as Early Support for Infants and Toddlers, developmental screening, Help Me Grow,¹⁶ and infant and early childhood mental health. For example, child care health consultants play a vital role in supporting

To ensure that child care health consultation services are delivered equitably across King County—with a commitment to justice for children and families with traditionally marginalized identities such as race, class, ability, and geographic location—additional funding and resources are needed to ensure that child care health consultants are accessible, well-prepared, supported, and working cohesively within King County's larger early learning system.

the completion of developmental screenings in caregiving settings. When reviewing the Road Map of Recommendations for a system of CCHC in King County (see [Road Map of Recommendations](#)), consideration of the other Best Starts for Kids Prenatal to Five initiatives should be made to ensure efforts are integrated and working in collaboration to achieve systems development alignment.

CCHC SYSTEMS DEVELOPMENT PROJECT

In 2018, Best Starts for Kids awarded funding to Kindering to lead a CCHC Systems Development project. Kindering worked closely with community stakeholders, including the CCHC service delivery programs funded by Best Starts for Kids, with a focus on addressing the disproportionalities and disparities experienced by children, families, caregivers, and child care providers in King County from communities of color who experience the brunt of systemic oppression based on race and geographic location. The project aimed to develop recommendations to address and, ultimately, eliminate these systemic barriers. The recommendations call for building a racially and geographically equitable, cohesive, and accessible

¹⁵ Avanthi Jayasuriya, Elizabeth Menstell, and Wendy Nakatsukasa-Ono, *Best Starts for Kids Child Care Health Consultation Evaluation: Year 1* (Seattle, WA: Cardea Services, 2020). Available from https://issuu.com/cardeaservices/docs/best_starts_for_kids_cchc_full_report

¹⁶ Help Me Grow Washington is a free service that connects parents and caregivers to resources in their community. <https://withinreachwa.org/help-me-grow-washington>

Early System Findings from Community Engagement

Through community engagement activities in early 2019, community members and stakeholders shared their experience with the following barriers and gaps affecting child care health consultation (CCHC) in King County:

1. Finding a child care health consultant is challenging
2. CCHC has benefits beyond the infant room
3. Different types of consultation are needed for providers, caregivers, and children to be successful
4. The current system is not effective in reaching family, friend, and neighbor (FFN) caregivers
5. The work force currently does not reflect the communities being served
6. There has not been agreement on what qualifications should be required of different types of health consultants
7. Training in fundamentals of CCHC is not available
8. Awareness about and opportunities for employment are limited
9. Available resources are not well-coordinated
10. Access and support are limited
11. Current practices inadequately support providers and children
12. Availability of CCHC is uneven
13. Cost of CCHC promotes inequities
14. Funding is not adequate
15. Data are missing
16. Roles of the Public Health—Seattle & King County Child Care Health team have changed in King County
17. Responsibility for CCHC is unclear
18. Information from different sources often conflicts
19. Health experts are sometimes not included in state-level decisions
20. A high Early Achievers rating does not guarantee full health and safety standard compliance

For a detailed description of these gaps, see [Appendix 2: Early Findings](#).

countywide system of CCHC by connecting service delivery and resources across King County and strategically integrating CCHC activities into the larger early learning and health systems. The resulting Road Map of Recommendations aims to ensure that CCHC services are delivered **equitably** across the county—by prioritizing funding and resources to result in improved outcomes for children and families from traditionally marginalized race, class, and ability backgrounds and geographic locations.

GAPS IN THE SYSTEM

For more than 30 years, the CCHC program at PHSKC has employed a child care health team of nurse consultants to offer CCHC services to licensed child care providers across the county.¹⁷ The PHSKC Child Care Health team has been a source of evidence-based information for health and safety practices, including model health policies in child care settings. The resources created by the team are used throughout

¹⁷ A CCHC timeline created by community stakeholders at the first CCHC summit can be found in [Appendix 1: Child Care Health Consultation Timeline](#).

Washington's early learning community. While this work established a framework for CCHC in King County, the services and support did not always include informal caregivers or child care providers who represent the racial and cultural identities within King County.

In 2019, there were 1,305 child care providers licensed to serve infants within King County who were required by Washington state child care regulations to have monthly visits with a registered nurse child care health consultant.¹⁸ The Healthy Child Care Washington program supported a statewide system of CCHC by funding local health jurisdictions to provide CCHC in their communities. Healthy Child Care Washington ended in 2010 and since that time, CCHC has not been accessible throughout King County. The PHSKC Child Care Health team has been funded primarily through the City of Seattle's Department of Education and Early Learning and is therefore limited, with some exceptions, to supporting child care programs within the City of Seattle. East King County city governments have provided some funding to support consultation in child care and preschool settings regarding individual children with disabilities for over two decades. This consultation specifically supports child care providers and caregivers with the successful inclusion of children with disabilities and developmental delays, and children who are engaging in behaviors the child care provider and caregiver have difficulty supporting. However, CCHC services available outside Seattle city limits are extremely limited, and child care providers and caregivers across the county have been unclear where to turn.

“We are expected to follow the same rules, but not all geographic areas have the same resources. The City of Seattle is resource-rich versus other geographic areas that are not.”

— Child care provider

When considering ongoing gentrification in Seattle, the adverse effects of these limitations fall on traditionally marginalized communities of color and perpetuate existing health disparities. Going forward, PHSKC's Child Care Health team will continue to be a source for evidence-based information regarding disease prevention and health promotion that can be used by child care health consultants working for community organizations and other entities. Meanwhile, the seven organizations funded by Best Starts for Kids to provide CCHC services are attempting to fill the gap between the need for CCHC countywide and the funding and work force available to meet that need.

Accessing CCHC, particularly outside Seattle, remains challenging. While the CCHC service delivery programs funded by Best Starts for Kids have increased the availability of CCHC to some child care providers and caregivers in geographic and cultural communities, there continues to be an insufficient number of child care health consultants in King County to meet the needs of the caregiving community. For example, there are no programs funded by Best Starts for Kids that aim to provide CCHC within Hispanic and Latinx or Indigenous communities.

“A nurse consultant, if required, should be free.”

— Center-based child care provider

Washington state child care licensing regulations require monthly infant room visits, but providers do not have a way to locate a nurse consultant. Additionally, child care providers do not receive financial assistance to meet this requirement. This leads to inequitable access to CCHC services and further perpetuates disparities that adversely affect traditionally marginalized communities of color.

While support services for child care providers, caregivers, and families may be available in some geographic areas, many access obstacles exist in the current system:

¹⁸ Child Care Aware of Washington. (2017). *Child Care Data Report*. [Note: WAC 110-300-0275(4) states: “A center early learning provider licensed to care for any infant shall employ or contract with a child care health consultant to provide health consultation to support the practices of staff working with infants and to support the needs of individual infants.”]

- There is no centralized access point for providers to request the support of a child care health consultant, nor is there a method or process in place for child care licensors or Early Achievers coaches to make referrals to a child care health consultant.
- Providers and caregivers lack access to specialized consultation that supports the successful inclusion of children with greater physical and emotional health needs.
- If a child care health consultant can be located, child care providers and caregivers may be responsible for the cost of consultation. The burden of cost is often a significant barrier for child care providers and caregivers, especially for smaller, independent programs and for FFN caregivers.

“Programs aren’t advertised to our community. They might be out there, but they’re not well advertised. We don’t know where to go or know how to access them.”

— Friend, family, and neighbor caregiver

In addition, child care providers and caregivers reported in interviews and community cafés that they benefit most when they share a culture and language with a child care health consultant, and that child caregiving practices are rooted in culture. Yet opportunities for Black, Indigenous, people of color, and other marginalized communities to join the CCHC work force have been lacking. Unfortunately, the current work force of child care health consultants does not adequately reflect the race, ethnicity, and primary languages of many communities in King County.

CCHC, by definition, requires a multidisciplinary approach that is provided in a variety of ways by individuals with varying qualifications and experience (see CCHC in the list of **Definitions**). What is lacking is a comprehensive training curriculum and delivery

system on the fundamentals of CCHC. New child care health consultants, or those interested in the profession, have no way to obtain baseline knowledge about how to provide health consultation within child care settings.

The **Road Map of Recommendations** in this report outlines steps to addressing the current gaps in King County’s system of CCHC.

“My clients feel comfortable with me because I speak their language and understand their culture.”

— Child care health consultant working with FFN caregivers

IMPACTS OF COVID-19

In March 2020, Washington state’s Governor Jay Inslee issued an executive order to “Stay Home, Stay Healthy” to slow the spread of COVID-19. Most businesses and places of work either closed or adopted virtual practices, except for those deemed “essential” businesses by the governor’s office. Child care providers were categorized as essential workers because they play a critical role in supporting working families who continue to be employed in other essential industries and services.

The COVID-19 outbreak created new inequities that disproportionately impact communities of color and magnified those that already existed. Child care providers in King County, many of whom are women of color, often make poverty-level wages despite the crucial education and support they provide to our community’s children and families.¹⁹ As COVID-19 rapidly spread throughout our community, child care providers were faced with a difficult decision: remain open and put the health and safety of their staff and family at risk, or close and lose their source of income. In contrast, K-12 teachers and educators who work for school districts in King County have continued their employment by safely working from home. Child care providers and caregivers do not have this privilege. Forcing them to choose between their income and their personal health and safety highlights one of the inequities between the K-12 and early learning systems.

¹⁹ Vogtman, *Undervalued*.

Furthermore, although child care providers were asked to remain open to serve children and families, they did not have systems in place to ensure the necessary supplies to do so safely. Child care providers that remained open and caregivers who continued to offer care were not provided with basic supplies to keep their learning environments clean and sanitized to prevent the spread of COVID-19 and other infectious diseases. Child care providers and caregivers had difficulty securing disinfectants, bleach, hand sanitizer, toilet paper, paper towels, gloves, and masks to keep staff, children, and families safe. Due to the lack of support in maintaining minimum health and safety standards, some programs were forced to close. Many programs that remained open experienced a drastic reduction in enrollment and revenue due to several factors, including fewer families needing child care because they worked from home and families not being able to afford child care because they experienced job losses or received salary cuts. The pandemic has also resulted in a dramatic increase in the use of informal care settings and FFN care. Child Care Resources has received anecdotal reports regarding the increase of FFN care.²⁰ Some parents on the front lines chose to keep their children home or find informal or private care. While the rapid spread of COVID-19 forced non-essential employees to shift to working remotely from home to keep themselves and their families safe, some child care providers did not have this choice or privilege.

“ *Providers with years of experience but no formal education don’t get the pay or respect deserved.*”

— Family child care home provider

At the onset of the pandemic, PHSKC’s Child Care Health team organized weekly calls with child care providers and caregivers. During these calls, child care providers and caregivers expressed being fearful to continue working. Caring for young children in an emotionally healthy and developmentally appropriate manner requires a significant amount of physical contact. Young children need help from adults to nap, eat, play, wash hands, and use the toilet. Young children

Keeping a six-foot physical distance while caring for children is not feasible or appropriate for children’s social-emotional development. For these reasons, child care providers’ and caregivers’ work is different from other essential workers’ and more similar to that of first responders and health care providers.

need to be comforted by being held, picked up, and rocked. Keeping a six-foot physical distance while caring for children is not feasible or appropriate for children’s social-emotional development. For these reasons, child care providers’ and caregivers’ work is different from other essential workers’ and more similar to that of first responders and health care providers. Yet, at the time there were not standards or supports in place for child care providers and caregivers to use personal protective equipment. Recommendations that providers, caregivers, and children 2 years and older wear masks came many weeks after the initial springtime peak of COVID-19 cases in King County.

In addition, there have been increasing discussions about the need for child care for school-age children since they have not been able to return to in-person school due to the COVID-19 pandemic. Child care providers and caregivers whose primary focus has been caring for children from birth to 5 years may find they need to begin caring for older children and help manage their remote online learning, which takes both technical equipment and added adult support and time. Consultants may find they need to partner with providers to support them to meet the health, safety, and development needs of older children.

The COVID-19 pandemic has highlighted child care providers’ and caregivers’ need for a responsive and easily accessible work force of child care health consultants to provide consultation, training, and technical assistance regarding health and safety issues in child care settings. Child care providers and caregivers do not have a resource they can call or email to receive important information and address

²⁰ Lisa Conley (personal communication, October 5, 2020).

immediate concerns. There has not been a process in place for child care providers and caregivers who remained open during the pandemic to be connected to the individuals, organizations, and entities providing CCHC. To protect the health and safety of children and families in King County and give child care providers and caregivers the support they need, investments must be made to establish a more robust and equitable system of CCHC.

Priority recommendations identified by community stakeholders to address the impact of COVID-19 on child care providers, caregivers, and child care health consultants are included in the [Road Map of Recommendations](#).

Developing Recommendations Informed by Community Voices

The CCHC Systems Development project was carried out in three phases—Phase 1: Listen and Learn; Phase 2: Decide and Design; and Phase 3: Respond and Recommend.

Kindering engaged in more than **150** conversations with almost **1,500** individuals to inform the Road Map of Recommendations.

When Kindering began planning the CCHC Systems Development project, we knew that no recommendations could be made without input from the communities directly affected in King County. All three phases of the project relied on extensive community engagement in a variety of formats. We made intentional efforts to reach individuals, organizations, and entities and include voices representing the cultural, linguistic, and geographic diversity within King County. In addition, to ensure we reached outside the limitations of our existing professional networks, we focused on building meaningful relationships and continually asking two questions to our stakeholders: “Who is missing from this table?” and “Who else should we be learning from?” This process enabled us to develop inclusive conversations with an expanded network of families, child care providers, FFN caregivers, and other stakeholders in the field of early learning. Kindering also partnered with individual consultants to assist in the planning and execution of this work. We would like to thank everyone who graciously shared their expertise, wisdom, and connections.

PHASE

1 LISTEN AND LEARN

Learn about the many needs and priorities within King County
Hold:

- Community cafés
- Focus groups
- Conversations and interviews
- Summits

PHASE

2 DECIDE AND DESIGN

Work with community and stakeholders to identify barriers, ideas, priorities, and goals and take action

- Continue to listen and learn
- Begin identifying preferred system and road map
- Design pilot projects
- Hold summits

PHASE

3 RESPOND AND RECOMMEND

Leverage community and stakeholder endorsement to move the work forward

- Launch pilot projects
- Recommend system road map
- Continue taking actions to develop the system
- Hold summits

Community and stakeholders are engaged and consistently advocating for CCHC

PHASE 1: LISTEN AND LEARN

Phase 1 focused on gathering information to identify gaps in the current CCHC system and the goals/outcomes of a community-preferred CCHC system. We approached this phase through a variety of discussion formats depending on the audience. (See [Appendix 3: Community Engagement Events.](#))

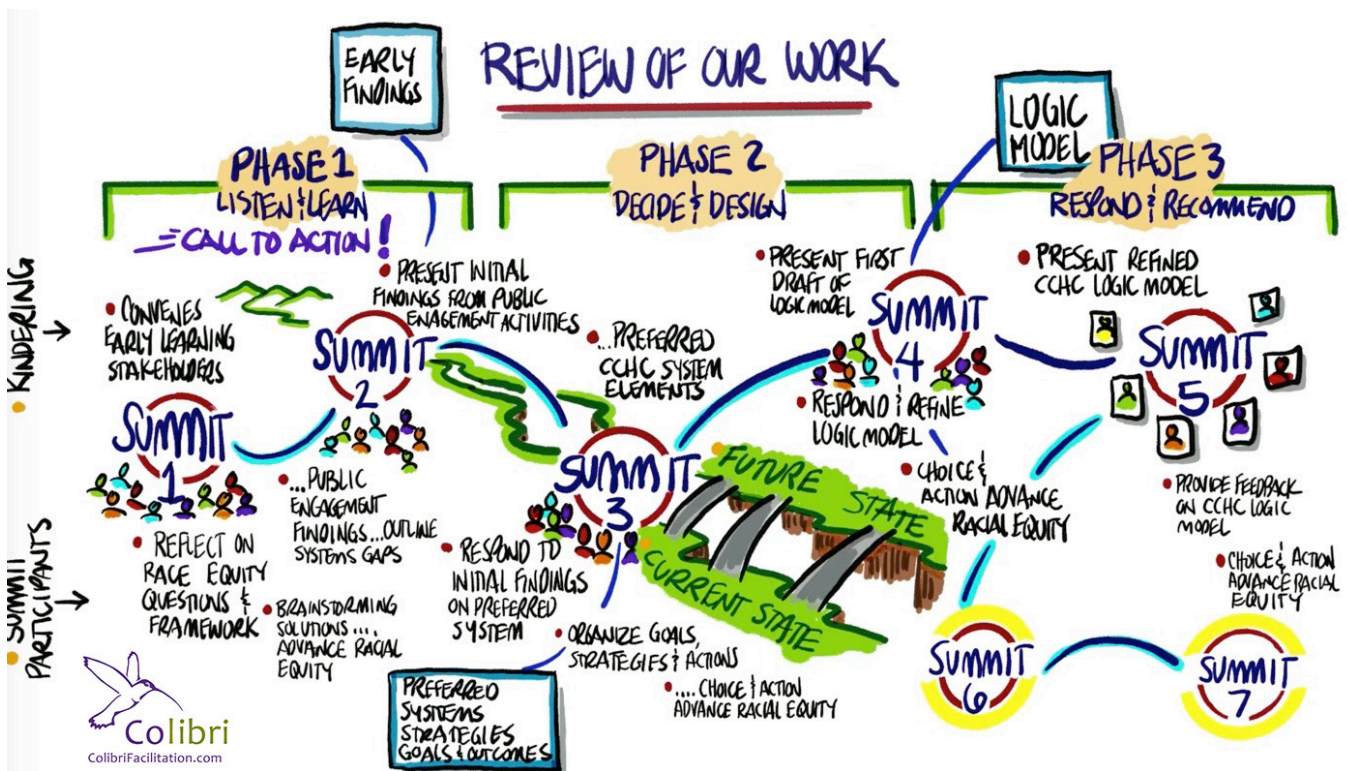
Community cafés. Kindering partnered with community leaders who are known and trusted in their cultural and linguistic communities to host and lead events that enabled us to learn from families, child care providers, caregivers, and specific cultural groups. Eleven initial community cafés were held in the group’s preferred language; translation and interpretation were provided when needed.

Focus groups. Kindering invited targeted groups of service providers and child care health consultant teams to participate in focus groups. Sixteen initial focus groups took place and included staff from CCHC service programs funded by Best Starts for Kids, the PHSKC Child Care Health team, the

Snohomish County Child Care Outreach team, Early Achievers coaches, King County child care licensors, Kaleidoscope Play & Learn²¹ facilitators, early intervention professionals, and members of child care task forces.

Interviews. Kindering held numerous one-on-one conversations with individuals who had experience with early learning or CCHC, including representatives from other states with robust systems of CCHC, staff from the Washington State DCYF, Best Starts for Kids Prenatal to Five focus area program managers, and other stakeholders.

Summits. Kindering hosted four in-person, full-day CCHC summits and three virtual, partial-day summits that convened community partners to inform, guide, and support the process of designing an improved CCHC system for King County that would address unmet needs and alleviate race- and place-based inequities. In-person summits were planned and facilitated in partnership with Garrison Kurtz and Kristin Wiggins of Dovetailing. Participants included PHSKC Child Care Health staff, staff from the seven



Graphic recording produced by Timothy Corey of Colibri Facilitation

²¹ Kaleidoscope Play & Learn are groups for parents and other caregivers to provide an opportunity to support their children’s early learning through everyday activities and build relationships with other participants. <https://www.childcare.org/family-services/find-care-ffn.aspx>

CCHC service programs funded by Best Starts for Kids, private child care health consultants working in King County, DCYF early learning and child welfare staff, Child Care Resources staff, FFN caregivers, child care center and family home child care providers, Kaleidoscope Play & Learn facilitators, infant and early childhood mental health specialists, early intervention staff, school district staff, family members, and other stakeholders. Summit participants were a primary source for verifying findings and materials throughout this project and ultimately for providing oversight on the Road Map of Recommendations provided in this report.

Provider summits. Hearing directly from people who provide care for young children is vital to advancing equity in a system of CCHC. In partnership with Child Care Resources, Service Employees International Union Local 925, and Soar,²² Kindering invited child care providers and FFN caregivers to share their feedback and ideas at a provider summit held on November 2, 2019. Follow-up provider summits were planned for 2020, but due to the COVID-19 outbreak in early 2020, the provider summits were modified to engage providers through individual, virtual approaches.

Early learning conferences. Kindering hosted breakout sessions and conducted surveys at six statewide early learning conferences to gain feedback about CCHC systems development in King County and build awareness and support among those in attendance.

PHASE 2: DECIDE AND DESIGN

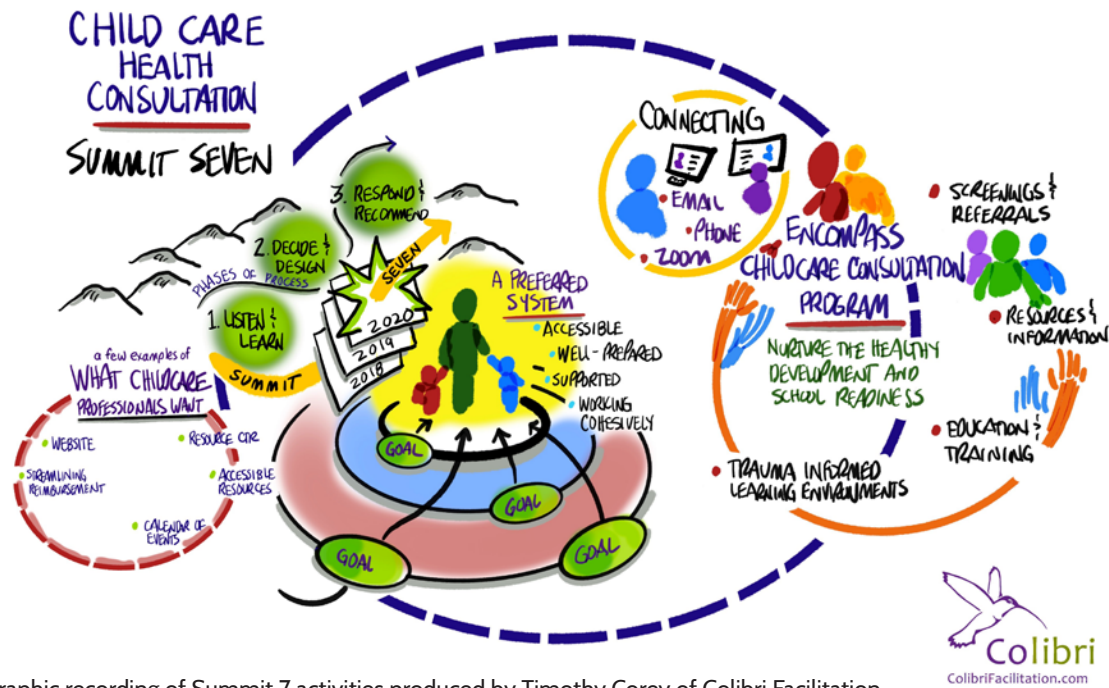
In Phase 2, we at Kindering continued building relationships and facilitating conversations and began reporting back to stakeholders to ensure we accurately captured their voices. Through the community engagement activities, stakeholders identified gaps and strategies to help realize a community-preferred system of CCHC. In addition, three work groups were formed to actualize strategies

the community had identified and prioritized as necessary to realizing a preferred system of CCHC. The three work groups focused on (1) defining the CCHC scope of work, (2) education and outreach that would increase community understanding and support for CCHC, and (3) establishing a CCHC community of practice. (See the [Early Actions](#) section.)

PHASE 3: RESPOND AND RECOMMEND

Phase 3 expanded on the work completed in Phase 1 and Phase 2 and the CCHC community in King County that had been strengthened as a result. In partnership with the Irving Harris Foundation, Kindering hosted a professional development opportunity for the CCHC community that focused on the Diversity-Informed Tenets for Work with Infants, Children and Families (the Tenets). (See [Appendix 4.](#)) Additionally, the work groups established in Phase 2 completed their goals. Kindering also maintained engagement with community stakeholders throughout Phase 3 to inform and finalize the Road Map of Recommendations. Beginning in March 2020 all community engagement activities were held virtually due to COVID-19 and Washington's Stay Home, Stay Healthy order. These activities included virtual work group meetings, summits, provider summits, and meetings to loop back with those who participated in focus groups and community cafés in Phases 1 and 2. Kindering maintained engagement with community stakeholders throughout Phase 3 to refine, finalize, and verify the Road Map of Recommendations and Logic Model to ensure they reflected the community's voices. In the final stages of developing recommendations, Kindering asked private child care health consultants and consultants from the community-informed and public health Best Starts for Kids approaches to review and endorse the strategies and recommendations outlined in the Road Map. Kindering also asked stakeholders to identify priority recommendations that could address the impacts of COVID-19 on the child care community.

²² Soar's mission is to elevate community voices by ensuring that King County children, youth, and families are actively engaged in policies and decisions that impact their lives. <https://www.soarkc.org>



Graphic recording of Summit 7 activities produced by Timothy Corey of Colibri Facilitation



Guiding Principles

Throughout our many conversations with community stakeholders and the collaborative work to build the recommendations presented in this report, the Kindering team established several guiding principles essential to our work. These are the principles we committed to:

Advance racial equity. We were vigilant in engaging stakeholders who might be adversely affected by gaps in King County’s CCHC services and system. We asked them to help us identify and call out inequities early on and consider how recommendations would affect child care providers and caregivers from Black, Indigenous, and communities of color. The Early Learning Advisory Council Essential Racial Equity Questions were used to provide guidance through this process. (See [Appendix 5: Early Learning Advisory Council Essential Racial Equity Questions](#)). The goal was to avoid unintended consequences and ensure the recommendations would lead to racially equitable access to services by addressing disproportionalities and disparities based on race and geography.

Strengthen our efforts. We strove to make recommendations for a system of CCHC that would build upon the successes, skills, and ideas of families,

child care providers and caregivers, and child care health consultants for helping children be healthy and safe.

Draw on the assets of diverse perspectives and identities. Our definition of CCHC was developed by a broad and diverse representation of stakeholders who were able to consider the cultures, languages, socioeconomic realities and identities of King County providers and caregivers as well as the roles and approaches needed to support them in their important work.

Focus on improving health and safety practices. We prioritized recommendations that remove barriers to enhancing practice in a way that leads to improved physical and emotional health and safety for children, especially for children of color, children from low-income communities, and children with disabilities.

Drive toward increased visibility and support. We called upon community stakeholders to bring attention to how CCHC benefits children, families, and child care providers and caregivers and to identify outcomes that would increase community endorsement and support.

Balance diverse interests. We helped community stakeholders agree on recommendations for a community-preferred system of CCHC in King County.

EARLY ACTIONS



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When Kindering first developed the work plan for the CCHC Systems Development project, we wanted to ensure the time and effort invested by community stakeholders resulted in early actions toward a more equitable system of CCHC. We planned to capitalize on the momentum fostered through community conversations by committing to Early Win projects and a Process Improvement project.

Early Win Projects

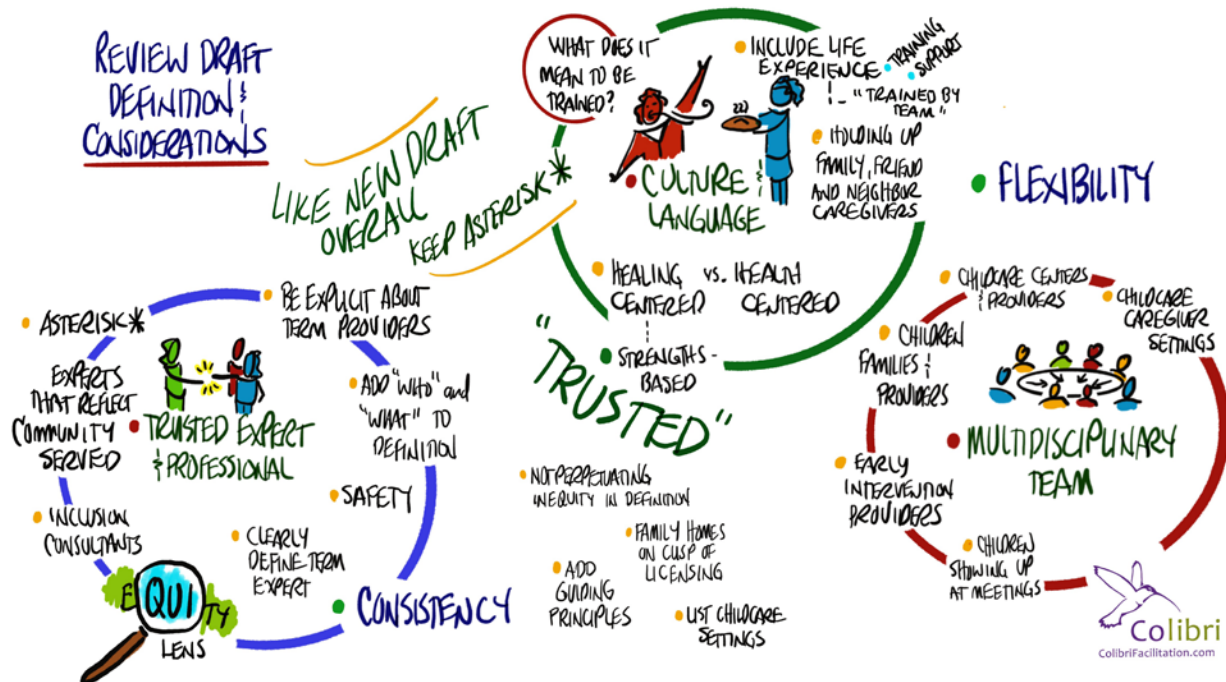
As we began to learn from the community about their needs and priorities for an improved system of CCHC, themes emerged about potential strategies. At CCHC Summit 3, held in June 2019, participants voted on the most actionable strategies that could be completed by work groups. The voting criteria were whether the CCHC community had the authority to act, the capacity to move the strategy, and enough time to complete the project before October 2020. In partnership with Kindering, Christian Anibarro from Impact Consultancy then convened work groups of interested stakeholders to act on two prioritized strategies: defining a scope of work for CCHC and developing education and outreach materials to communicate the benefits of CCHC.

DEFINING THE CCHC SCOPE OF WORK

Findings from community engagement activities demonstrated a need to clearly define the CCHC scope of work. There was a lack of clarity and agreement regarding:

- What services could be considered CCHC;
- Who provides CCHC;
- How an individual can become a consultant;
- How caregivers and providers from different communities, cultures, and locations might benefit from different types of CCHC; and
- What activities, functions, and methods of delivery might work well in one community but not in another.

It also became apparent that CCHC services in King County were already provided in a variety of ways by individuals, organizations, and entities with varying health disciplines, qualifications, and experience. However, there had not previously been any community-wide agreement on the CCHC scope of work.



Graphic recording of Scope of Work group activities produced by Timothy Corey of Colibri Facilitation

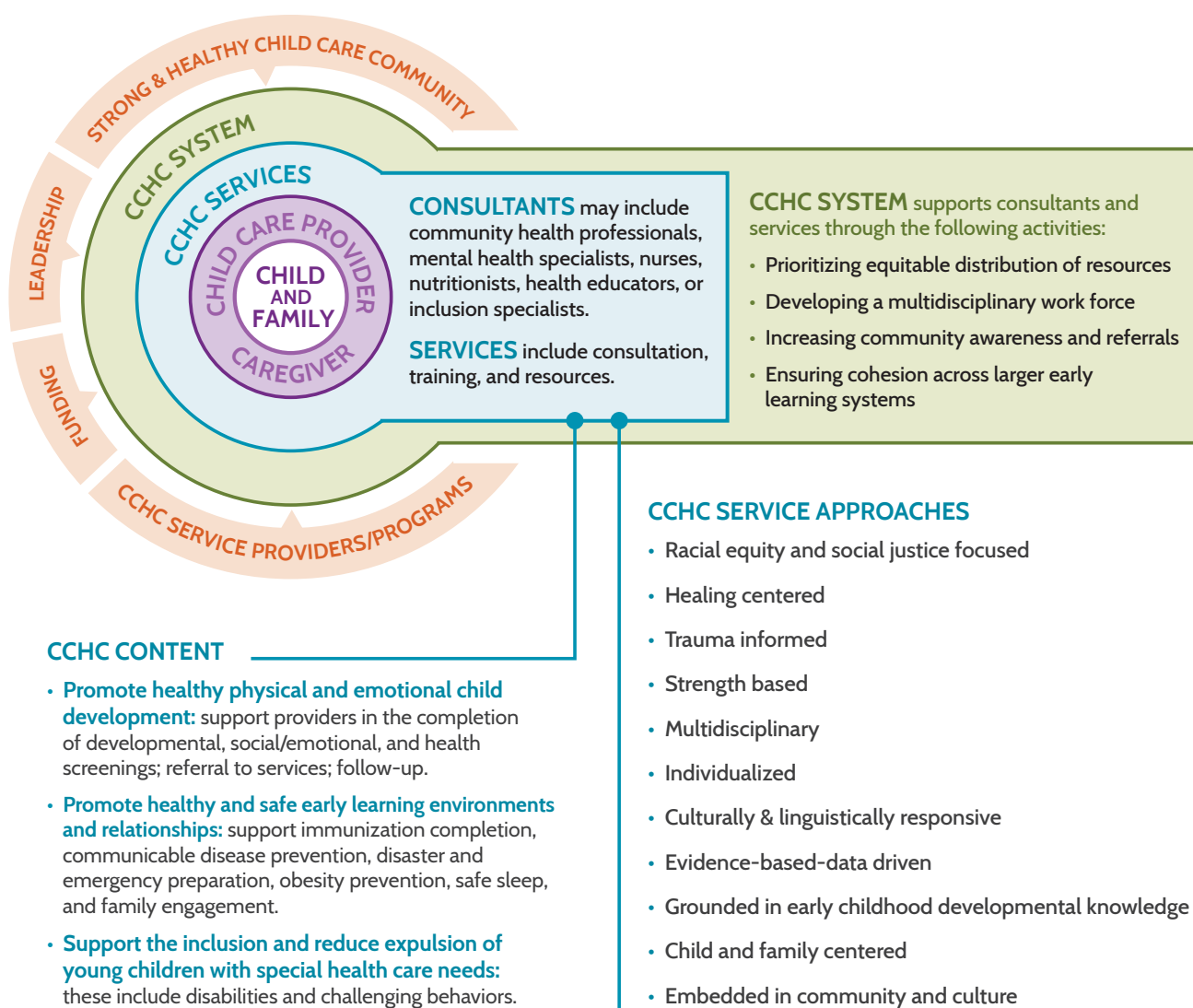
Over the course of several months, the Scope of Work group met virtually and in person to develop a definition of CCHC that included both informal and formal child care settings. A multidisciplinary group of stakeholders contributed to the development of the CCHC definition (see **Definitions**), including mental health consultants, community health professionals, a community liaison, registered nurses, a private nurse consultant, infant and early childhood mental health consultants, inclusion specialists, CCHC program evaluators, the Best Starts for Kids program manager, and a health analyst.

The multidisciplinary approach of CCHC often takes the form of a team of consultants from different disciplines. For example, a

multidisciplinary CCHC team might include community health professionals, health educators, registered nurses, mental health professionals, nutritionists, early intervention providers, inclusion specialists, environmental health specialists, and policy specialists. Child care health consultants benefit from collaborating with consultants from other disciplines in order to best support providers and caregivers with a variety of needs and inquiries.

The work group also developed the following diagrams to visually represent the definition of CCHC and the community-preferred CCHC system. The **Road Map of Recommendations** calls for the development of components and activities depicted in the CCHC system infographic, specifically the CCHC Service Approaches listed in the infographic below.

Child Care Health Consultation (CCHC) System and Services



CREATING EDUCATION AND OUTREACH MATERIALS

One of the biggest lessons from our community engagement was the failure of the current CCHC system to communicate the availability and capacity of child care health consultants as a resource to the child care provider and caregiver communities, as well as other early learning services and support systems. The Education and Outreach work group acknowledged a need to advocate for increased and sustainable funding to support a system of CCHC but realized that focusing on education and outreach needed to come first. Increased awareness of CCHC and its benefits is an important factor in advancing these recommendations. Champions are needed to help influence the policy and funding changes necessary to realize service and system improvements and expansion.

Building on the successes of the Scope of Work group, the Education and Outreach work group developed a source document (see [Appendix 6: Education and Outreach Work Group—Source Document](#)) of information about CCHC to create outreach materials. Information in the source document includes the new

definition of CCHC, why CCHC matters, who benefits from CCHC, data that support the need for CCHC, what CCHC consultants do (including approach, content, and delivery methods), partners and intersecting initiatives, and the expected long-term outcomes of an equitable CCHC system.

Process Improvement Project

In addition to completing the two Early Win projects, community stakeholders and participants in the CCHC summits identified ongoing practices in the current CCHC system that would benefit from undergoing process improvement. At the fourth CCHC summit, held in October 2019, participants agreed to focus efforts on improving the current process that supports a CCHC community of practice.

SHIFTING FROM A COMMUNITY OF PRACTICE TO A COOPERATIVE OF PRACTICE

Child care health consultants in Washington state access information and resources in many ways, including networking through three separate entities: the Coalition for Safety and Health in Early Learning, the Snohomish County Child Care Health Outreach Program's Nurse Consultant Partnership meetings, and PHSKC's Child Care Health program's consortium meetings. The CCHC community in King County expressed a need to explore intersections and consider gaps between the ongoing efforts to establish more efficient and effective strategies to support their practice. CCHCs supporting FFN caregivers or license-exempt providers also expressed that the current networking opportunities focused primarily on licensed child care programs. Additionally, members of the CCHC community expressed that because the networking opportunities are led from a nursing perspective, they do not address the needs of consultants from other disciplines such as inclusion specialists, community health professionals, and health educators.



Photo: Kinderling



Photo: iStock.com

It should be noted that during the onset of the COVID-19 pandemic, the meetings typically held by both King County and Snohomish County Health Departments were delayed as teams were pulled elsewhere. During this critical time when caregivers and child care providers most needed support, information, and resources regarding communicable disease prevention, the CCHC community working with caregivers and child care providers no longer had access to the PHSKC consortium. Child care health consultants in the community expressed that the failure to leverage existing CCHC resources to respond to the crisis exemplified a critical system flaw.

In September 2020, a group of multidisciplinary CCHCs came together to identify their shared desires for a community of practice, taking into consideration their preferred structure, content, and leadership. The group highlighted several important aspects, including an emphasis on co-ownership of the practice existing within the community of CCHCs. The reimagined leadership structure led to a shift in language from a community of practice to a cooperative of practice. Takeaways from the conversations are outlined here:

STRUCTURE

- Focus on **networking** that centers on children, caregivers, and providers.
 - Learn from other consultants and disciplines in the field.
 - Gain access to information (such as standards and practices) and upcoming events.
 - Reach current college students and graduates, especially those of color, to consider the field of CCHC.
 - Create a **registry** of those engaged in the work that is accessible to all (by languages spoken, ethnicity, and community).
 - Develop **resource-sharing** opportunities (such as standards, practices, and recommendations) that are structured to foster dialogue on the diversity of one's experience/practice.
- Create opportunities for formal **coaching or mentoring** to receive feedback or advice.

CONTENT

- Ensure peer learning is intentionally structured for multidirectional support, acknowledging the value of diverse perspectives that each consultant brings from their cultural backgrounds and disciplines.
- Create opportunities to present cases and get feedback.
- Focus on developing understanding of the cultures within communities served and ensure language, interpretation, and translation support.

LEADERSHIP

- Focus on creating a cooperative of practice based on self-organizing communities with the goal of learning.
- Give space for different communities to convene and drive their structure, content, and learning goals.
- Act as a coordinating resource to provide training, logistical support, and other resources.

NECESSARY INPUTS FOR AN EQUITABLE SYSTEM



Photo: iStock.com

Realizing a system of CCHC in King County that is successful in advancing race- and place-based equity relies on four key inputs: funding, leadership, CCHC service providers, and a strong and healthy child care community. While these inputs may already exist to some extent, they are included because they are necessary to support and actualize an equitable system of CCHC. As our community continues to deepen its understanding of how the COVID-19 pandemic has impacted child care providers and caregivers and the children and families they serve, especially within traditionally marginalized communities, ensuring the presence and vitality of these key inputs becomes increasingly urgent. The following key categories of inputs will be necessary to make progress from our early actions into useful implementation of the [Road Map of Recommendations](#):

Funding

Sufficient funding to support a multidisciplinary CCHC work force that can serve all child care centers, family child care homes, and FFN caregivers throughout King County

Throughout engagement activities with community stakeholders, funding was identified as the biggest barrier to realizing the community-preferred system of CCHC outlined in this report. Additional funding will be necessary to implement many of the recommendations in this report. Therefore, exploration of additional funding opportunities from both public and private sources is necessary to support the CCHC work force and build and sustain ongoing systems development.

After funding for CCHC through Healthy Child Care Washington ended in 2010, Best Starts for Kids awarded grant funding to seven service organizations in King County to pilot CCHC programs. While these programs provide impactful services within their communities and have increased the availability of CCHC to some child care providers and caregivers, the number of child care health consultants in King County continues to be insufficient to meet the needs of the caregiving community. Child care providers and

caregivers reported in focus groups, community cafés, and summits that they were unaware of CCHC as a resource. As the economic landscape in our region continues to shift due to gentrification, communities that have been subject to racial oppression and economic marginalization continue to experience an increase in disparities. This has resulted in increased demand for resources and support among caregivers and child care providers from traditionally marginalized communities. To prevent further health disparities in children, increased funding to support additional CCHC service providers is needed to meet the demand expressed by providers and caregivers during community engagement activities conducted throughout the county. This funding should be prioritized to serve cultural, linguistic, and geographic communities that are not currently being served, such as the Latinx community.

There is a benefit to exploring funding sources that could include opportunities to bill third-party payers, consider alternative payment models, and collaborations between CCHC providers, Head Start, and the state's pre-K program, Early Childhood Education and Assistance Program (ECEAP) in King County. Both Head Start and ECEAP have a health services component and provide early learning services through their full-day and extended-day models. These programs could be leveraged to support CCHC in their neighborhood child care programs. Washington might also follow the model of other states that receive funding for CCHC from their federal Child Care Development Fund, legislative requests, and Department of Maternal and Child Health.



Photo: King County Best Starts for Kids

Leadership

A designated community-based organization or entity that provides the coordination and leadership necessary to establish and sustain an equitable system of CCHC

To support a strong and resilient CCHC community, a community-based entity or organization in King County should be selected to lead CCHC systems development work and serve as a “hub” for the CCHC system. The selection process should reflect the values of Best Starts for Kids, including equity, transparency, inclusivity, cooperation, and collaboration with the community in King County. Given that we see disproportionate suspension and expulsion of children of color in early care settings, it is imperative that the organization be grounded in anti-racist and anti-bias approaches. The leadership entity should be informed and guided by an advisory committee of community stakeholders including parents, child care providers, FFN caregivers, and child care health consultants. The advisory committee should consist of community members of color and community members whose primary language is not English. Families of children with disabilities, developmental delays, special health care needs, and families of children that have experienced trauma should also be included on the advisory committee. Members of the advisory committee should be fully compensated for their participation.

“Is there going to be a ‘one-stop shop’ for us to reach out to, so that we aren’t continuing to be redirected?”

— Family child care home provider

The community-based leadership entity should work in partnership with communities in King County to inform and guide the work and have the capacity to lead the following activities:



Photo: iStock.com

- **Work force development** such as designing and implementing an initial training curriculum for child care health consultants, establishing a tiered credentialing process, conducting recruitment and diversification of the field, establishing and supporting a mentoring system for new consultants, establishing and supporting a cooperative of practice for a multidisciplinary CCHC work force, developing materials and resources for use in consultations, and designing and implementing an annual work force development plan;
- **Evaluation and data collection** to support continuous quality improvement (CQI) of both the CCHC system and CCHC services, including opportunities for child care providers, caregivers, and families to provide feedback on CCHC services through avenues that meet their needs, and the development of community-informed outcome measurements that hold system leadership and service providers accountable to practicing anti-racism and reducing racial disparities;
- **Outreach and public awareness** efforts such as collaboration and partnership with King County’s early learning system, developing promotional materials, maintaining a website and other methods of communication, and engaging with the child care provider and caregiver community in activities that raise awareness of the benefits and scope of work for CCHC; and
- **Development of referral systems** for child care providers and caregivers to connect with a child care health consultant in ways that increase cohesion and collaboration in King County’s early learning community.

CCHC Service Providers

Individuals, organizations, and entities are available to provide high-quality CCHC services and supports throughout King County

Many child care providers and caregivers provide services to children and families throughout King County. Child care settings include child care centers, family child care homes, and informal FFN caregivers. To meet the demand from providers and caregivers countywide, there must be sufficient child care health consultants who reflect the caregiving community. (These consultants may be employed by agencies or organizations or work independently.) Currently there are not enough consultants in the county to meet the demand for CCHC. The county needs additional individuals, organizations, and entities to provide CCHC services. Resources should be prioritized to make consultants available to and reflective of underserved or traditionally marginalized communities across the county so that providers and caregivers have access to timely CCHC services embedded in their own cultural, linguistic, and geographic communities.

The COVID-19 outbreak has highlighted and magnified the need among child care providers and caregivers for a responsive and easily accessible work force of child care health consultants to provide consultation, training, and technical assistance to address health and safety issues in child care settings.

“How many [child care] health consultants are there? How do you find one?”

— Child care provider



Photo: Kinderling

Strong and Healthy Child Care Community

The community of people caring for young children is well-supported and ready to benefit from CCHC

The success of CCHC relies on child care providers' and caregivers' capacity and ability to access a child care health consultant. Caregivers and providers are subject to an early learning system that undercompensates them despite the important role they play in the education of our community's children. Caregivers and providers are underpaid, receive insufficient resources for their own health and well-being, and may not be able to prioritize time spent receiving training, technical assistance, and support from a child care health consultant. The COVID-19 pandemic has increased the amount of stress child care providers and caregivers experience due to the lack of resources and support, while responding to the increased trauma and hardship endured by children in their care.

To strengthen and stabilize the child care community and reduce turnover in child care programs, everyone caring for children must receive a living wage, benefits such as health care and sick leave, and access to mental health support. Funding is also needed to ensure enough staffing and other supports to allow child care providers and caregivers to take time away from children to receive training and consultation. Child care providers and caregivers also need to know they can count on support and resources to help them serve children with disabilities, special health care needs, and behaviors that may be challenging to manage in group care settings.

ROAD MAP OF RECOMMENDATIONS



Photo: Kindering

Child care health consultation (CCHC) services will be delivered **equitably** across the county with a commitment to justice for children, families, and communities of color and other traditionally marginalized communities.

Goals and Strategies

To move toward equity and reduce race- and place-based disparities in King County’s CCHC system, four system goals must be met through specific actions outlined below. These goals can also be considered the main outcomes of the preferred CCHC system (see the **Logic Model**), in which CCHC services will be delivered **equitably** across the county, with a commitment to justice, by prioritizing children, families, and communities that have been traditionally marginalized due to their race, class, ability, geographic location, national status, and language.

These are the four system goals/outcomes:

- High-quality and culturally responsive CCHC services are **accessible** to caregivers and child care providers.
- Child care health consultants are **well-prepared**.
- Child care health consultants are **supported**.
- Child care health consultants are **working cohesively** within King County’s larger early learning system.

We identified multiple strategies for reaching each goal, along with specific, actionable recommendations to implement the strategies and achieve the goals.

We recognize that increasing equity throughout multiple system components requires actions that are often intersectional and interdependent. Many of the recommendations will benefit from more than one strategy, and some strategies will help to achieve more than one goal. For example, increasing collaboration with community partners will create more equitable access to CCHC services (Goal 1: Accessible) and will also result in a more cohesive and connected early learning system (Goal 4: Working cohesively).

As stated earlier, funding is the biggest barrier to realizing a community-preferred system of CCHC. While some recommendations may be actionable in the short term, others will require additional investments. Feasibility and cost must be considered when reviewing recommendations. Exploration of additional funding opportunities to support the CCHC work force and systems development work, from both public and private sources, is also necessary.

Some recommendations will require opportunities for work groups of community stakeholders to further flesh out and design processes to ensure the implementation of recommendations is well-thought-out. Work groups should include stakeholders such as child care health consultants, child care providers, and caregivers that represent Black, Indigenous, and communities of color. The Road Map of Recommendations serves as a starting point for realizing a community-preferred system of CCHC.



Photo: King County Best Starts for Kids

Prioritization of Recommendations

Prioritization of recommendations was done in collaboration with community stakeholders. As recommendations were developed, stakeholders identified the most important actions needed to address the most pressing needs, keeping in mind the impact of the COVID-19 pandemic on the child care community and communities of color. Community stakeholders also prioritized recommendations that would address racial disparities and have higher impact for traditionally marginalized communities.

As the community worked to prioritize efforts, we asked them to keep in mind the following questions (adapted from the Washington State DCYF Early Learning Advisory Council)²³:

- Are the recommendations and strategies outlined in the Road Map of Recommendations good for children, families, child care providers and caregivers, and child care health consultants of color?
- Do some benefit or have more access to services than others?
- Are there any unintended consequences as a result of implementing these recommendations?

Our strategies and recommendations for achieving an equitable CCHC system in King County are provided in detail as follows.

🕒 **Priority recommendations are indicated by this symbol**



Photo: Kinderling

Do the strategies and recommendations pose any barriers to achieving more equitable outcomes for children?

“If some strategies and recommendations are implemented, and others are not, it could leave some CCHC’s under-supported and under-educated, and therefore, the programs and children in their care would not receive the same level of assistance and guidance... When it comes to implementation and funding, [this plan] needs to be taken as a package and not this piece or that piece.”

— Private child care health consultant in King County

²³ Echo-Hawk and Langdon, “Equity is fundamental to the community we want to build.”

GOAL 1: ACCESSIBLE

In an equitable system, high-quality and culturally responsive CCHC services are *accessible* to all caregivers and child care providers, while prioritizing communities that have traditionally been excluded or marginalized, in order to meet the complex physical and emotional health and safety needs of providers, caregivers, and children.

When parents and guardians are at work or school, young children in King County are cared for in both formal and informal settings that range from the homes of FFN caregivers to more formal family child care homes and licensed child care programs and centers. In 2019, Child Care Aware reported 2,026 licensed child care providers in King County with the capacity to care for 67,430 children.²⁴ As reported by Child Care Resources, 75% of young children in Washington state are cared for by FFN caregivers rather than by licensed providers, and this percentage is even larger for children in low-income communities and communities of color.²⁵ Since March 2020, when King County was first impacted by COVID-19, the use of informal care settings and FFN care have dramatically increased.

In both formal and informal care arrangements, child care providers and FFN caregivers reported they often do not know where to go for support when they have questions or concerns about a child's developmental, physical, and emotional health. There is currently no mechanism in place for locating a child care health consultant. The availability of consultants in King County is often dependent on geographic location and fewer services are available outside the City of Seattle. Existing CCHC resources are not well-coordinated, leaving important services inaccessible to child care providers and caregivers. FFN caregivers who are not involved in Working Connections Child Care, the state's child care subsidy program, are even less likely than licensed providers to be connected to support services. FFN caregivers often work in isolation, are not made aware of available supports, and do not consider themselves a child care provider in the formal sense of the term, and therefore they may not access resources and services promoted to child care providers.

“If I have a question or concern [about a child in my care], I ask grandmothers or other elders in my community.”

— FFN caregiver

Providers who care for infants in licensed child care programs are required to participate in monthly CCHC visits, but there is no coordinated referral process to help them locate a nurse consultant. Additionally, providers who identify a consultant often find that the cost of the visits poses a barrier to accessing the required services. A third challenge reported by child care providers and caregivers is that consultants may not match the provider's or child's cultural or language needs. Child care providers and caregivers report receiving the most benefit when partnering with a child care health consultant who shares their culture and language, given that child caregiving practices are rooted in one's culture.

Best Starts for Kids has funded seven community-based organizations to provide CCHC to child care providers and caregivers throughout King County. These programs address the needs of caregivers and child care providers

²⁴ Child Care Aware of Washington, *2018 Data Report*.

²⁵ Child Care Resources, “Family, Friends, and Neighbors Caring for Young Children.”

in their cultural and linguistic communities, support children with disabilities and special health care needs, and lead to positive outcomes for children in care. When there is not a linguistic or cultural match between caregivers or providers and consultants—a reality for many—the consultants work hard to build strong, trusting relationships to overcome these differences. Despite the impactful work done by the CCHC service delivery programs, the needs of all child care providers and caregivers in King County far exceeds current capacity.

King County’s current CCHC system falls short of inclusivity and accessibility for people who care for young children from nondominant cultural and language backgrounds. The work of child care health consultants is grounded in fostering trusting relationships, and the reality is that linguistic or cultural matches make this possible. The existence of many barriers to accessing high-quality and culturally responsive CCHC services in King County reveals an exclusionary system that is unable to adequately address physical and emotional health disparities and expulsion rates that disproportionately impact children of color.



Photo: iStock.com

The following strategies will ensure equitable **access** to CCHC services across the county:

ACCESSIBLE: STRATEGY 1

Increase awareness of CCHC to ensure that child care providers, caregivers, and families from traditionally excluded or marginalized communities:

- Know how CCHC can help providers and caregivers maintain physically and emotionally healthy and safe child care settings and increase the inclusion of children across diverse needs and abilities, and
- Know how to connect with a child care health consultant when they have concerns about a child’s physical and emotional health.

RECOMMENDATIONS

- ① Use family and community engagement strategies to conduct outreach and promote public awareness and understanding of CCHC (see [Creating Education and Outreach Materials](#) in the [Early Actions](#) section).
 - Create and distribute multimedia outreach materials in multiple languages. Ensure materials in all languages are released and distributed at the same time. Partner with Child Care Resources to determine language needs of child care providers and caregivers.
 - Provide free CCHC informational sessions at or in partnership with libraries, community centers, and faith-based locations in multiple languages and in multiple areas of King County.
 - Partner with identified leaders in cultural and linguistic communities to improve the cultural responsiveness of CCHC services and promote CCHC services within their communities.
- ① Create a virtual network of CCHC providers that child care providers and caregivers can use to access information about child care health consultants’ credentials, service areas, languages spoken, availability, and contact information. Use public awareness activities to promote this virtual network among child care providers, caregivers, and King County’s early learning community.

① Priority recommendations are indicated by this symbol

ACCESSIBLE: STRATEGY 2

Remove financial barriers to accessing CCHC services for child care providers, caregivers, and families, prioritizing those from traditionally excluded or marginalized communities.

RECOMMENDATIONS

- Partner with community-based organizations to distribute funds to FFN caregivers and child care providers of color to either purchase or upgrade technology resources so that child care health consultants can offer consultation and training through a variety of modalities, including virtual services to maintain physical distancing to prevent spread of infectious diseases. Virtual services may also be more efficient and lower cost.
 - Develop an application process for funding to ensure that greater resources are allocated to communities of color furthest from the opportunity.
 - Support caregivers and providers in using technology on their chosen device (cell phone, tablet, or laptop) by providing training and technical assistance in their preferred language.
- Continue building the Best Starts for Kids CCHC service program by including and prioritizing new CCHC programs that serve cultural, linguistic, and geographic communities that do not have access to or are not well-served by existing CCHC resources. Prioritize community-based organizations that can demonstrate they are anti-racist and reflect underserved cultural communities.

ACCESSIBLE: STRATEGY 3

Provide CCHC that is responsive to diverse needs within King County—readily available on demand, without delay, and at flexible times based on the preferences of King County’s child care providers, caregivers, and families who represent a wide range of cultures, races, languages, education levels, and socioeconomic levels.

RECOMMENDATIONS

- Create and expand comprehensive physical and emotional health and safety resources and materials in the preferred languages of King County caregivers and child care languages.
- Examine existing assets and infrastructure that could support a call center with built-in translation and interpretation services to provide immediate CCHC response and support to caregivers and child care providers in their preferred language. Ensure this resource is available to child care providers and caregivers outside of normal business hours (before 6 a.m. and after 6 p.m.). Promote this resource and how to use it through family and community engagement activities.
 - Provide funding for translation and interpretation services during consultations and trainings in the various methods that communities desire.
 - Invest in ongoing maintenance and development of King County’s Child Care Health web page to respond in a timely way to community needs and provide resources in multiple languages and formats that accommodate all literacy levels. Promote and include navigation to a CCHC virtual network to help connect caregivers and providers to CCHC consultants within King County.
 - Establish avenues for child care providers and caregivers to give feedback on CCHC services offered in King County in a way that meets their needs. Identify a community-based agency to serve as a leadership entity for CCHC work force development and to gather, assess, and use feedback for continuous quality improvement of the CCHC system and services. (See [Goal 2: Well-prepared](#) for more details.)

GOAL 2: WELL-PREPARED

In an equitable system, child care health consultants in every discipline are *well-prepared*—experienced, trained, licensed and/or credentialed, and reflect the child care provider and caregiver community—to meet the complex physical and emotional health and safety needs of providers, caregivers, and children in care from traditionally excluded or marginalized communities.



Photo: Kindering

King County’s current CCHC work force brings a variety of educational backgrounds and specialties that contribute to the multidisciplinary approach that is central to CCHC. However, King County lacks a comprehensive, community-informed training curriculum and instruction process to ensure that consultants receive and have access to fundamental knowledge of how to perform the duties of CCHC. Historically, CCHC has been provided by a registered nurse with a background in pediatric care. However, the role has expanded to include consultants with diverse backgrounds, such as nutrition, mental health, community health, health education, environmental health, and inclusion specialists. Despite this shift, there has been no community-wide agreement on what experience, training, and qualifications should be required of different types of child care health consultants. New child care health consultants, or those interested in the profession, have no structured way to obtain baseline knowledge about how to provide CCHC within child care settings, and active consultants have few opportunities for ongoing professional development specific to the work of CCHC.

In addition, the current CCHC system offers limited professional development pathways to become a child care health consultant and limited opportunities, especially for people of color and those for whom English is not a native language, to join the CCHC work force. While priority should be given to facilitating a cultural and linguistic match, consultants who do not reflect the caregivers and providers they serve must be supported in strengthening anti-racism, anti-bias, and culturally responsive skills.

The following strategies will ensure equitable **preparation** of child care health consultants across the county:

WELL-PREPARED: STRATEGY 1

Diversify the multidisciplinary CCHC work force.

RECOMMENDATIONS

- Establish pathways for experienced child care providers and caregivers from underrepresented cultural and linguistic communities to enter the field of CCHC (including Hispanic or Latinx, American Indian, Black, and African American communities). Examples may include connecting to professional associations and networks to which Black, Indigenous, and child care providers of color belong, and adopting recruiting practices of asking Black, Indigenous, and leaders of color to help identify candidates and recruitment locations.
- Provide financial support and mentorship for child care providers and caregivers from traditionally marginalized communities to pursue training, qualifications, certifications, and/or licensure to enter the field of CCHC as consultants.

- Recruit and retain child care health consultants from racially diverse backgrounds and with a variety of lived experiences and content knowledge, such as in early childhood education, child development, pediatric health, environmental health, nutrition, mental health, and the inclusion of children with special health care needs.
- Train CCHC programs and providers on anti-racism practices. Develop and implement community-informed outcome measures to hold agencies and the CCHC system accountable for increasing racial equity (see **Well-prepared: Strategy 2**, below).
- Promote pathways into the field of CCHC in partnership with local early learning conferences, libraries, community centers, higher education, vocational and career preparation institutions, and faith-based locations in multiple languages and in multiple areas of King County.

WELL-PREPARED: STRATEGY 2

Allow for community-based coordination, implementation, and support of the CCHC system and hold the system of CCHC accountable for implementing anti-racist approaches.

RECOMMENDATIONS

- Identify a community-based organization in King County to serve as a leadership entity for CCHC work force development and support.
- Partner with community groups to inform and guide all activities of the CCHC leadership entity by establishing an advisory committee. The advisory committee should include parents, child care providers, FFN caregivers, and child care health consultants and have representation from communities of color and communities whose primary language is not English. Families of children with disabilities, developmental delays, special health care needs, and who have experienced trauma should also be included on the advisory committee. To support full participation on the advisory committee, members should be financially compensated for their time at a rate that truly values the expertise delivered.
- ⦿ Establish a cooperative of practice to support a multidisciplinary CCHC work force. Allow for the cooperative of practice to be self-led and organized to meet the needs of the participating child care health consultants. Provide financial support for consultants to attend, including private consultants. Create opportunities for consultants to group by their own racial and linguistic identities to receive and engage in professional development (see **Shifting From a Community of Practice to a Cooperative of Practice** section).
- ⦿ Develop and coordinate a referral process for providers and caregivers to be matched with a child care health consultant based on the provider's or caregiver's needs and language preference.
- ⦿ Develop resources, materials, and training curricula in multiple languages and formats for consultants to use during consultation and training. Work with King County child care provider and caregiver communities, communities of color, and communities for whom English is not a native language to ensure that resources are inclusive, culturally responsive, and meet caregiver and provider needs.



Photo: Kindering

- Engage in a collaborative and community-informed process to develop and implement a core curriculum for training child care health consultants who serve as both formal and informal caregivers. Curriculum and training must be grounded in anti-racism, address implicit biases, focus on healing-centered engagement, and support children with disabilities.
- Engage in a collaborative and community-informed process to develop and implement a tiered approach to CCHC credentialing that allows a career path for child care providers and caregivers from traditionally marginalized communities to become child care health consultants. Examples of tiered credentialing within Washington state’s early learning community include Washington Association for Infant Mental Health Endorsement and Family Resource Coordinator trainings.
- Develop a system to track consultant training status.
- Develop a formal mentoring system for new consultants, with an emphasis on providing opportunities for child care providers and caregivers from traditionally marginalized communities.
- Establish avenues for providers and caregivers, in ways that meet their needs, to give feedback on CCHC services received.
- Design and implement an annual CCHC work force development plan that is informed and evaluated by the advisory committee. Provide opportunities for CCHC consultants to give feedback on their experiences with CCHC work force development activities and include formation of anti-racism evaluation measures that hold the CCHC system and CCHC programs accountable for advancing racial equity.
- Incorporate the CCHC Service Approaches into all work force development activities (see the [CCHC System and Services infographic](#)).

WELL-PREPARED: STRATEGY 3

Deliver initial and ongoing training to child care health consultants and create opportunities for them to routinely reflect on their experiences, practices, and approaches to their work with providers and caregivers.

RECOMMENDATIONS

- Support child care health consultants in furthering their personal anti-bias and anti-racist work and growth through training and professional development opportunities. Provide opportunity for consultants to group by their own racial identities. Require that program leadership participate in anti-bias and anti-racist work.
- Support child care health consultants through ongoing training opportunities on how to provide culturally and linguistically appropriate consultation in care settings to providers, caregivers, families, and children whose identities represent traditionally marginalized backgrounds.
- Promote the use of the Diversity-Informed Tenets for Work with Infants, Children and Families and incorporation of the Tenets into CCHC agencies’ service delivery principles, evaluation measures, and outcomes.



Photo: King County Best Starts for Kids

- Provide opportunities for child care health consultants to develop effective skills in areas such as adult learning theory, strengths-based approaches, and consideration of racial and cultural biases.
- Prepare child care health consultants to use strengths-based and healing-centered frameworks that support child care providers and caregivers to eliminate expulsion practices, especially for Black preschool-aged boys who are disproportionately impacted by expulsion practices. Child care health consultants should also be prepared to support child care providers and caregivers to eliminate expulsion practices for children with disabilities.
- Ensure that child care health consultants have knowledge of the most current information about child care regulations, early learning standards, and research/evidence-based practices appropriate to early learning and caregiving settings. Evidence-based practices should be based on both qualitative and quantitative studies.
- Establish dedicated time within a community cooperative of practice to expand support for child care health consultants to assess, discuss, and plan for continuous quality improvement steps within their caseload for the purpose of improved outcomes for the child care providers, caregivers, children, and families they serve.
- Expand opportunities, including technological and linguistic accessibility, for all child care health consultants in King County to participate in the professional development opportunities sponsored by Best Starts for Kids. Prioritize ensuring accessibility for consultants who reflect and serve those most impacted by COVID-19 and ongoing institutional oppression, specifically communities of color and immigrant communities.
- Continue supporting organizations to provide opportunities for child care health consultants to participate in reflective practice and provide avenues for private consultants to participate in reflective practice groups.



Photo: iStock.com

GOAL 3: SUPPORTED

In an equitable system, child care health consultants are **supported** with materials, information, and other necessary resources to perform their work effectively.

As of 2010, financial support for Healthy Child Care Washington, which was the primary funder of CCHC services in Washington state, was terminated. Local health jurisdictions across the state were forced to make drastic cuts to their CCHC teams or end them all together. Since then, PHSKC's Child Care Health team has been funded primarily by the City of Seattle's Department of Education and Early Learning and is therefore limited, with some exceptions, to supporting programs within the City of Seattle. East King County city governments have provided some funding to support consultation in child care and preschool settings for the past two decades. This consultation has specifically been designed to support child care providers and caregivers with an emphasis on children with disabilities, developmental delays, early identification when there are questions about development, and children who engage in behaviors that the child care provider and caregiver are having difficulty supporting. However, CCHC services available outside Seattle city limits are extremely limited. In greater King County, the seven CCHC programs funded through Best Starts for Kids since 2018 have successfully reached many underserved communities,²⁶ yet there is not enough funding to support additional CCHC programs to serve the geographic range and culturally diverse communities within the county.

Outside of the programs funded by PHSKC and Best Starts for Kids, there are limited opportunities for employment as a child care health consultant in King County. Private child care health consultants perform vital services and extend the reach of CCHC throughout the county. For example, private consultants perform required monthly nurse visits to licensed child care centers serving children under the age of 1. Private consultants do not have access to multidisciplinary teams and have not been included in the professional development and networking opportunities for child care health consultants provided through Best Starts for Kids. Private consultants' participation in cooperatives of practice, work groups, and stakeholder convenings is done so at their own expense as these activities take them away from their fee-for-service practice.

There has not been a comprehensive approach to gathering and reporting data to demonstrate the positive outcomes of CCHC for child care providers, caregivers, children, and families in King County. By collecting data, the CCHC work force in King County will be able to develop standards of practice, inform the level of services needed to achieve desired outcomes, and make adjustments to improve quality of services. Disaggregated data enables us to evaluate the impact of services on communities of color and informs resource allocation to reduce racial disparities. Furthermore, the ability to tell the comprehensive story of the impact of CCHC in King County is important for securing funding. Since 2019, Cardea Services has provided evaluation support to the CCHC programs funded by Best Starts for Kids, but there are no data or universal outcome measures in place to describe and celebrate the work of the broader CCHC community in King County.



Photo: Kindering

²⁶ Jayasuriya, Menstell, and Nakatsukasa-Ono, *Best Starts for Kids Child Care Health Consultation Evaluation: Year 1*.

The following strategies will ensure equitable **support** for child care health consultants across the county:

SUPPORTED: STRATEGY 1

Provide tools and resources to the CCHC work force to respond to an increased need for virtual technical assistance, training, and resources.

RECOMMENDATIONS

- 🕒 Survey the CCHC work force to determine the technology needs of consultants. Provide individualized support for their technology and technical assistance needs. Prioritize resources to consultants who reflect and serve those most impacted by COVID-19 and ongoing institutional oppression, specifically communities of color and immigrant communities.
- See **Goal 1: Accessible** for recommendations to support child care providers and caregivers in accessing resources and technology.

SUPPORTED: STRATEGY 2

Provide child care health consultants with opportunities for a cooperative of practice to reflect on their work and receive coaching and mentoring with other child care health consultants.

RECOMMENDATIONS

- See **Goal 2: Well-Prepared** for training and support activities for child care health consultants.

SUPPORTED: STRATEGY 3

Through the CCHC leadership entity, gather, assess, and use evaluation measures to hold child care health consultants and CCHC programs accountable to standards for performing their expected duties and upholding race equity in their practice.

RECOMMENDATIONS

- Continue supporting CCHC systems evaluation work, through Best Starts for Kids or other mechanisms, to create and share further understanding of the outcomes of CCHC service models, improve the quality and effectiveness of CCHC services, and share the outcomes with potential sources of funding. This work must be informed by the consideration of how different cultures perceive, define, and value different types of data with the goal of decentering dominant cultural values.
- Establish a way for the early learning community to access data on common measures of CCHC. Train consultants to evaluate what type and amount of service the caregiver or provider values and prefers in order to improve provider, caregiver, child, and family outcomes.
- Engage with the activities conducted through Best Starts for Kids development of Prenatal to Five culturally relevant measurement tools to help consultants and agencies that provide CCHC services establish and collect universal outcome measures that are inclusive and relevant to the traditionally excluded and marginalized cultures and communities in King County and to help CCHC agencies work to consider bias as they analyze and use data to improve practices and services.

SUPPORTED: STRATEGY 4

Provide the CCHC work force with access to the most current evidence-based resources, information, and approaches to supporting child care providers and caregivers to have physically and emotionally healthy and safe early learning environments.

RECOMMENDATIONS

- Provide a mechanism for the CCHC work force to receive information and resources regarding practices related to communicable disease prevention, child physical and emotional health, emergency preparedness, and medication administration. Avoid perpetuating dominant cultural norms by ensuring the sources of information are from racially and culturally diverse authors and think tanks.
- Develop model child care health policies, procedures, and practices that meet regulations and standards for CCHC's use in consultation and training.
- In partnership with communities who represent various cultures and languages, create materials in multiple languages and formats for use in consultation and training. Provide a fair stipend for contributions made by members of the community. Materials could include:
 - Posters, flyers, videos, training materials, and modules that reflect research-based practices.
 - Resources for emergent and urgent child care health issues that can be delivered in a timely manner.



Photo: Kindering

GOAL 4: WORKING COHESIVELY

In an equitable system, child care health consultants *work cohesively* within the larger system that supports high-quality early learning environments and practices in King County.

Within King County's early learning community, there is an expectation that child care providers will meet early learning health and safety standards and practices. However, a single opinion on who is responsible for helping child care providers do this is lacking. Child care programs that are licensed through DCYF are paired with a child care licensor based on service area, and each relationship varies depending on the provider's needs and the licensor's capacity to meet those needs. As a result of limited capacity, some child care providers report that communication with their licensor is limited to an annual visit. Furthermore, the role of a licensor is to hold child care providers and programs accountable to the Washington Administrative Codes required to maintain a child care business license. Regardless of a licensor's approach to working with a child care provider, their role creates a power dynamic that often prevents a trusting relationship from developing. Many child care providers report feeling hesitant to share their challenges openly with their licensor and ask for support because of the regulatory nature of the visit.

Licensed child care programs in King County may elect to participate in Early Achievers, Washington's quality rating and improvement system, through Child Care Resources. However, a high Early Achievers rating does not guarantee full compliance with basic health and safety standards because Early Achievers was not designed to validate program compliance with standards. Providers can earn the highest rating from Early Achievers²⁷ while still experiencing challenges meeting health and safety standards tied to their licensing. State-level professional development efforts for child care providers have largely been focused on classroom environments and teacher-child interactions. Fewer resources have been devoted to training and coaching providers on early learning health and safety standards.

DCYF licensing and Early Achievers are specifically for licensed child care providers. FFN caregivers have limited structured systems of support within the larger child care system. Some caregivers may be connected to cultural or faith-based communities, participate in Kaleidoscope Play & Learn groups, or participate in Washington's subsidy program, Working Connections Child Care, but many caregivers are isolated and lack access to and awareness of available programs. Caregivers for whom English is not a native language may experience additional barriers. Caregivers who reside in rural or remote geographic areas within King County face even more limited resources.

FFN care is common for families of color as well as low-income families, and an increasing number of children in King County are cared for by informal FFN caregivers as a result of the COVID-19 pandemic. FFN caregivers are more likely to experience marginalization due to their race, class, language, immigration status, or other nondominant identity they possess. Therefore, disparities experienced among FFN caregivers continue to increase. Furthermore, while systems planners describe FFN as providers, FFN providers themselves often do not identify as "FFN providers" but rather as grandmas, aunts, neighbors, or friends helping someone they care about or sharing resources to support each other (such as in child care swaps). These self-identifying descriptors reveal the familial role and relational aspect of FFN care that must be accounted for in CCHC system work. A different approach is required when sharing resources for a child with a family member rather than a teacher.

²⁷ Washington State Department of Children, Youth, and Families, "Early Achievers Quality Rating and Improvement System," accessed on agency website, May 29, 2020, <https://www.dcyf.wa.gov/services/earlylearning-childcare/early-achievers>

Overall, the services in place today to support early learning in King County are disjointed. Existing programs do not communicate well and leave child care providers and caregivers with conflicting information. Providers report difficulty sorting and prioritizing regulations, evidence-based recommendations, and Early Achievers indicators of quality. Not only is this information provided in different formats and in different places, but the information is often conflicting. For example, suggestions from an Early Achievers coach may contradict the strategies recommended by a therapist to support the individual needs of a child in care. There is no system for early learning consultants, coaches, licensors, and other support providers to discuss common child care programs on their caseloads, leaving child care providers to manage, sort, and make sense of conflicting information.

Furthermore, King County states that one in eight children have disabilities that make them eligible for early intervention services.²⁸ Like all families with children in the care of others, families of children with disabilities rely on some form of child care so they can work or go to school. In CCHC systems development focus groups, families of children with disabilities reported that finding child care is difficult and they face high levels of discrimination. Additionally, once enrolled, children with disabilities are expelled from child care at disproportionate rates. Child care providers and caregivers have described feeling challenged in serving children with disabilities. Lack of support in strengthening their skills and knowledge, having nowhere to turn for information, practical guidance, or resources, lack of assistance in working with families, and lack of funds for additional staffing are all barriers for providers and caregivers in successfully serving children with disabilities. Early Achievers Coaches and child care licensors have also reported feeling ill-equipped to address the needs of a child care provider in successfully serving a child with disabilities, although successful inclusion of children with disabilities is a desired outcome of these systems.

While many children with disabilities receive specialized services through early intervention programs and early childhood special education within local school districts, but these services do not extend to child care settings where many children with disabilities spend hours each day. Early interventionists report funding and billing limitations as barriers to providing consultation, training, and support to child care providers serving children with disabilities. For example, an early intervention provider may deliver an Early Supports for Infants and Toddlers program-approved service to an individual child in their care setting, but there is no funding stream that supports an early intervention provider for their time and effort in consulting with or training a caregiver who is with a child every day. Additionally, an early intervention provider may lack the skills and knowledge to adequately address the needs of a child care provider in caring for a child with disabilities in group care.

Efforts should also be made to address gaps and improve cohesion between CCHC, early intervention, and early childhood special education systems to support child care providers and caregivers in successfully including children with disabilities in child care settings.

The following strategies will ensure that child care health consultants are **working cohesively** across the county:



Photo: Kinderling

²⁸ King County Department of Community and Human Services, “*Developmental Disabilities and Early Childhood Supports Division*,” accessed on agency website, October 15, 2020, <https://www.kingcounty.gov/depts/community-human-services/developmental-disabilities.aspx>

WORKING COHESIVELY: STRATEGY 1

Connect FFN caregivers to CCHC by spreading awareness about CCHC as a resource among programs that work or interface with FFN caregivers.

RECOMMENDATIONS

- Designate a CCHC leadership entity—made up of individuals from the communities most marginalized—to increase awareness of CCHC through partnerships with programs such as King County Help Me Grow, DCYF’s subsidy program, Kaleidoscope Play & Learn, The Imagine Institute,²⁹ Service Employees International Union, and community-based organizations that represent caregivers’ cultural or linguistic communities.
- Utilize recommendations outlined in **Goal 1: Accessible** to increase FFN accessibility and connection to CCHC.

WORKING COHESIVELY: STRATEGY 2

Increase communication, collaboration, and connection within King County’s early learning system through strengthened partnerships.

RECOMMENDATIONS

- Designated CCHC leadership entity (see the **Necessary Inputs for an Equitable System** section) develops partnerships with Early Achievers coaches and DCYF child care licensors to understand the role of child care health consultants and the services they provide to support and improve quality in early learning and caregiving settings.
- Develop a referral process for providers to request CCHC services that can be promoted by Early Achiever coaches and licensors.
- Support a mechanism by which Early Achievers coaches, DCYF child care licensors, and child care health consultants working in shared service areas can increase communication and coordinate their approaches and services.
- Explore the inclusion of a CCHC leadership entity in DCYF and in Child Care Aware of Washington coordinated services efforts (such as the regional partnership summits, local implementation partner meetings, and local tactical meetings).
- Promote CCHC services through presentations by the CCHC leadership entity at local early learning and early childhood education conferences to increase awareness in child caregiver communities. Offer State Training and Registry System professional development hours to participants when applicable.
- Coordinate and partner with child care groups such as Washington Childcare Centers Association or Kids First Washington to provide webinar opportunities to connect to child care providers and caregivers.
- Offer financial resources directly to child care providers and caregivers who serve children with disabilities to help support successful inclusion (such as equipment, materials, staffing, and substitute teachers during training and consultation).
- Enlist the Early Supports for Infants and Toddlers program to strengthen capacity of early intervention providers for the purpose of working collaboratively with child care health consultants, Early Achievers coaches, and child care licensing systems within their service area. This would include the establishment of memorandums of understanding with specific agreements regarding supporting children with disabilities in child care settings.
- Establish a mechanism for early intervention providers to receive financial support for their time spent consulting and training child care providers and caregivers.

²⁹ The Imagine Institute is a nonprofit organization headquartered in King County, providing grassroots professional development opportunities to early care and education professionals including family, friend, and neighbor caregivers throughout Washington state. <https://imaginewa.org/>

CHILD CARE HEALTH CONSULTATION LOGIC MODEL



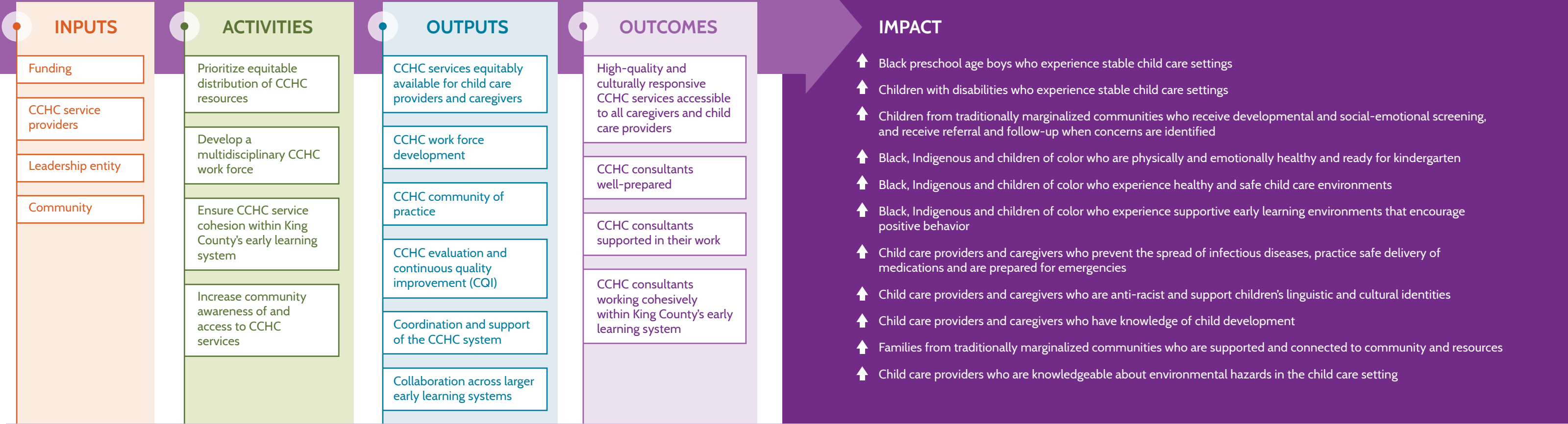
Aspirations for a just, equitable, inclusive, and responsive system:

1. Self-Awareness Leads to Better Services for Families
2. Champion Children's Rights Globally
3. Work to Acknowledge Privilege and Combat Discrimination
4. Recognize and Respect Non-Dominant Bodies of Knowledge
5. Honor Diverse Family Structures
6. Understand That Language Can Hurt or Heal
7. Support Families in Their Preferred Language
8. Allocate Resources to Systems Change
9. Make Space and Open Pathways
10. Advance Policy That Supports All Families

Source: Diversity-Informed Tenets for Work with Infants, Children and Families

Logic Model: Plan for an Equitable System of Child Care Health Consultation in King County

Child care health consultation (CCHC) is defined as a collaborative partnership between a trusted consultant and families, child care providers, or caregivers to promote the physical and emotional health and safety of children in child care. To ensure CCHC services are delivered **equitably** across the county—with a commitment to justice for children and families with traditionally marginalized identities such as race, class, ability, and geographic location—child care health consultants must be **accessible, well-prepared, supported, and working cohesively** within King County’s larger early learning system.



INPUTS DETAIL

Funding
Funding that sufficiently supports a multidisciplinary CCHC work force to serve all child care centers, family child care homes, and family, friend, and neighbor caregivers throughout King County.

CCHC service providers
Organizations, entities, and individuals available throughout King County to provide high-quality CCHC services and supports.

Leadership entity
Leadership from a designated organization or entity to establish and sustain an equitable system of CCHC.

Community
A community of people caring for young children who are well-supported and ready to benefit from CCHC.

OUTPUTS DETAIL

CCHC services equitably available for child care providers and caregivers
CCHC services are provided to child care providers and caregivers across King County to increase inclusion and eliminate expulsion of children with challenging behaviors, disabilities, or special health care needs. Culturally relevant information regarding healthy and safe child care environments, infectious disease control, childhood immunizations, safe sleep, developmental milestones and screening, healthy relationships, and nutrition is available through technical assistance, training, and other supports. Resources and trainings are informed by local communities and cultures and are available in a variety of languages.

CCHC work force development
The multidisciplinary consultants who make up the CCHC work force are well-prepared; reflect the diverse racial, cultural, and language communities in King County; and value culturally informed child care practices. A variety of pathways to enter the CCHC work force are available and accessible to individuals from diverse communities, backgrounds, and experiences.

CCHC community of practice
A CCHC community of practice is in place to support initial and ongoing training, mentoring, technical assistance, and reflective practice for child care health consultants working in King County. The community of practice also supports the delivery of culturally informed, evidence-based practices and services to child care providers and caregivers.

CCHC evaluation and CQI
Entities providing CCHC services receive support in considering bias as they establish, analyze, and track universal outcome measures to help with the continuous improvement of services and support.

Coordination and support of the CCHC system
There is coordination of the CCHC system, including referrals, work force development, public awareness, data collection, and trainings delivered to child care providers and caregivers.

Collaboration across larger early learning systems
There is coordination, collaboration, and cohesion between CCHC entities and other supports and services for child care providers and caregivers in King County, such as DCYF licensors, Early Achievers coaches, and Kaleidoscope Play & Learn facilitators.

COVID-19
The majority of community and stakeholder engagement to inform the recommendations took place throughout 2019. The impact of COVID-19 in 2020 has informed the priorities within the CCHC system recommendations, which can be found in the [Road Map](#).

APPENDICES



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Photo: Kindering

APPENDIX 1

Child Care Health Consultation Timeline

Past, Current & Future Policies, Practices & Systems

The following timeline was developed by community stakeholders at the first Child Care Health Consultation Summit in January 2019. Dates have not been verified.

1980s & Before

- **1913**- Public health, Seattle King County begins providing prenatal care, baby clinic and follow up home visits
- **1965**- Head Start founded
- **1966**- First daycare licensing rules
- **1972**- Narrow miss of the Comprehensive Child Development Bill of 1972
- **Early 1980s**- NAEYC Accreditation became a focus, 1st programs in the WA state achieved accreditation
- **Mid 1980s**- Nurse consultation added to WAC for infant classrooms

1990s

- **1985**- ECEAP (Early Childhood Education and Assistance Program) started
- **1990**- IDEA (Individuals with Disabilities Education Act)
- City of Bellevue grant to Kinderling to provide on-site childcare consultation at no cost to parents or providers
- **1990**- The Americans with Disabilities Act (ADA)
- King County CCHC starts with Childhaven
- **1992**- Caring For Our Children published by American Public Health Association and the American Academy of Pediatrics
- **1993**- Child in a childcare died as a result of secondary spread of E. coli 0157:H7 during an outbreak
- **1994**- Early Head start began
- **1994**- Snohomish Health District paired a public health nurse with an environmental health specialist to offer health consultation to childcares
- **1995**- Federal Healthy Child Care America
- **1996**- Healthy Child Care Washington
- **1996**- Health & Safety subcommittee of 4 C's (Child Care Coordinating Council)
- **1998**- Child Care Coordinating Council
- **Late 1990s**- Focused community-based process that looked exclusively at the needs of the caregivers/providers caring for infants and toddlers and how we might support them

2000s

- **Early 2000s**- Collaborative effort between CCR, public health, and Kinderling to provide infant toddler child care consultation
- **2000s**- Decline in immunization & return of previously controlled disease
- Snohomish Health District received grant from office of child care policy to demonstrate effectiveness of CCHC
- Licensed family childcare providers organized to gain rights to collectively bargain wages & benefits with Washington state
- Increasing focus and supports for providers to develop their practices with young children that reflect a racial equity lens
- **2003**- National HCCW "transitioned" into Early Childhood Comprehensive systems (ECCS)
- **2006**-DEL authorized
- **2007**- DEL commence
- **2007**- WA KIDS, whole child definition which includes 6 domains of early childhood education

2010s

- **2015**- DEL Infant & Toddler Consultation
- **2010-19**- Developed a statewide QRIS, early achievers along with coaching, professional development, quality improvement awards, scholarships for college, etc.
- **2015**- Early Start Act provided health & behavior consultation for providers in early achievers through the UW Haring Center (underutilized currently)
- **2018**- Benton-Franklin Health Department stopped providing child care health consultation
- WA State legislature requested a funding proposal for CCHC in 7/2018- submitted 12/2018
- **2018**- Best Starts for Kids funds CCHC programs throughout King County
- Healthy Child Care WA ended
- Continue with STARS hours training

2019 and hopes for the future

- Bring back the child care psychologist
- **8/2019**- An online state-wide training will be available
- **8/2019**- An online CCHC registry will be available statewide
- Infusing a trauma informed approach in preservice teachers
- Nurse consultation standardized training/registry accessible to public
- Statewide CCHC conferences
- Kids covered in CCHC program, policy and system support for immigrants
- Childcare health consultants receive reflective supervision as a standard part of their work force development
- Intentional integration of childcare health consultation and infant/early childhood mental health consultation systems to bring in relational health focus
- Statewide system of EC mental health consultation linked with CCHC and other comprehensive supports
- Creating a cohesive infant and early childhood mental health system- evidence based, strategic and ability to duplicate
- Data system to track outcomes
- Childcare use of statewide immunization system for compliance and reporting
- Training or reference manuals online for CCHC

APPENDIX 2

Early Findings

Updated 3/26/2019

Through our public engagement to date, Kindering has noted the following key findings affecting child care health consultation in King County:

- 1. Finding a child care health consultant is challenging** – Monthly infant room visits are required in licensing WAC.¹ There is no consistent mechanism for child care providers and caregivers to locate a qualified child care health consultant to conduct monthly visits or review their health policies and practices.
- 2. CCHC has benefits beyond the infant room** – Despite the value that child care health consultation creates for providers and caregivers, it is only required within the infant rooms of licensed child care facilities. Providers and caregivers caring for children over one-year-old engage with a child care health consultant on a voluntary basis, if the providers know that services are available and how to access them.
- 3. Different types of consultation are needed for providers, caregivers, and children to be successful** – Caregivers and providers from different communities, cultures, and locations may benefit from different types of child care health consultation. The activities, functions, and methods of delivery that work well in one community may not work well in another.
- 4. The current system is not effective in reaching family, friend and neighbor (FFN) caregivers** – Informal FFN caregivers do not consider themselves to be a part of a system of child care, therefore they are not considered or well-connected in many of our existing systems. Formal groups of FFN caregivers are limited to SEIU members for FFNs receiving subsidies, Kaleidoscope Play & Learn participants, and community agencies representative of FFN cultural groups.
- 5. The work force is currently not reflective of the communities being served** – Providers, caregivers, and children in King County are culturally and linguistically diverse. Our current workforce of child care health consultants is not adequately reflective of the race, ethnicity, and primary languages of these communities. There have been missed opportunities for supporting people of color to join the work force.
- 6. There has not been agreement on whether/what qualifications should be required of different types of health consultants** – Child care health consultation is provided in diverse ways, by different individuals, with varying qualifications and experience.
- 7. Training in fundamentals of child care health consultation is not available** – New child care health consultants, or those interested in the profession, currently have no way of obtaining baseline knowledge about how to provide health consultation within child care settings.
- 8. Awareness about and opportunities for employment are limited** – There is a lack of awareness about professional development pathways to become a child care health consultant. Additionally, there are limited opportunities for employment as a child care health consultant. Routes of employment include Head Start/ ECEAP programs, King County, school districts, non-profit agencies, and private practice.
- 9. Available resources are not well coordinated** – While support services for child care providers, caregivers, and child care health consultants may be available in some areas, there is not a coordinated system that describes available resources and makes referrals through one centralized access point.

¹ WAC 110-300-0275(4) states: A center early learning provider licensed to care for any infant shall employ or contract with a child care health consultant to provide health consultation to support the practices of staff working with infants and to support the needs of individual infants.

10. **Access and support are limited** – Providers and caregivers lack access to specialized consultation to support the successful inclusion of children with behavioral, emotional, developmental, nutritional or health needs.
11. **Current practices inadequately support providers and children** – The new WAC² limits how/when children are suspended/expelled for health/behavioral health reasons. Some children are disproportionately suspended/expelled. The system does not adequately support provider and child success.
12. **Availability of health consultation is uneven** – Child care providers and caregivers do not have equitable access to consultants across King County. There are not enough child care health consultants to meet demand.
13. **Cost of CCHC promotes inequities** – Child care providers and caregivers carry the burden of the costs of child care health consultation. This may lead to inequitable access to services.
14. **Funding is not adequate** – Since the loss of Healthy Child Care Washington, funding for health consultation has not been adequate to meet the needs of child care providers.
15. **Data are missing** – The work of child care health consultation is not being shared publicly because no entity or place is collecting data around outcomes.
16. **Roles of Seattle/King County Public Health Child Care Health team have changed in King County** – Historically, the Seattle/King County Public Health Child Care Health team provided consultation services to providers across King County. Now, the team’s primary role is to provide consultation to the City of Seattle Preschool Program with limited consultations to providers not contracted with the City of Seattle.
17. **Responsibility for health consultation is unclear** – Within the early learning community, there are varying opinions on whose role and responsibility it is to support child care providers in meeting early learning health and safety standards and practices.
18. **Information from different sources often conflicts** – There is no current system for consultants, coaches, licensors and others to discuss common child care programs on their caseloads. Providers report receiving what they perceive as conflicting information and have difficulty sorting and prioritizing regulations, evidence-based recommendations, and Early Achievers indicators of quality.
19. **Health experts are sometimes not included in state-level decisions** – DCYF (formerly DEL) child care licensing rules and regulations are intended to keep children healthy and safe. Agency staff with early learning health expertise are not always at decision-making tables. This can result in policies and rules not being adequately informed by evidence-based health and safety practices. Child care health consultants report not being included or involved in drafting policies or procedures.
20. **A high Early Achievers rating does not guarantee full health and safety standard compliance** – Early Achievers (EA) was not designed to validate program compliance with basic health and safety standards. Providers may earn a rating of 3-5 from EA while experiencing challenges meeting health and safety standards of child care licensing and EA indicators. State-level professional development efforts have largely been focused on early childhood classroom environments and teacher-child interactions. Less resources have been devoted to training and coaching providers on health and safety standards.

² WAC 110-300-0340 (2) Expulsion states: An early learning provider may expel a child only if: (a) The child exhibits behavior that presents a serious safety concern for that child or others; and, (b) The program is not able to reduce or eliminate the safety concern through reasonable modifications.

APPENDIX 3

Community Engagement Events

King County Child Care Health Consultation Systems Development Community Engagement Activities

The following engagement activities took place throughout 2019 and 2020 during Phase 1 and Phase 2 of the CCHC Systems Development project.

Focus Groups (17)

1. Public Health—Seattle & King County Child Care Health Program
2. Coalition for Safety and Health in Early Learning, Washington State (2)
3. King County Child Care Health Consortium (3)
4. Snohomish County Health District Child Care Outreach Team
5. African American Child Care Task Force
6. Early Achievers Coaches and Coach Leads (4)
7. Region 4 Child Care Licensors (2)
8. King County Early Learning Coalition (2)
9. King County Interagency Coordinating Council

Community Cafés (13)

1. South King County Family Childcare Home Association
2. Caregivers from the Somali community (2)
3. Caregivers from the Chinese community
4. Caregivers from Spanish-speaking communities
5. Caregivers from the African American community
6. Caregivers from Eritrean and Ethiopian communities
7. Educadoras ABC
8. Kaleidoscope Play & Learn Facilitators
9. King County Library Play & Learn Facilitators
10. Childcare Directors Association of Greater Seattle
11. Open Doors for Multicultural Families – Parent groups (2)

Interviews

1. Aerika Street, Childhaven
2. Ann Radcliffe, Washington State Department of Children, Youth and Families (DCYF)
3. Bevette Irvis, Wellspring Family Services
4. Deeann Burtch Puffert, Child Care Aware of Washington
5. DeEtta Simmons and Crista Scott, Cultivate Learning University of Washington
6. Dr. Danette Glassy, American Academy of Pediatrics
7. Haydeé Lavariega, United Way of King County
8. Heather West, DCYF
9. Heidi Hotvedt, Healthy Child Care Iowa
10. Individuals from the Public Health - Seattle & King County Child Care Health Program
11. Janet Fraatz, Child Care Aware (previously DCYF)
12. Jessica Tollenaar Cafferty, King County Children and Families Strategy Task Force

13. Judy Bunkelman, DCYF
14. Judy Jaramillo, DCYF
15. Katie Hess and Lydia Faitalia, United Indians of All Tribes Foundation
16. Lisa Honigfeld, Tina Pascoe, and Susan Macary, The Child Health and Development Institute of Connecticut Inc.
17. Lois A. Martin, Community Day Center for Children Inc.
18. Marie Savage-Hopfauf, private nurse consultant
19. Michael Browne, Hilltop Children's Center
20. Nicole DeFrank, private nurse consultant
21. Paula Steinke, Soar
22. Peggy King, private nurse consultant
23. Rachael Brown-Kendall, DCYF
24. Rebecca Timmen, ICF International
25. Sara Rigel, program manager for School-based Partnerships and Child Care Health, Public Health—Seattle & King County
26. Sarah Benrath, Odessa Brown Children's Clinic
27. Sharon Shadwell, DCYF
28. Sheila McMahan, private nurse consultant
29. Sucheta Pardikar, India Association of Western Washington
30. Taran Schneider, Healthy Child Care Colorado
31. Taryn Morrissey, American University
32. Tyler Bass, Service Employees International Union Local 925
33. Wendy Harris, King County Developmental Disabilities

Conference Breakout Sessions

1. Elevate, Early Learning, Child Care Aware (2)
2. Washington State Family Child Care Association
3. Washington Association for the Education of Young Children
4. Child Care Resources Fall Child Care Conference
5. Infant and Early Childhood Conference

APPENDIX 4

DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN AND FAMILIES

Irving Harris Foundation Professional Development Network Tenets Working Group



THE TENETS

DIVERSITY-INFORMED TENETS FOR WORK
WITH INFANTS, CHILDREN & FAMILIES

CENTRAL PRINCIPLE FOR DIVERSITY-INFORMED PRACTICE

1. Self-Awareness Leads to Better Services for Families:

Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

STANCE TOWARD INFANTS, CHILDREN, AND FAMILIES FOR DIVERSITY-INFORMED PRACTICE

2. Champion Children's Rights Globally: Infants and children are citizens of the world. The global community is responsible for supporting parents/caregivers, families, and local communities in welcoming, protecting, and nurturing them.

3. Work to Acknowledge Privilege and Combat Discrimination: Discriminatory policies and practices that harm adults harm the infants and children in their care. Privilege constitutes injustice. Diversity-informed practitioners acknowledge privilege where we hold it, and use it strategically and responsibly. We combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

4. Recognize and Respect Non-Dominant Bodies of Knowledge: Diversity-informed practice recognizes non-dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within all families and communities.

5. Honor Diverse Family Structures: Families decide who is included and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers while overlooking the critical child-rearing contributions of other parents and caregivers including second mothers, fathers, kin and felt family, adoptive parents, foster parents, and early care and educational providers.

PRINCIPLES FOR DIVERSITY-INFORMED RESOURCE ALLOCATION

6. Understand That Language Can Hurt or Heal:

Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

7. Support Families in Their Preferred Language:

Families are best supported in facilitating infants' and children's development and mental health when services are available in their native languages.

8. Allocate Resources to Systems Change: Diversity and inclusion must be proactively considered when doing any work with or on behalf of infants, children, and families. Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. Individuals, organizations, and systems of care need ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

9. Make Space and Open Pathways: Infant, child, and family-serving workforces are most dynamic and effective when historically and currently marginalized individuals and groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

ADVOCACY TOWARDS DIVERSITY, INCLUSION, AND EQUITY IN INSTITUTIONS

10. Advance Policy That Supports All Families:

Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

TENETS INITIATIVE IRVING HARRIS FOUNDATION

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Diversity is used in the most inclusive sense possible, signaling race and ethnicity, as well as other identity markers, and referring to groups and individuals on both the "up and down side of power" along all axes.

Diversity-informed practice is a dynamic system of beliefs and values that strives for the highest levels of diversity, inclusion and equity. Diversity-informed practice recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations and systems of care. Diversity-informed practice seeks the highest possible standard of equity, inclusivity and justice in all spheres of practice: teaching and training, research and writing, public policy and advocacy and direct service.



WASHINGTON STATE
Department of
Children, Youth, and Families

Early Learning Advisory Council Essential Racial Equity Questions

- Is this policy, decision or practice good for kids, families and early learning educators of color?
- Do some kids, families and early learning educators benefit more or less than others?
- Do kids, families and early learning educators of color have access, and if not, why?
- What data and information is missing?
- Are there any unintended consequences?

APPENDIX 6

Education and Outreach Work Group— Source Document

Child Care Health Consultation in King County Work Group: Education & Outreach

This document was developed by the CCHC Education & Outreach Work Group throughout early 2020 with the intent of providing a source document with information about child care health consultation that can be drawn from to create outreach materials.

What is Child Care Health Consultation?

- Child Care Health Consultation is a collaborative partnership between a trusted consultant and children, families, and providers to promote optimal health, safety & development of children in child care.
- Child Care Health Consultants work from a multidisciplinary, healing-centered, trauma-informed approach to support providers and families to prevent & mitigate risk factors for the purpose of strengthening the capacity of those caring for young children that are not their own.

A multidisciplinary team may include:

- Community health professionals
- Registered nurses
- Mental health professionals (IEMHC)
- Nutritionists
- Inclusion Specialists
- Environmental health specialist
- Health education & policy support

Vision for Child Care Health Consultation in King County

Child Care Health Consultants (CCHC) are accessible, well-prepared, supported, and working cohesively with the commitment of justice for children and families with traditionally excluded or marginalized identities such as race, class, ability and geographic location to ensure that child care health consultation services are delivered equitably across King County.

Why does it matter?

Many young children spend time being cared for by someone other than their parents for significant periods of time. Across all cultures and types of care, physical and emotional health and safety of young children are central to all caregiving practices. Additionally, health and safety practices are foundational to child care regulations, standards and indicators of quality.

Children who have a child care provider or caregiver who is receiving child care health consultation may be more likely to:

- Have their immunizations up to date.
- Have received a developmental screening and referred to services if concerns were identified.
- Be in an environment with practices that reduce the spread of infectious diseases.
- Be eating nutritious meals and snacks.

- Be in an environment free from toxins and hazards.
- Be sleeping in a safe manner.
- Be safe and cared for in a disaster.
- Receive support for their special health care needs, disabilities or challenging behavior.
- Have a sense of belonging no matter the child, child care provider or caregiver's language and culture.
- Experience a stable caregiving relationship essential to healthy emotional development.

How do child care health consultants support providers and caregivers in providing a physically and emotionally healthy caregiving experience for children?

- Child care health consultants support providers and caregivers in providing diversity-informed, culturally attuned child care and combat discriminatory policies and practices that harm adults and harm the infants and children in their care.
- CCHCs support providers and caregivers in implementing evidence-based child care health and safety practices, regulations and standards.
- CCHCs help providers and caregivers to understand child development and a range of health and safety topics such as nutrition, safe sleep and medication administration.
- CCHCs support providers in the completion of developmental and social/emotional screenings, referrals, and follow-up for services.
- CCHCs support the completion of childhood immunizations and Well Child checks.
- CCHCs support practices that prevent the spread of infectious diseases.
- CCHCs help prevent the expulsion of children due to challenging behaviors, special health care needs, and developmental disabilities.
- CCHCs connect caregivers, providers and families to community health resources.
- CCHCs help caregivers and providers prepare for emergencies, prevent accidents and injuries from occurring, and maintain a care environment that is free from toxins.
- CCHCs work collaboratively with child care licensors, Early Achievers coaches, Kaleidoscope Play & Learn facilitators and others working in the larger early learning system.
- CCHCs also act as facilitators and coordinators of care across systems, including child care programs and settings, primary care providers, community health services, and in collaboration with families.

Current initiatives and partners that intersect with CCHC system and services:

- Child Care Health Programs within local health jurisdictions (King and Snohomish Counties)
- Child Care Aware Early Childhood Mental Health
- Best Starts for Kids (BSK) CCHC Service grantees
- BSK Developmental Screening
- BSK Early Childhood Mental Health
- Early Support for Infants and Toddlers
- Early Achievers Coaching
- Kaleidoscope Play & Learn groups
- DCYF Child Care Licensing
- Child Care Hubs (Statewide)

INFORMING DATA

Social Conditions

Expulsion & Suspension

- Students with disabilities represent just 13% of the nation's preschoolers, but they account for 75% of all suspensions and expulsions.¹
- Children ages 3 to 5 with behavioral problems were 43 times more likely to be suspended or expelled than their peers who are typically developing.²
- Children with autism are 10 times more likely and children with developmental delays are 7.5 times more likely to be suspended or expelled than their peers.³
- African American boys make up 18% of preschool enrollment, but 48% of preschooler suspended more than once.⁴
- Hispanic and African American boys combined represent 46% of all boys in preschool, but 66% of their same-age peers who are suspended.⁵
- The National Survey of Early Care and Education indicates that only about 20% of early learning educators serving children under five reported receiving specific training to support children's social and emotional growth in the past year.⁶

System Outcomes

Immunization Status Reporting

- Only 16% of child care centers statewide are reporting on the immunization status of children in their care. Meanwhile, 98% of school-age settings are compliant with reporting immunization status.⁷

Infant Nurse Consultation

- In 2017, there were 1,297 child care providers licensed to serve infants within King County, yet there were only 5 private child care health consultants serving infants in King County outside the City of Seattle (which is served by Seattle-King County Public Health's Child Care Health Program).⁸

Types of Care

- In King County, there are 2,026 licensed child care providers with the capacity to care for 67,430 children.⁹
- According to the National Center for Children in Poverty, between a third and one-half of employed parents use FFN child care for children under 5.¹⁰

Child Outcomes

- Sudden infant death syndrome (SIDS) is the leading cause of death among infants 1 month to 1 year old. 20% of SIDS deaths occur in child care settings.¹¹

¹ Heasley, Shaun. (2018). *Preschoolers with Disabilities Inordinately Suspended*.

² Ibid.

³ Ibid.

⁴ U.S. Department of Education. (2014). *Civil Rights Data Collection: Data Snapshot (School Discipline)*.

⁵ Ibid.

⁶ Ibid.

⁷ Washington State Department of Health. (2017-2018). *Washington State School Immunization Data*. [Note: WAC 246-105-060 (2)(b) states: "[Schools and child care centers] must maintain child immunization records and submit an immunization status report under chapter 28A.210 RCW either electronically on the Internet or on a form provided by the department. The report must be submitted to the department by November 1 of each year."]

⁸ Child Care Aware of Washington. (2017). *Child Care Data Report*. [Note: WAC 110-300-0275(4) states: "A center early learning provider licensed to care for any infant shall employ or contract with a child care health consultant to provide health consultation to support the practices of staff working with infants and to support the needs of individual infants."]

⁹ Child Care Aware Washington. (December 2018), *2018 County Data Reports*.

¹⁰ The Annie E. Casey Foundation. (2006). *KIDS COUNT Data Book*.

¹¹ American Academy of Pediatrics. (2016). *Risk Factors for Sleep-Related Infant Deaths in In-Home and Out-of-Home Settings*.

