



HEALTHY CHILD CARE WASHINGTON

EVALUATION REPORT *APRIL 2005 – MARCH 2006*

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INTRODUCTION

This report was prepared by Organizational Research Services (ORS) to describe the results of the April 2005 through March 2006 implementation of the outcome-based evaluation system developed for the Infant Toddler Initiative of Healthy Child Care Washington (HCCW).

HCCW contracted with ORS in September 2002 to design and pilot test an outcome-based evaluation strategy to assess the effectiveness of the Infant and Toddler Initiative. Volunteer consultants from seven Local Health Jurisdictions (LHJs) initially pilot tested the HCCW evaluation in May and June 2003. From October 2003 through March 2004, 26 consultants from 19 LHJs began implementing the evaluation tools. Full implementation of the evaluation was required beginning July 2004.

This report describes the following:

- ♦ Background of HCCW Infant and Toddler Initiative;
- ♦ The Evaluation Plan;
- ♦ Data Collection Tools;
- ♦ Evaluation Findings;
- ♦ Evaluator Observations; and
- ♦ Conclusions.

BACKGROUND

The goal of Healthy Child Care Washington (HCCW) is to integrate health and safety improvements into child care, early childhood and after-school settings. The Infant and Toddler Initiative weaves together multiple layers of strategies to enhance the quality of child care provided to infants and toddlers. These include the following strategies:

- ♦ Consultation and training provided to child care providers and parents to enhance use of practices that promote health and safety;
- ♦ Information and referral to parents to assist placement of infants and toddlers in child care settings;
- ♦ Training and technical assistance provided to Child Care Health Consultants in Local Health Jurisdictions (LHJs) in skills and standards related to child care quality; and
- ♦ Development of systems at the local and state levels that link health, safety and child care/early childhood programs.

Through these strategies, HCCW impacts the following:

- ♦ Child care providers working in centers or homes across the state;
- ♦ Parents with infants and toddlers in child care settings;
- ♦ Infants and toddlers;
- ♦ Child Care Health Consultants working in the state's 35 LHJs; and
- ♦ State and local partners.

Key partners who carry out these strategies are LHJs, the Washington State Department of Health, Washington State Child Care Resource & Referral Network agencies, Promoting First Relationships-University of Washington Department of Family and Child Nursing, and Pacific Rim Real Time Systems, Inc.

Funding support is provided primarily by the U.S. Department of Health and Human Services, Maternal Child Health and Child Care Bureaus, the Washington State Department of Social and Health Services, Division of Child Care and Early Learning; and the Washington State Department of Health Office of Maternal and Child Health.

EVALUATION PLAN

Organizational Research Services (ORS) worked closely with Healthy Child Care Washington (HCCW) staff, system partners and other contractors to help HCCW create a sustainable, results-oriented evaluation system. The evaluation is designed to move beyond counting outputs, such as the number of consultants trained and the number of child care providers they serve, and instead focuses on the outcomes, or “So what?” questions, such as “What changes occur in the lives of children, families and communities as a result of child care health consultations?” This evaluation system measures the following outcomes:

1. Enhance use of practices by child care providers that promote the social, emotional and physical health and cognitive development of children;
2. Improve communication between child care providers and parents about child care quality and their children’s development and behavior;
3. Expand the use of skills and standards for Child Care Health Consultants; and
4. Increase the resources that are available to train child care providers and offer them technical assistance, information and referrals;

These cascading levels of outcomes are based on a “theory of change” that recognizes that the social, emotional and physical health and cognitive needs of children are embedded in and influenced by systemic factors. These include the parent-child care communication system, the child care center system, the system of support available to child care providers, and the system of institutions and agencies dedicated to improving the care of children. This evaluation addresses each of these levels as a means to improve the quality of child care provided to infants and toddlers.

DATA COLLECTION

The HCCW evaluation primarily employs data collection on the activities undertaken by Child Care Health Consultants and changes achieved by child care providers.

ACTIVITY TRACKING

Child Care Health Consultants document descriptive data on their activities, such as who they serve, how they contact providers, and what topics they address on each significant interaction that consultants have with providers or others (e.g., parents or system partners). Significant interactions include consultations held in person or by phone or email or any meeting or training they attended as a system partner or trainer. In the original evaluation plan, an Encounter Form was developed to collect this information. (See APPENDIX 1 for the sample Encounter Form.) However, Child Care Health Consultants can collect this data using internal forms or complete the information online into the data collection system.

THE PROVIDER ACTION PLAN

The Provider Action Plan documents the major issues addressed in consultations with providers, the proposed solutions, and the providers' success in solving the issues after 30 days. This plan highlights the key work performed by consultants – providing assistance to individual child care providers so they can change their environments, their processes or their policies to improve the health and safety of children in child care settings. See APPENDIX 2 for a sample Provider Action Plan form.

Consultants complete the first part of the triplicate form with the provider so that both have input into defining the issue and potential solutions. The provider retains the top copy, or it is mailed to the provider when the consultation is not in-person. Consultants then complete the form after 30 days to determine what changes occurred within the child care setting. Consultants use a standardized set of codes to track topics covered, actions/solutions suggested and progress observed. Training and ongoing technical assistance are provided by HCCW and ORS to ensure the reliability and consistency of code usage. Consultants may also refer to an evaluation handbook developed by ORS to help clarify and guide their use of codes and measure their progress.

ONLINE DATA COLLECTION SYSTEM

To collect the meaningful data from the data collection forms in the most efficient way, HCCW designed a web-based application for collecting, analyzing and reporting on child care health consultation-related data, The Healthy Child Care Washington Data Collection Web Application (HCCWDC). This system is intended to:

- ♦ Increase usability and flexibility of reporting at local and state levels;
- ♦ Decrease human error and duplication of efforts;
- ♦ Empower LHJs and other HCCW contractors to document activities for local utilization as well as to complete state funding requirements;
- ♦ Monitor outreach and training activities more efficiently and effectively; and
- ♦ Collect, analyze and report on outcome-based evaluation data for the benefit of the entire statewide child care health consultation system.

Child Care Health Consultants use the HCCWDC application to report all evaluation and state reporting requirements.

CHILD CARE HEALTH CONSULTANT ACTIVITIES EVALUATION FINDINGS

Child Care Health Consultants engage in several major types of activities:

- ♦ Consultations with child care providers (in-person, by phone, over email); and
- ♦ Other non-consultative activities, including trainings, meetings, mailings and facility assessments.

During the 2005-06 reporting period the following occurred:

- ♦ 35 Local Health Jurisdictions (LHJs) serving 39 counties documented 4,554 encounters.

See **TABLE 1** for a full list of Local Health Jurisdictions and the number of encounters documented.

Note: Child Care Health Consultants enter activities into the online data collection system and then add follow-ups to the original activity rather than creating a new activity for the follow-up encounter. Because follow-up data are “attached” to an initial visit entry, there was concern that activities were being underreported because it was possible that two unique visits could only be counted once in the reporting. In this reporting period, ORS analyzed the number of follow-ups that did not have a concurrent new activity. Data show most activities that included a follow-up did have a corresponding new activity with the provider on the same date so that both visits are counted in the evaluation data. However, four percent of activities (n=182 out of N=4,554) had a follow-up from the reporting period that was not otherwise captured. ORS will continue working with HCCW to ensure that all activities are captured in future reports.

TABLE 1: Number and Percentage of Encounters by LHJ (N=4,554)

LHJ	N	Percent of Responses
Seattle-King ¹	825	18.1
Tacoma-Pierce	610	13.4
Spokane	293	6.4
Clark	274	6.0
Asotin	211	4.6
Whatcom	204	4.5
Chelan-Douglas	192	4.2
Mason	176	3.9
Yakima	134	2.9
Clallam	129	2.8
Whitman	127	2.8
Thurston	125	2.7
Snohomish	110	2.4
Kitsap	106	2.3
Skagit	101	2.2
Island	83	1.8
San Juan	79	1.7
Benton-Franklin	78	1.7
Columbia	77	1.7
Adams	76	1.7
Kittitas	74	1.6
Okanogan	64	1.4
Jefferson	57	1.3
Grant	52	1.1
Cowlitz	51	1.1
NE Tri	43	0.9
Walla Walla	41	0.9
Lewis	37	0.8
Pacific	34	0.7
Grays Harbor	29	0.6
Lincoln	24	0.5
Skamania	24	0.5
Garfield	7	0.2
Klickitat	5	0.1
Wahkiakum	2	0.0
TOTAL	4,554	100.0

¹ Through an arrangement with HCCW, King County captures some, but not all, of their HCCW-related work in the HCCWDC application. Because this underrepresents the actual work being done, HCCW and Seattle King County Public Health made a data sharing agreement so that all visits, calls and trainings for infants and toddlers that are entered into their internal database as HCCW activities are also included in these findings. This likely overestimates the contribution of work specifically covered by HCCW funding, but it is not currently possible to separate which efforts captured are covered by the DOH contract and which are not.

Topics Covered During Encounters

Child Care Health Consultants cover a variety of topics with child care providers through their encounters. The most common topics include the following:

- ♦ Communicable Disease/Contagious Conditions;
- ♦ Physical Growth and Development;
- ♦ Special Needs;
- ♦ Immunizations; and
- ♦ Staff Resources.

In nearly half of the encounters documented (49.6%), Child Care Health Consultants entered one topic for the activity. For nearly a quarter (24.1%), Child Care Health Consultants entered two topics. Because 88.2 percent of encounters have between one and three topics documented, this list should be viewed as primarily documenting the priority topics covered, not an exhaustive list. See **TABLE 2** for the full list and frequency of priority topics covered during encounters.

TABLE 2: Number and Percentage of Topics Addressed by Child Care Health Consultants (N=4,554)

Type of Issue	N	Percent of Encounters
Communicable Disease/Contagious Conditions	1170	25.7
Physical Growth & Development	523	11.5
Special Needs	422	9.3
Immunizations	416	9.1
Staff Resources	411	9.0
Environmental Health & Food Safety	395	8.7
Other	381	8.4
Health Policies Review/ Development	376	8.3
Anticipatory Guidance	365	8.0
Feeding Issues	343	7.5
Social-Emotional Growth & Development	342	7.5
Children's Health	334	7.3
Nutrition/ Menu Planning	274	6.0
Communication with Parents*	268	5.9
Mandatory Trainings*	253	5.6
No topic captured	250	5.5
Sleeping Issues	240	5.3
Staff Health	227	5.0
Indoor Safety	212	4.7
Non-Communicable Health*	202	4.4
Emergency Preparedness*	178	3.9
Medical Management	177	3.9
Brain/Cognitive Development*	160	3.5
Oral Health	136	3.0
Playground/Outdoor Safety	127	2.8
Family Health	94	2.1
Infant Care Plans	83	1.8
Physical Activity and Screen Time	80	1.8
Diapering	76	1.7
Child Abuse and Neglect	69	1.5
Access to Medical Home	60	1.3
Bonding/Attachment*	60	1.3
Access to Dental Home*	17	0.4
Health Insurance Access	10	0.2
TOTAL	4554	(See Note)

**Percentages may total more than 100 percent since consultants may list any number of topics per encounter. Seattle-King County captured data on many similar topic areas. Italicized topics are those that ONLY King County tracked. Topic areas marked with an asterisk are those that Seattle-King County did NOT capture.*

CHILD CARE CONSULTATIONS

Nearly three-quarters of the activities documented by Child Care Health Consultants (3,382 encounters) were consultations. Most consultations documented by Child Care Health Consultants were conducted in person.

- ♦ 73.6 percent of child care consultations were in-person.
- ♦ 25.0 percent were by phone.
- ♦ 1.5 percent was by email.

Types of Providers Served by Consultations

Child Care Health Consultants primarily serve providers at center-based facilities through their consultations. See **TABLE 3** for a full list of child care providers who engaged in consultations by Child Care Health Consultants.

Note: Over half of the consultations that had not applicable or missing provider type were by phone or email. It may be that in these situations Child Care Health Consultants are not always able to assign these interactions to a specific provider or type of provider.

TABLE 3: Types of Providers Served by Child Care Health Consultants (N=3,382)

Provider Type	N	Percent
Child Care Center	2,756	81.5
Family Child Care Home	252	7.5
Head Start/Early Head Start/ Early Childhood Education and Assistance Program (ECEAP)	128	3.8
FFN-Family, Friend or Neighbor	3	0.1
Not Applicable/Unknown/Missing	243	7.2
TOTAL	3,382	100.0

Time Spent on Consultations

Most consultations last one hour or longer. This time includes planning, travel, the consultation, wrap-up activities and any follow-up completed. These data align with the types of consultations provided. About three-quarters of the consultations are in-person consultations, which are typically more time-consuming than email or phone consultations.

- ♦ The majority of the consultations (66.9%) lasted more than 60 minutes.
- ♦ Nearly half, 50.2 percent, took between one and four hours.
- ♦ 33.1 percent of consultations last less than one hour.

See **TABLE 4** for the list of the time spent on consulting encounters.

TABLE 4: Time Spent on Consulting Encounters² (N=3,382)

Time Spent	N	Percent of Encounters
Less than 15 minutes	508	15.0
16-30 minutes	298	8.8
31-60 minutes	316	9.3
1-2 hours	819	24.2
2-3 hours	497	14.7
3-4 hours	394	11.6
4-6 hours	344	10.2
6-8 hours	138	4.1
More than 8 hours	53	1.6
Missing	15	0.4
Total	3,382	100.0

OTHER ACTIVITIES OF CHILD CARE HEALTH CONSULTANTS

In addition to consultations with child care providers, Child Care Health Consultants hold trainings, participate in meetings with partners, mail out information on specific topics, and conduct facility assessments.

- ◇ 25.7 percent of all encounters were activities other than consultations. Of the non-consultative encounters,
 - 33.4 percent of the encounters were trainings.
 - 54.8 percent were meetings.
 - 11.3 percent were mailings.
 - 0.6 percent was facility assessments.

² Note about the data: Time spent on encounters includes research, preparation, travel and follow-up time.

Trainings

- ◇ Child Care Health Consultants documented 391 trainings provided to 4,346 individuals³. On average, there were twelve participants in each training.
- ◇ Various partners participated in trainings:
 - Child care providers participated in nearly half of the documented trainings (48.6%); and
 - Other partners participated in trainings, including:
 - Resource and Referral staff (6.2% of trainings);
 - Head Start/Early Head Start/ECEAP staff (5.0% of trainings);
 - Early Childhood Education organization staff (4.2% of trainings); and
 - Other (11.5% of trainings).
- ◇ Common topics of trainings included the following:
 - Communicable Disease/Contagious Conditions (26.6%);
 - Social/Emotional Growth and Development (12.3%);
 - Mandatory Trainings, including First Aid, CPR and Blood Borne Pathogens (11.3%);
 - Nutrition and Meal Planning (8.7%); and
 - Communicating with Parents (8.2%).

³ These percentages represent percentage of trainings where system partners were noted. Seattle-King County does not capture this data; therefore there were 34 trainings where the partner data were not captured.

Meetings

- ◇ Child Care Health Consultants captured data on 642 meetings.⁴
- ◇ Various system partners and organizations participated in meetings:
 - Local Resource & Referral staff members (19.7%);
 - Head Start/Early Head Start Centers/ECEAP (16.9%);
 - Child Care Providers (15.3%);
 - Internal Local Health Jurisdiction departments (12.5%);
 - Licenser (12.2%);
 - Non-profit Organizations (11.7%);
 - Early Childhood Education Organization (11.5%); and
 - Local Health Jurisdictions from other counties (11.1%).
- ◇ Through these meetings, Child Care Health Consultants are involved in collaborative efforts in their communities:
 - 36.0 percent of the meetings involved sharing information and networking.
 - About half of all meetings involved higher levels of collaboration, including coordinating or extending existing activities (34.0%) or creating and conducting new activities (18.4%).
- ◇ Primary topics covered in meetings included the following:
 - “Other” topics (30.2%);
 - Note: Because the topic codes were primarily developed to capture the information talked about in consultation with child care providers, there have been challenges in finding appropriate topics for meetings with system partners. For the 2006-07 reporting period, new codes that will relate more closely with meetings will be implemented.
 - Staff Resources (15.0%);
 - Special Needs (7.9%);
 - Communicable Disease (7.6%);
 - Social/Emotional Growth and Development (6.7%);
 - Mandatory Trainings (6.5%); and
 - Communicating with Parents (6.2%).

⁴ Percentages represent percentage of meetings where system partners were noted. Seattle-King County does not capture this data; therefore there were 68 meetings where the partner’s data were not captured.

CHILD AND SITE REFERRALS

Few encounters led to referrals; however, it is likely that referrals are being underreported as all reporting has transitioned to the Activity Tracking System. Because the referral data are entered on an additional screen, many may not access it after entering the basic activity information. This is being addressed through additional training of users of the system. In addition, changes to the system design are also being considered.

- ♦ 2.8 percent of encounters led to referrals for services and resources in the community for individual children:
 - 127 encounters led to child referrals.
 - More than one-quarter of child referrals were for primary care.
 - Nearly one-quarter of referrals were for DSHS, including a number for child care subsidies.

See **TABLE 5** for a full list of child referrals.

TABLE 5: Percentage of Child Referrals (N=127)

Child Referral Type	N	Percent of Data
Primary Care	35	27.6
DSHS	30	23.6
Other	24	18.9
Children with Special Health Care Needs*	14	11.0
Child Find	13	10.2
Development	8	6.3
Health Department*	6	4.7
Nutritionist	6	4.7
Public Health Nurse	6	4.7
Emotional/Behavior	5	3.9
Dental Care/Oral Health Care	3	2.4
Environmental Health	3	2.4
Social Worker	3	2.4
Mental Health*	2	1.6
Speech and Hearing	2	1.6
Communicable Disease	1	0.8
DOH	1	0.8
WIC	1	0.8
TOTAL	127	(See Note)

* Asterisked referral types are those that are not captured by Seattle King County.

- ◇ 2.7 percent of encounters led to site referrals. 121 site referrals were made, including:
 - Community Resources (20.7%);
 - Local Health Jurisdiction (17.4%);
 - Resource & Referral (19.0%);
 - Division of Child Care and Early Learning (DCCEL) (12.4%); and
 - 30 referrals (24.8%) were categorized as “Other.”

CHANGES IN THE PRACTICE OF CHILD CARE PROVIDERS

Data gathered from the Provider Action Plan forms address the core outcome: “Enhance use of practices by child care providers that promote the social, emotional and physical health and cognitive abilities of children.” These forms document the priority issues covered during consultation sessions, collect data on proposed strategies for addressing these issues and assess progress made by providers toward these proposed actions.

- ♦ 39 Child Care Health Consultants from 26 Local Health Jurisdictions used the Action Plan forms.
- ♦ 2,691 issues were addressed through Action Plans.⁵

See **TABLE 6** for a full list of Local Health Jurisdictions’ (LHJs) frequency of Action Plans completed.

⁵ Note about the data: This sample is skewed by Tacoma-Pierce County, whose consultants completed more than one-third of the total encounter forms.

TABLE 6: Number and Percentage of Action Plan Issues Documented by LHJ (N=2,691)

LHJ	N	Percent of Cases
Tacoma-Pierce	962	35.7
Whatcom	260	9.7
Skagit	207	7.7
Kitsap	181	6.7
Spokane	169	6.3
Asotin	148	5.5
Clark	137	5.1
Thurston	125	4.6
Benton-Franklin	85	3.2
Yakima	75	2.8
Okanogan	61	2.3
Mason	56	2.1
Clallam	55	2.0
Kittitas	50	1.9
Sea-King	29	1.1
Jefferson	22	0.8
Chelan-Douglas	21	0.8
Grant	16	0.6
Snohomish	14	0.5
San Juan	5	0.2
Cowlitz	4	0.1
Lewis	3	0.1
Island	2	0.1
Walla Walla	2	0.1
Whitman	2	0.1
Adams	1	0.0
TOTAL	2,691	100.0

Issues Addressed by Providers

Most Action Plans addressed issues of prevention.⁶

- ◆ 60.7 percent addressed prevention issues; and
- ◆ 37.5 percent were interventions for existing issues.

Most Action Plans related to population-level issues.⁷

- ◆ 65.8 percent addressed population issues; and
- ◆ 31.2 percent addressed issues related to individuals.

Consultants and providers addressed a range of issues through the action planning process.⁸

- ◆ 14.6 percent addressed issues related to Communicable Diseases and Contagious Conditions.
- ◆ The second most frequently addressed topic was Physical Growth and Development (7.8%).
- ◆ More than six percent of Action Plan issues addressed Environmental Health & Food Safety, Special Needs, Feeding Issues or Sleep Issues.

Because there are 31 possible topics for child care providers to address, it is difficult for many topics to appear with great frequency within the entire sample of issues addressed. See **TABLE 7** for a complete listing of the distribution across all issue categories.

⁶ Note: 47 cases in the Provider Action Plan data did not include information on whether the issue was prevention or intervention.

⁷ Note: 81 cases in the Provider Action Plan data did not include information on whether the issue was concerning an individual or population-level issue.

⁸ Note about the data: Figures will not match directly between encounter form data and action plan data. The encounter form captures more extensive and different kinds of interactions with Child Care Health Consultants than does the action plan form.

TABLE 7: Percentage of Action Plan Issues Addressing Specific Topics (N=2,691)

Issue	N	Percent of Issues Addressed in Consultations
Communicable Diseases & Contagious Conditions	394	14.6
Physical Growth and Development	211	7.8
Environmental Health & Food Safety	179	6.6
Special Needs	174	6.5
Feeding Issues	168	6.2
Sleep Issues	161	6.0
Health Policies Review/Development	160	5.9
Social/Emotional Growth & Development	143	5.3
Immunizations	142	5.3
Communication with Parents	105	3.9
Emergency Preparedness	97	3.6
Indoor Safety	82	3.0
Non-Communicable Health	74	2.7
Nutrition/Menu Planning	66	2.5
Medical Management	64	2.4
Mandated Trainings	62	2.3
Brain/Cognitive Growth and Development	60	2.2
Oral Health	58	2.2
Diapering	53	2.0
Staff Resources	53	2.0
Playground Safety/Outdoor	42	1.6
Staff Health	33	1.2
Other	25	0.9
Child Abuse and Neglect	24	0.9
Family Health	23	0.9
Bonding/Attachment	14	0.5
Physical Activity/Decreased Screen Time	14	0.6
Infant Care Plans	6	0.2
Access to a Medical Home	4	0.1
Access to a Dental Home	0	0.0
Health Insurance Access	0	0.0

Suggested Actions for Providers

Child Care Health Consultants suggested a variety of actions to providers.

- ◆ Knowledge changes were suggested for nearly three-quarters of the identified issues.
- ◆ Behavior changes were suggested for more than one-third of issues.
- ◆ Communication with parents was suggested for over one-third all issues.

See **TABLE 8** for a full list of types of proposed actions.

TABLE 8: Percentage of Types of Proposed Actions (N=2,691)

Action/Change	N	Percent of Consultations*
Knowledge/Awareness Change	2,031	75.5
Behavior/Practice Change	971	36.1
Communication with Parent	953	35.4
Environmental Change	296	11.0
Policy Change	300	11.1
Access to Community Resources	220	8.2
Communication with Other	209	7.8
Communication with Healthcare Professional	158	5.9
TOTAL	2,694	(See Note)

**Percentages may equal more than 100 percent because multiple changes can be observed for any given issue.*

Types of Changes Observed

In addition to determining a level of progress, Child Care Health Consultants note which type of changes they are seeing at child care settings:

- ◆ Knowledge changes were observed in more than half of the Action Plan issues.
- ◆ Child care staff changed their behavior for nearly one-quarter of the identified issues.
- ◆ Communication between providers and parents improved for nearly 17 percent of the Action Plan issues.

See **TABLE 9** for a full list of changes among child care providers.

TABLE 9: Percentage of Changes among Child Care Providers (N=2,691)

Progress/Changes among Child Care Providers	N	Percent of Consultations*
Knowledge/Awareness Change in Provider	1,588	59.0
Behavior Change in Provider	528	19.6
Increased/Better Communication between Provider and Parent(s)	439	16.3
Environmental Change	213	7.9
Policy Change at Child Care Facility	169	6.3
Access of Resources by Provider/Staff	92	3.4
Increased Communication between Provider and Healthcare Professional	74	2.7

**Percentages may equal more than 100 percent because multiple changes can be observed for any given issue.*

Providers also reported changes among parents based on the actions undertaken. Knowledge changes in parents were identified in one-quarter of the Action Plan issues. See **TABLE 10** for a full list of changes among parents.

TABLE 10: Percentage of Changes in Evidence among Parents (N=2,691)

Progress/Change in Parent(s)	N	Percent of Issues*
Knowledge/Awareness Change in Parent	690	25.6
Access of Community Resources for Parent	157	5.8
Behavior Change in Parent	106	3.9

**Percentages may equal more than 100 percent because multiple changes can be observed for any given issue.*

Child Care Health Consultants also observe changes among children with whom providers they consult with work.

- ♦ Knowledge and behavior changes in children were identified in about five percent of the Action Plan issues.
- ♦ Evidence showed improved health of 71 individual children based on the implementation of suggested actions, and 21 child care centers experienced center-wide health improvements.

Because most issues covered in the Action Plans addressed prevention issues rather than interventions, it is not surprising there were a relatively small number changes that demonstrated improved health of individual children or a child population. Changes in health are counted only when an individual condition changes, not when a change in conditions at a child care facility decreases the likelihood of health issues. See **TABLE 11** for a full list of changes among children.

TABLE 11: Percentage of Changes among Children (N=2,691)

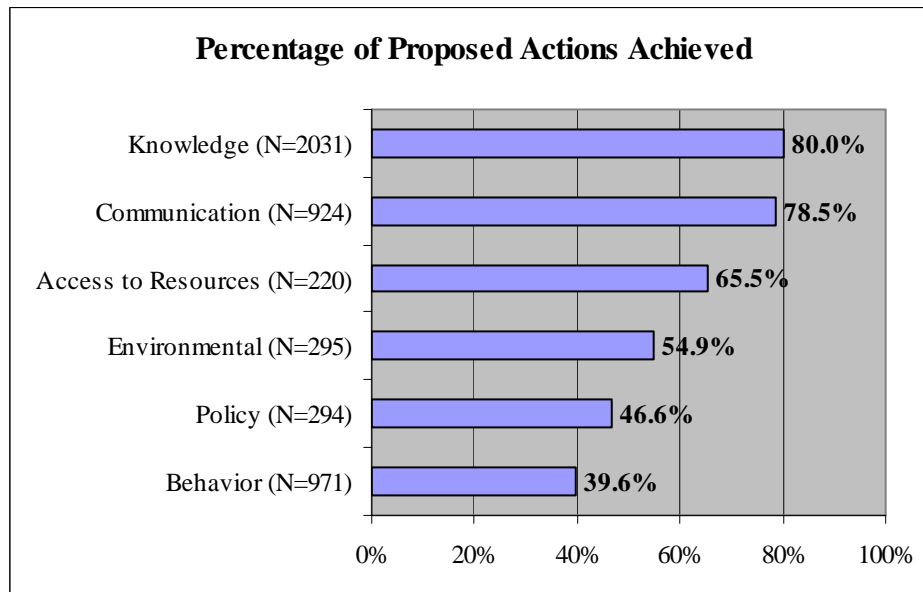
Progress/Change in Child	N	Percent of Consultations*
Knowledge/Awareness Change in Child	155	5.8
Behavior Change in Child	119	4.4
Improved Health of Individual Child	71	2.6
Access of Community Resources for Child	43	1.6
Improved Health of Child Population Center wide	21	0.8

**Percentages may equal more than 100 percent because multiple changes can be observed for any given issue.*

In addition to seeing whether specific types of changes were made, it is possible to see if providers, parents and/or children made the kinds of changes specifically suggested by the Child Care Health Consultant for an Action Plan issue:

- ♦ In consultations in which knowledge and awareness changes were proposed, evidence of this type of change occurred **80.0 percent** of the time;
- ♦ In consultations in which it was suggested that providers, parents or children access community resources, evidence showed that resources were accessed **65.5 percent** of the time;
- ♦ In consultations in which environmental changes were proposed, evidence showed environmental changes occurred **54.9 percent** of the time;
- ♦ In consultations in which behavioral changes were proposed, evidence showed behavior changes occurred **49.4 percent** of the time;
- ♦ In consultations in which policy changes were proposed, evidence showed policy changes occurred **46.6 percent** of the time; and
- ♦ In **39.6 percent** of consultations in which improved communication between parents and providers was proposed, providers demonstrated evidence of improved communication.

CHART 1



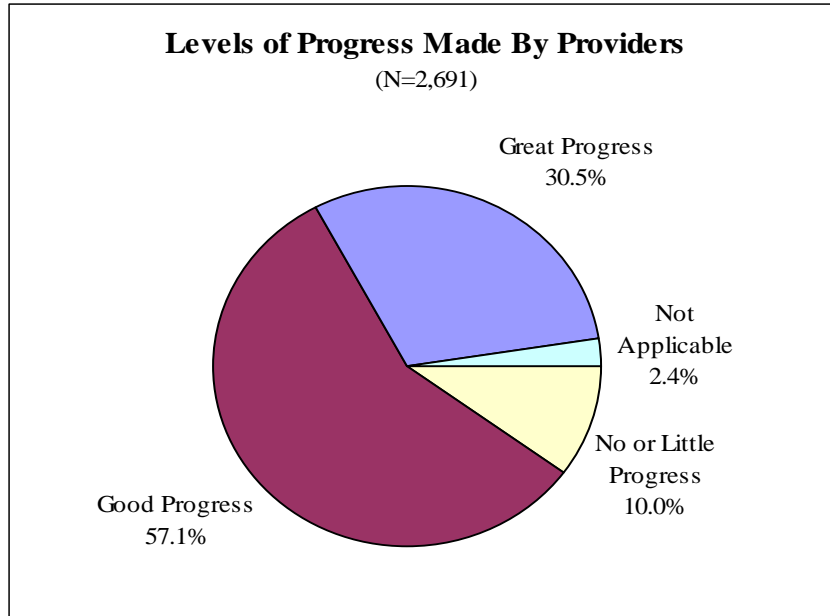
Levels of Progress Made by Providers

Providers are making significant progress on specific issues:

- ♦ Consultants reported an average progress level of 2.21, on a scale of “1” equals no or little progress, “2” equals some progress and “3” equals great progress.⁹
- ♦ In the majority of consultations, 87.6 percent, at least some progress toward addressing priority issues at child care centers and homes was achieved.
- ♦ “Great progress” occurred as a result of the consultations nearly one-third (30.5%) of the centers and homes.
- ♦ In 64 cases (2.4%), progress was not determined. This was due to center closures, staff changes, or the child/family leaving the center.

⁹ Note about the data: Consultants are advised to determine progress based on a set of criteria of types of changes that indicate “Some” or “Great” progress rather than determining progress by how well an individual provider does the suggested action. For example, behavior changes are always considered “Great” changes, while knowledge changes are always considered “Some” change, anticipating that changes in knowledge should lead to changes in behavior, policy or other areas. This is meant to allow for greater reliability across the data. Consultants use a codebook developed by ORS to guide them.

CHART 2



CHANGES IN SYSTEMS SUPPORTING EARLY CHILDHOOD

To create meaningful and lasting changes in the health and safety of infants and toddlers and their families, changes must occur in the systems that support them. The HCCW Initiative supports Child Care Health Consultants with training and technical assistance and develops partnerships with systems that link health, safety and child care/early childhood programs. The following section details the evaluation findings in these areas.

CHANGES IN CHILD CARE HEALTH CONSULTANTS' PRACTICE

Child Care Health Consultants are supported in their work through professional development and technical assistance by two statewide consulting groups, Pacific Rim Real Time Systems, Inc. (Jan Gross, Lead Consultant), and Promoting First Relationships-University of Washington Department of Family and Child Nursing (Jean Kelly, Director and Julie Nagel, Lead Consultant). These consultants work one-on-one with Child Care Health Consultants and provide training opportunities to improve their skills in core competencies related to their work with child care providers. Child Care Health Consultants also receive ad hoc technical assistance from Pacific Rim Real Time Systems, Inc. (Pac-Rim) consultant Jan Gross on a more informal, as needed basis through phone calls, email, or in-person meetings. Jan provides information or resources on immediate issues that may not lend themselves to follow-up.

Jan Gross documented supporting Child Care Health Consultants on 95 issues by phone, email or in-person meetings:

- ◆ 37.9 percent occurred via email;
- ◆ 16.8 percent occurred over the phone; and
- ◆ Many occurred through several interactions over phone and email (36.8%).
- ◆ Many issues took more than one interaction, so 228 interactions on these 95 issues were captured.

Much of this technical assistance revolved around administrative issues:

- ◆ Over 20 percent (21.1%) dealt with program administration issues, including how to charge/bill for services, training needs, program design and implementation.
- ◆ Other common issues included Environmental Health (12.6%), Physical Activity (7.4%), Oral Health (6.3%), and Special Needs (6.3%).

Changes in the skills of Child Care Health Consultants are also captured for issues which Pac-Rim follows up with consultants about changes in their practice. During the reporting period, the state consultant completed Action Plans with 13 Child Care Health Consultants from 12 Local Health Jurisdictions (LHJs) across the state.

- ♦ Through this process, Child Care Health Consultants addressed 14 issues relating to five core competencies or skills: Immunizations (64.3%), Consulting Skills (14.3%) Social Emotional Development (7.1%), Training Skills (7.1%) and Administration (7.1%).
- ♦ Typical issues that were being addressed included: using specific handouts or topics in consultations; assisting providers and parents in obtaining and tracking immunizations through the CHILD Profile Immunization Registry; providing trainings locally; and orienting new consultants to their role.

Child Care Health Consultants generally did make the kinds of changes that were recommended:

- ♦ On average, progress was made in 85.7 percent of the issues addressed. Great progress was made for 35.7 percent of the issues.
- ♦ 85.7 percent of issues in which a knowledge change was suggested, a knowledge change occurred; and
- ♦ In 35.7 percent of issues in which a behavior change was suggested, a behavior change occurred.

HCCW also supported a Train the Trainer Workshop on Promoting First Relationships for Child Care Health Consultants in Winter 2006. Ten participants received 23 hours of training over four days. The goal of the training was to “increase confidence and competence as a consultant and trainer to help providers promote young children’s social-emotional development.” Eight participants completed evaluation forms on the workshop. See **TABLE 12** for the percentage of participants agreeing that workshop objectives were met.

TABLE 12: Promoting First Relationships Train the Trainer Workshop Results

Objective	Percent Respondents Agreed “Objective Met Very Well”
Deeper understanding of early emotions and how caregivers' and young children's feelings come together to build early mental health and healthy relationships.	100.0%
Integration of relationship focused consultation strategies that help promotes first relationships.	87.5%
Deeper knowledge of how to help caregivers develop relationships with young children that promotes trust and security, and positive sense of self.	62.5%
Increased skills in helping providers understand children's challenging behaviors, recognize underlying social-emotional needs, and ways to address those needs.	75.0%
Increased ideas of how to help providers create partnerships with parents.	75.0%

CHANGES IN COLLABORATION WITH SYSTEM PARTNERS

HCCW partners engage in collaborations within the early childhood system to keep health and child care issues “at the table” for major state-level early childhood initiatives. In the past, changes among system partners were assessed using an open-ended, emergent data collection log. For 2005-06, ORS and HCCW program staff proposed tracking statewide system development efforts by looking at key early childhood system elements included in the Kids Matter Framework. These included:

- ♦ Access to Health Insurance and Medical Home;
- ♦ Social, Emotional and Mental Health;
- ♦ Early Care and Education/Child Care (including Quality Rating Systems);
- ♦ Parenting Information and Support;
- ♦ Policy/Governance;
- ♦ Professional Development; and
- ♦ Funding/Philanthropy.

In January 2006, key HCCW partners were asked to assess the degree of collaboration in these areas in July 2005 and the current status:

- ♦ Most efforts occurred at levels of collaboration that included information sharing and networking or joint planning/problem solving.
- ♦ Areas that showed some increase in the degree of collaboration included Social, Emotional and Mental Health and Early Care and Education/Child Care initiatives and groups.
 - ♦ Social, Emotional and Mental Health activities increased from Joint Planning/Problem Solving to Partnerships to Create New Activities. Several respondents noted the house bill to pilot mental health consultants in local communities as an important outcome achieved in this area.
 - ♦ Early Care and Education/Child Care increased from Joint Planning/Problem Solving to Partnerships to Create New Activities. Several respondents noted increased activity and opportunities in this area due to the Early Learning Council, the new Department of Early Learning and Washington Learns.

Due to changes in priorities by the funding agency for HCCW and the continued development of the Kids Matter Framework through the Early Childhood Comprehensive Systems (ECCS) grant, HCCW's focus on broader systems development has decreased. While partners continue efforts within the larger statewide context, particularly with the added momentum surrounding early learning with the new Early Learning Department and Thrive by Five Public-Private Partnership, HCCW will focus future efforts on direct services through the Child Care Health Consultants.

EVALUATOR OBSERVATIONS

As implementation of the evaluation continues to grow, HCCW can gain insights into the results of the everyday work of Child Care Health Consultants, as well as learn about changes from year to year. These data can help HCCW continuously assess and improve their work in supporting the health and safety of children in child care settings.

ACHIEVEMENT OF OUTCOMES

Healthy Child Care Washington continues to achieve desired outcomes:

1. Enhance use of practices by child care providers that promote the social, emotional and physical health and cognitive development of children.
 - ◆ 2,691 issues were addressed with child care providers to promote the health and safety of children.
 - ◆ In the majority of consultations, 87.6 percent, child care providers made at least some progress toward addressing priority issues.
 - ◆ In nearly one-third of all issues addressed, 30.8 percent, child care providers changed their behavior, changed policies or changed environments for identified issues.
 - ◆ In 59.0 percent of all issues, child care providers' knowledge increased or their awareness was raised. While this does not represent full achievement of the outcome, it does represent progress toward supporting change in practice and environments in child care settings.
2. Improve communication between child care providers and parents about child care quality and their children's development and behavior.
 - ◆ In over one-third of all issues addressed (35.4%), child care providers increased communication with parents.
 - ◆ In consultations in which improved communication between parents and providers was proposed, communication increased 78.5 percent of the time.
3. Expand the use of skills and standards for child care health consultants.
 - ◆ Child Care Health Consultants received training in social-emotional development and ad hoc technical assistance as needed.
 - ◆ Thirteen Child Care Health Consultants received in-depth technical assistance on 14 issues related to core competences or skills. In over one-third of these cases (35.7%), Child Care Health Consultants utilized the information in their practice with child care providers.

4. Increase resources available to train child care providers and offer them technical assistance, information and referrals.
 - ◆ 4,554 consultations with child care providers on various issues were documented.
 - ◆ 391 trainings were provided to 4,346 individuals.
 - ◆ 127 child referrals and 121 site referrals were documented.

CHANGES FROM 2004-05

In general, increased participation in the data collection efforts have resulted in consistent patterns in the data submitted. Here are a few notable variations:

- ◆ More Local Health Jurisdictions are participating in the evaluation process. All 35 LHJs entered Encounter Form data into the HCCWDC compared to 88.6 percent last year. In addition, one more LHJ documented Provider Action Plan issue data than last year. However, there is a wide range in the number of activities documented, ranging among LHJs from two to 825.
- ◆ There has been some variance in the frequency of specific topic areas covered during encounters. When comparing the ten most frequently addressed issues, most stay fairly constant. For the past two years, Communicable Diseases/Conditions, Physical Growth and Development and Special Needs have been the three most frequently addressed topics. However, there have been some changes. For all encounters, the topic of Health Policies and Development decreased while Immunizations, Feeding Issues and Staff Resource topic usage increased. Among Provider Action Plan Issues, Communication with Parents increased. These changes could be due to a variety of factors: local child care center needs, recent trainings, or other local or state external factors. Some variation is to be expected, but it is worth noting changes as they arise for possible implications (e.g., training, etc.) at the state level.
- ◆ Fewer encounters led to referrals for children or sites. Less than four percent of encounters in the 2004-05 report led to child referrals, compared to only 2.8 percent this year. This is likely due to the current format of the HCCWDC application which requires Child Care Health Consultants to access an additional screen to enter this information.
- ◆ A smaller percentage of providers are showing changes in the areas recommended during the action planning process. For example, in 2004-05, 85.1 percent of consultations that proposed environmental changes saw this type of change occur compared to 54.9 percent this year. The same is true for behavior changes (39.6% compared to last year's 70.5%) and policy (46.6% compared to 70.5%). There is not a clear explanation for why this is the case.

QUESTIONS TO CONSIDER

This evaluation provides some rich information on the work and impacts of Child Care Health Consultants. Here are some questions to consider based on this year's data.

- ? What topics aren't being covered that may need to be prioritized by Child Care Health Consultants in their work with providers?
- ? What topics may Child Care Health Consultants need more training on to address more effectively?
- ? What is the most effective mode for providing training and technical assistance to Child Care Health Consultants?
- ? Should Child Care Health Consultants increase efforts to reach any population of providers?
- ? Why are the percentages of providers achieving recommended changes decreasing? Is this a data collection issue or a consulting issue?

CONCLUSIONS

The evidence from this evaluation period suggests that the Infant and Toddler Initiative of Healthy Child Care Washington is resulting in desired outcomes.

- ♦ Child care providers are being offered technical assistance, information and needed referrals.
- ♦ Child care providers are increasing their knowledge and use of practices that promote the social, emotional and physical health and cognitive development of children.
- ♦ Communication is improving between child care providers and parents.
- ♦ Child Care Health Consultants are increasing their own skills and core competencies through the efforts of state consultants who provide them technical assistance.

APPENDIX A

ENCOUNTER FORM

Child Care Health Consultant Encounter Form

A	B	C	D	E	F	G	H	I
Type of Encounter <i>(check one)</i>	For Meetings or Trainings, who participated? Check system partner name <i>and/or</i> organization if one or more representatives were present <i>(check all that apply)</i>		Who Initiated Encounter? <i>(check only one)</i>	Name of Staff, # Trained, & Topic Codes for Encounter/Training <i>(codes on handout)</i>	Time Spent on Encounter <i>(includes research preparation, travel and follow-up)</i>	Child Referral Code(s) <i>(Check all that apply)</i>	Site Referrals Made <i>(Check all that apply)</i>	Provider Name, Site Code #, County, Zip Code, Type of Provider, and Number of Children and Staff at Provider Site
Date: ___/___/___ <small>m m d d y y y y</small>		CCHC Name: _____			LHJ Name: _____			
1	Consultation <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> In-person Non-Consultative Activity <input type="checkbox"/> Mail <input type="checkbox"/> Training (fill in columns C, D & E) <input type="checkbox"/> Meeting with system partners (fill in column C & D) <input type="checkbox"/> Facility assessment	For Meetings or Trainings: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> CC provider <input type="checkbox"/> Civic group <input type="checkbox"/> Community-based clinic, hospital or health provider <input type="checkbox"/> Cultural group <input type="checkbox"/> Early childhood ed. org. <input type="checkbox"/> Federal Gov. agency <input type="checkbox"/> Foundation <input type="checkbox"/> HS / Early HS/ ECEAP <input type="checkbox"/> Higher ed. org. <input type="checkbox"/> Internal LHJ / co-worker <input type="checkbox"/> K-12 ed. org. <input type="checkbox"/> LHJ from other county <input type="checkbox"/> Licensor/Health Specialist <input type="checkbox"/> Local Gov. agency (except health-related) <input type="checkbox"/> Local welfare agency (WorkFirst / CSO) </div> <div style="width: 45%;"> <input type="checkbox"/> Mental health care provider <input type="checkbox"/> Migrant support org. <input type="checkbox"/> Nonprofit human svcs. org. <input type="checkbox"/> Physician or nurse <input type="checkbox"/> Oral health care provider <input type="checkbox"/> Out-of-school-time program <input type="checkbox"/> R&R agency – local <input type="checkbox"/> Tribe <input type="checkbox"/> WA DCCCEL <input type="checkbox"/> WA DOH <input type="checkbox"/> WA DOH contractor (e.g., PacRim, R&RN) <input type="checkbox"/> WA Gov. agency – other (not DOH or DCCCEL) <input type="checkbox"/> WIC program <input type="checkbox"/> Other _____ </div> </div>	Initiator <input type="checkbox"/> Consultant <input type="checkbox"/> CC Provider <input type="checkbox"/> System Partner <input type="checkbox"/> Regularly Scheduled Meeting <input type="checkbox"/> Other: _____ Level of Collaboration of Meeting <input type="checkbox"/> Share info / networking <input type="checkbox"/> Coordinate / extend existing activities <input type="checkbox"/> Create / conduct new activities	Staff Name: # Trained: Topic Code(s) Primary (1-3): 1. _____ 2. _____ 3. _____ Secondary: _____	Start Time: _____ End Time: _____ Prep Time (minutes): _____ Travel Time (minutes): _____ Wrap-up Time (minutes): _____	<input type="checkbox"/> Child Find <input type="checkbox"/> CSHCN <input type="checkbox"/> Communicable disease <input type="checkbox"/> Dental Care/Oral Health <input type="checkbox"/> Dept. of Health <input type="checkbox"/> Developmental <input type="checkbox"/> DSHS <input type="checkbox"/> Emotional/Behavior <input type="checkbox"/> Environmental Health <input type="checkbox"/> Health Dept. <input type="checkbox"/> Health Educator <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutritionist <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Primary Care <input type="checkbox"/> Speech & Hearing <input type="checkbox"/> Social Worker <input type="checkbox"/> Vision <input type="checkbox"/> WIC <input type="checkbox"/> Other: _____	<input type="checkbox"/> Community Resources <input type="checkbox"/> DCCCEL <input type="checkbox"/> Env. Health <input type="checkbox"/> Food Program <input type="checkbox"/> LHJ <input type="checkbox"/> Promoting First Relationship-ships <input type="checkbox"/> R&R <input type="checkbox"/> STARS <input type="checkbox"/> Other (list): _____	*Autofilled if using Activity Tracking* Name: _____ Site Code #: _____ County: _____ Zip Code: _____ Provider Type <input type="checkbox"/> Center <input type="checkbox"/> Licensed Home <input type="checkbox"/> HS/Early HS/ ECEAP <input type="checkbox"/> Family, Friends, or Neighbors (FFN) # of children: _____ # of staff: _____
Date: ___/___/___ <small>m m d d y y y y</small>		CCHC Name: _____			LHJ Name: _____			
2	Consultation <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> In-person Non-Consultative Activity <input type="checkbox"/> Mail <input type="checkbox"/> Training (fill in columns C, D & E) <input type="checkbox"/> Meeting with system partners (fill in column C & D) <input type="checkbox"/> Facility assessment	For Meetings or Trainings: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> CC provider <input type="checkbox"/> Civic group <input type="checkbox"/> Community-based clinic, hospital or health provider <input type="checkbox"/> Cultural group <input type="checkbox"/> Early childhood ed. org. <input type="checkbox"/> Federal Gov. agency <input type="checkbox"/> Foundation <input type="checkbox"/> HS / Early HS/ ECEAP <input type="checkbox"/> Higher ed. org. <input type="checkbox"/> Internal LHJ / co-worker <input type="checkbox"/> K-12 ed. org. <input type="checkbox"/> LHJ from other county <input type="checkbox"/> Licensor/Health Specialist <input type="checkbox"/> Local Gov. agency (except health-related) <input type="checkbox"/> Local welfare agency (WorkFirst / CSO) </div> <div style="width: 45%;"> <input type="checkbox"/> Mental health care provider <input type="checkbox"/> Migrant support org. <input type="checkbox"/> Nonprofit human svcs. org. <input type="checkbox"/> Physician or nurse <input type="checkbox"/> Oral health care provider <input type="checkbox"/> Out-of-school-time program <input type="checkbox"/> R&R agency – local <input type="checkbox"/> Tribe <input type="checkbox"/> WA DCCCEL <input type="checkbox"/> WA DOH <input type="checkbox"/> WA DOH contractor (e.g., PacRim, R&RN) <input type="checkbox"/> WA Gov. agency – other (not DOH or DCCCEL) <input type="checkbox"/> WIC program <input type="checkbox"/> Other _____ </div> </div>	Initiator <input type="checkbox"/> Consultant <input type="checkbox"/> CC Provider <input type="checkbox"/> System Partner <input type="checkbox"/> Regularly Scheduled Meeting <input type="checkbox"/> Other: _____ Level of Collaboration of Meeting <input type="checkbox"/> Share info / networking <input type="checkbox"/> Coordinate / extend existing activities <input type="checkbox"/> Create / conduct new activities	Staff Name: # Trained: Topic Code(s) Primary (1-3): 1. _____ 2. _____ 3. _____ Secondary: _____	Start Time: _____ End Time: _____ Prep Time (minutes): _____ Travel Time (minutes): _____ Wrap-up Time (minutes): _____	<input type="checkbox"/> Child Find <input type="checkbox"/> CSHCN <input type="checkbox"/> Communicable disease <input type="checkbox"/> Dental Care/Oral Health <input type="checkbox"/> Dept. of Health <input type="checkbox"/> Developmental <input type="checkbox"/> DSHS <input type="checkbox"/> Emotional/Behavior <input type="checkbox"/> Environmental Health <input type="checkbox"/> Health Dept. <input type="checkbox"/> Health Educator <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutritionist <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Primary Care <input type="checkbox"/> Speech & Hearing <input type="checkbox"/> Social Worker <input type="checkbox"/> Vision <input type="checkbox"/> WIC <input type="checkbox"/> Other: _____	<input type="checkbox"/> Community Resources <input type="checkbox"/> DCCCEL <input type="checkbox"/> Env. Health <input type="checkbox"/> Food Program <input type="checkbox"/> LHJ <input type="checkbox"/> Promoting First Relationship-ships <input type="checkbox"/> R&R <input type="checkbox"/> STARS <input type="checkbox"/> Other (list): _____	*Autofilled if using Activity Tracking* Name: _____ Site Code #: _____ County: _____ Zip Code: _____ Provider Type <input type="checkbox"/> Center <input type="checkbox"/> Licensed Home <input type="checkbox"/> HS/Early HS/ ECEAP <input type="checkbox"/> Family, Friends, or Neighbors (FFN) # of children: _____ # of staff: _____

APPENDIX B

HEALTHY CHILD CARE WASHINGTON PROVIDER ACTION PLAN

Consultation Date: / /
m m d d y y y y

Date of follow-up: / /
m m d d y y y y

Provider Staff: _____ Phone: _____ Email: _____ Zip Code: _____

Child Care Name: _____ County: _____ Site Code #: _____

Healthy Child Care Washington *Provider* Action Plan

What was talked about today? / Consultant Notes

Issue #1	What do you plan to do?	Follow-Up		
		How Is It Working?		
Topic Code: _____ Type: <input type="checkbox"/> Prevention <input type="checkbox"/> Intervention Person(s) Affected: <input type="checkbox"/> Individual(s) <input type="checkbox"/> Population		No or little progress <input type="checkbox"/>	Some progress <input type="checkbox"/>	Great progress <input type="checkbox"/>
		How Do You Know?		
Action/Solution Code(s):		Progress Code(s):		
		Date: _____		

Issue #2	What do you plan to do?	Follow-Up		
		How Is It Working?		
Topic Code: _____ Type: <input type="checkbox"/> Prevention <input type="checkbox"/> Intervention Person(s) Affected: <input type="checkbox"/> Individual(s) <input type="checkbox"/> Population		No or little progress <input type="checkbox"/>	Some progress <input type="checkbox"/>	Great progress <input type="checkbox"/>
		How Do You Know?		
Action/Solution Code(s):		Progress Code(s):		
		Date: _____		

Issue #3	What do you plan to do?	Follow-Up		
		How Is It Working?		
Topic Code: _____ Type: <input type="checkbox"/> Prevention <input type="checkbox"/> Intervention Person(s) Affected: <input type="checkbox"/> Individual(s) <input type="checkbox"/> Population		No or little progress <input type="checkbox"/>	Some progress <input type="checkbox"/>	Great progress <input type="checkbox"/>
		How Do You Know?		
Action/Solution Code(s):		Progress Code(s):		
		Date: _____		

CCHC Name: _____ Phone: _____ Fax: _____
 Email: _____ Address: _____