Child Care Health Consultation Summit Two
Engagement Findings Worksheet Notes
3-27-19

The findings were shared with the Kindering team by the community during engagement activities held throughout September 2018 and March 2019. These findings highlight major themes about gaps within the current child care health consultation (CCHC) system. Participants of the second CCHC Summit responded to these findings and completed an activity to propose solutions and identify the potential impact of the solutions. A summary of ideas is captured below.

Finding	Proposed Solution/s
1. Finding a nurse health consultant is challenging.	1. Online, centralized access point with an administrator 2. Increase awareness of this role in the nursing community via continuing education or outreach 3. Make nurse consulting competitive as a career (retirement, healthcare, CEU reimbursement, license reimbursement)
2. CCHC has benefits beyond the infant room.	1. Expand required nurse visits into licensed family home child care 2. Expand nurse consultation into centers that do not serve infants, and/or into non-infant rooms 3. Expand nurse consultation into license-exempt and FFN care
3. Available resources are not well coordinated.	1. New organization or department within organization to hold the centralized system that is funded by the state 2. Sharing consultant information with trusted entities within community
4. Access and support are limited.	1. Create more birth to 3 early intervention programs in underserved communities 2. Create more multidisciplinary child care health consultation programs
5. Current practices inadequately support providers and children.	1. More opportunities for training and on-going technical assistance in multiple languages and culturally appropriate for all providers (including those not participating in Early Achievers)
6. Availability of health consultation is uneven.	1. Referring heath consultation to public health team 2. Hub of consultants. Examples could include: CCR, Kindering, LWK, KCPH, Northwest

7. Cost of CCHC promotes inequities.	1. Advocate for state-funding for program 2. Capacity- building for CBOs
8. Funding is not adequate.	1. Increase funding 2. Diversify funding sources 3. Funding CBOs and community hubs
9. Data are missing.	1. Bring providers together (go after them) to take inventory of the current state of how providers think about practice outcomes
10. Different types of consultation are needed for providers and children to be successful.	1. Creating approach system that is different for FFNs and licensed providers 2. Getting FFNs and providers to the summit and these conversations. Finding creative ways to go to the providers. Making intentional effort to go to them. Making it more convenient for them to come. 3. Time and resources spent on speaking to FFNs and caregivers
11. The workforce is currently not reflective of the communities being served.	1. Increased funding to community-based models and innovative programs 2. Increased outreach to high school students about consultation as a career pathway 3. Intentional outreach to multicultural communities working in related fields to pursue CCHC work 4. Suggestion to community colleges and universities to create major or minors around CCHC
12. There has not been discussion or agreement on whether/what qualifications should be required of different types of health consultants.	1. Find a way to honor lived experiences through observation. Assessments, case studies, etc., different methodologies 2. Pair educational requirements with services being provided 3. Build your team (in interview process)- Not require a higher education than necessary 4. For consultation utilizing your team
13. Training in fundamentals of child care health consultation is not available	1. We need a clear definition of CCHC in Washington state and the many roles that fall underneath 2. Prioritize the multidisciplinary team and subject matter expertise 3. Conversations between licensing, EA coaches, CCHC to gain understanding of what each other is doing

14. Awareness about and opportunities for employment are limited.	Not answered
15. Roles of Seattle/King County Public Health Child Care Health team have changed in King County.	Not answered
16. Responsibility for health consultation is unclear.	1. Collaboration, invest time to maximize time and resources later on 2. Communication- Clarity of roles, responsibilities and expectations 3. Identify a convener or a facilitator
17. Information from different sources often conflicts.	1. Multidisciplinary meetings (like the child care health consortium) 2. Getting folks who develop WACs to help interpret them and in agreement 3. Panel of professionals to accurately dilute information on WACs
18. Health experts are sometimes not included in state-level decisions.	1. Include health experts, nurse consultants, directors, and other agency staff in these meetings 2. Develop a conduit loop - An ongoing feedback loop so that best practices can be updated often 3. Consider replacing “evidence-based practices” with best practices
19. A high Early Achievers rating does not guarantee full health and safety standard compliance.	1. Incorporate more health and safety into lower level Early Achievers 2. EA coaches and health consultants need to have regular meetings or connections for consistency 3. More free training for EA coaches and child care providers on health and safety topics statewide 4. Central reporting line for child care providers can inform DCYF/state level of inconsistencies
20. It is difficult to reach family, friend and neighbor (FFN) caregivers.	1. Door to door or community spaces (churches, playgrounds, parks) - Do a survey, “who cares for your children?” 2. Increase amount of free trainings offered to FFN including health and safety training - Not just online but in person