



# **Preschool Development Grant Activity 4.4**

**Health and Safety in Child Cares Implementation and Evaluation  
Report**

## Executive Summary

The Department for Children and Families' (DCF) Child Development Division (CDD), in partnership with the State of Vermont's Agency of Education (AOE), and Vermont Department of Health (Health Department) work together to strengthen Vermont's comprehensive Early Childhood Care and Education (ECCE) system through the Vermont Preschool Development Grant Birth Through Five (PDG B-5) program and other collaborative efforts. PDG B-5 Project 4.4 Early Childhood Care and Education Health Consultation is led by the Health Department. To provide expert health and safety consultation the needs of the ECCE workforce had to be evaluated. Assessment of ECCE health and safety needs enabled the Child Care Health Consultant to meet the needs of the ECCE system through the alignment of training and consultation efforts.

## Needs Assessment Design and Questions

The needs assessment was designed to assess the health and safety needs of ECCE providers to develop a more comprehensive understanding of the topics identified as areas for capacity improvement. Areas of need identified by ECCE providers in the assessment will be used to develop educational materials presented through health and safety consultation webinars and online learning platforms.

### Evaluation Questions

1. What are the top three needs related to health and safety in your child care?
2. What educational information is most useful for child cares?
3. Do you have a health consultant for your child care?
  - Who are child cares identifying as their health consultant?
4. Do you have a safety consultant for your child care?
  - Who are child cares identifying as their safety consultant?
5. How do child cares define an ideal system of support for health and safety?

## Results

The ideal system of support for health and safety in child care identified by ECCE providers was consultation. With 30% of providers identifying the need for an accessible health and safety consultant they could contact for timely responses to their questions. There is a lack of health and safety consultation among ECCE providers, with 74% responding they did not have a health consultant and 88% responding they did not have a safety consultant. The lack of health and safety consultation is consistent across program types. Child care program types in Vermont include afterschool child care, center-based child care providers (CBCCP), CBCCP non-recurring,

licensed family child care home (FCCH), registered FCCH, and unregistered FCCH. A non-recurring program indicates the program was designed to meet short term, temporary child care needs of parents arising from, but not limited to tourism, recreation, or shopping. This data shows the high need for the Child Care Health Consultant and the importance of promoting these services to ECCE providers from all program types. Through increased awareness of the Child Care Health Consultant's services, ECCE providers will be able to access timely support for their health and safety questions through the Health Department.

ECCE providers identified "partnering with healthcare providers in management of children with challenging behaviors" as the highest priority need. Among providers 61% responded that this additional information would be extremely or very useful. When separated by program type center-based providers have a heightened need for additional information on the management of challenging behaviors. Among center-based providers 77% responded that this additional information would be extremely or very useful. This was the only health and safety topic in which ECCE providers showed an interest in receiving the information through the in-person modality (35%). The willingness to attend an in-person training shows the high priority of additional information on the management of challenging behaviors for ECCE providers.

## Conclusions

The priority areas identified by the Health and Safety in Child Cares Needs Assessment reflect the importance of coordination and collaboration between the Health Department, AOE, CDD, and partner organizations to best address the areas for ECCE capacity building. The collaborative approach to high priority areas of need and additional information identified by the Health and Safety in Child Cares Survey will result in capacity building and training opportunities tailored to the unique needs of ECCE providers. Input from these departments, agencies, and organizations will ensure training opportunities are meaningful and effective in capacity building. Collaboration between partners and the Child Care Health Consultant will aid in the promotion of the Health Department's health consultation services, educational opportunities, and participation in the future relaunch of the Health and Safety in Child Cares Survey.

## Disclaimer

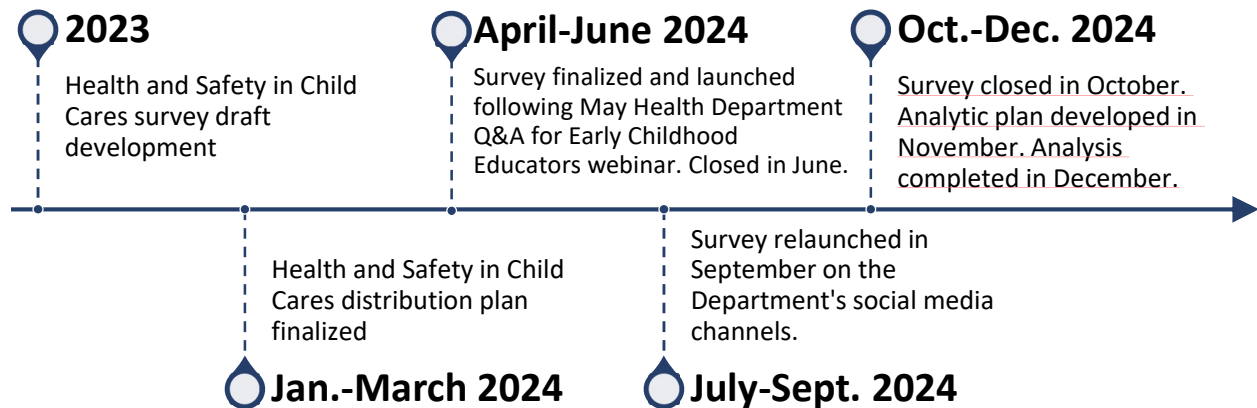
This report was made possible by grant number 90TP0098. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the United States Department of Health and Human Services, Administration of Children and Families.

## Background

Vermont's 2020 Early Childhood Needs Assessment identified a critical workforce shortage across ECCE, a need that was exacerbated by the COVID-19 pandemic. PDG B-5 Activity 4.4 Early Childhood Care and Education Health Consultation aims to utilize a team-based approach to support the ECCE system and increase the availability of qualified providers across Vermont. Activity 4.4 builds upon Vermont's strong public-private partnership that has long prioritized quality workforce development. Incorporating the expertise of primary care providers, child health champions, and content experts as it relates to health and safety needs. The needs assessment has allowed the Health Department to better adapt to the changing ECCE landscape in Vermont post COVID-19 pandemic.

To best assess the health and safety needs of the ECCE workforce the Health Department sought feedback from the AOE and CDD during the development of the Health and Safety Needs in Childcares Survey. AOE provided key insight on the potential for ECCE survey fatigue, this information which informed the survey's launch in May 2024 and the relaunch in September 2024. CDD provided information necessary to contact ECCE providers regarding the survey and shared data on the number of registered and licensed child cares as well as data on the top violations by center type. CDD violation data further informed health and safety needs. CDD ECCE contact information was used to develop a mailing list to distribute the survey and to inform the field of the role of the Health Department health and safety consultation as an ECCE resource.

These partnerships have aided the Health Department in better communication with the ECCE workforce in a manner that is focused on health promotion and continues to shift away from the urgent nature of COVID-19 communications. The Child Care Health Consultant's Department of Health Q&A for Early Childhood Educators webinar series hosted by the Vermont Association for the Education of Young Children (VTAEYC) provides health and safety information derived from the responses to the Health and Safety Needs in Child Cares Survey. The incorporation of the needs assessment in the webinar series has brought in new attendees and provided valuable input, feedback, and suggestions on how to best structure the webinars to bolster ECCE capacity. The goal of these webinars is to provide meaningful health and safety guidance informed by ECCE needs. The number of children in ECCE programs makes it one of the best settings to help young children build a foundation for healthy living. High-quality ECCE programs positively influence a child's social, emotional, educational, physical, and economic outcomes later in life. The needs assessment will make an impact on these populations by building the capacity of ECCE programs to address the unique experiences of these children in an equitable and well-informed manner.



## Needs Assessment

To provide expert health and safety consultation, the Health Department's Family and Child Health Division (FCH) conducted a needs assessment of ECCE health and safety needs. The results of the assessment enabled the Child Care Health Consultant to meet the needs of the ECCE system through the alignment of training and consultation efforts.

### Needs Assessment Design and Questions

The needs assessment was designed to assess both the areas for health and safety capacity building and health consultation needs in the ECCE system.

#### Health and Safety Needs Evaluation

1. What are the top three needs related to health and safety in your child care?
2. How useful would additional information be in the following subjects?

#### Child Care Health Consultant Evaluation

1. Do you have a health consultant for your child care?
2. Do you have a safety consultant for your child care?
3. What would an ideal system of support for health and safety in child care look like to you?

## Survey Timeline

| Survey Timeline                    | Dates                   |
|------------------------------------|-------------------------|
| Survey development                 | 01/01/2023 – 12/31/2023 |
| Survey meeting with AOE and CDD    | 02/28/2024              |
| Survey distribution plan finalized | 03/22/2024              |
| Survey finalized                   | 05/1/2024               |
| Initial survey launch              | 05/09/2024              |
| Survey closed                      | 06/14/2024              |
| Survey social media launch         | 09/10/2024              |
| Survey closed                      | 10/18/2024              |
| Data analysis completed            | 12/11/2024              |

The needs assessment was modeled after Witkin and Altschuld’s (1995) Three-Phased Needs Assessment Model while integrating a participatory and iterative framework. The Collaborative, Participatory, and Iterative Needs Assessment (CPI-NA) Model balances structure and flexibility while prioritizing user-driven intervention within a dynamic system. The team utilized a mixed methods approach to data collection and analysis. DCF provided several data sources that helped to inform the health and safety needs of ECCE providers. The DCF Family Service Division (FSD) data on “Deaths, Injuries, and Substantiated Abuse in Regulated Child Care Settings,” provided additional context on the regulated ECCE settings in which serious injuries and fatalities are occurring. CDD provided data on Child Care Licensing Regulations by setting including regulations for center-based child care and preschool programs, registered and licensed FCCH, and afterschool child care programs. CDD provided 2023 data on total final violations by violation type and ECCE setting, this data aided in the identification of health and safety areas to build ECCE provider capacity.

| Data Source              | Method          | Analysis                     |
|--------------------------|-----------------|------------------------------|
| ECCE providers           | Survey          | Quantitative and qualitative |
| DCF FSD                  | Document Review | Quantitative                 |
| DCF CDD regulations      | Document Review | Qualitative                  |
| DCF CDD violations       | Document Review | Quantitative and qualitative |
| DCF CDD programs by type | Document Review | Quantitative                 |

## Needs Assessment Results

The Health and Safety in Child Cares Survey was developed to assess the need for health and safety capacity building and health consultation needs among ECCE providers. The survey was launched on May 9, 2024, at the Department of Health Q&A for Early Childhood Educators webinar. A subsequent email was sent out to the Child Care Health Consultant's mailing list developed from the CDD ECCE contact information. The survey was closed on June 14, 2024. The survey was reopened on September 10, 2024. The survey was promoted through the Health Department's social media channels, and the social media channels and newsletters of partner organizations VTAEYC and Let's Grow Kids (LGK). The survey was closed on October 18, 2024.

Results are grouped in response to the needs assessment questions:

- NQ1. What are the top three needs related to health and safety in your child care?
- NQ2. How useful would additional information be in the following subjects?
- NQ3. Do you have a health consultant for your child care?
- NQ4. Do you have a safety consultant for your child care?
- NQ5. What would an ideal system of support for health and safety in child care look like to you?

## Survey Participants

The survey was available for all Vermont ECCE providers. Information shared during the Department of Health Q&A for Early Childhood Educators webinar included the survey link and an accessible QR code. The email sent to the ECCE mailing list by the Child Care Health Consultant derived from CDD ECCE contact information only included licensed and registered child care centers and FCCH. The contact information obtained did not include unregistered FCCH. The survey relaunch promoted through social media channels and partner newsletters sought to reach the unregistered FCCH population and increase responses among this type of child care setting. The first survey launch received a total of 126 complete responses. After reopening the survey, there was an increase in responses of 21 completed responses for a total of 147 completed responses.

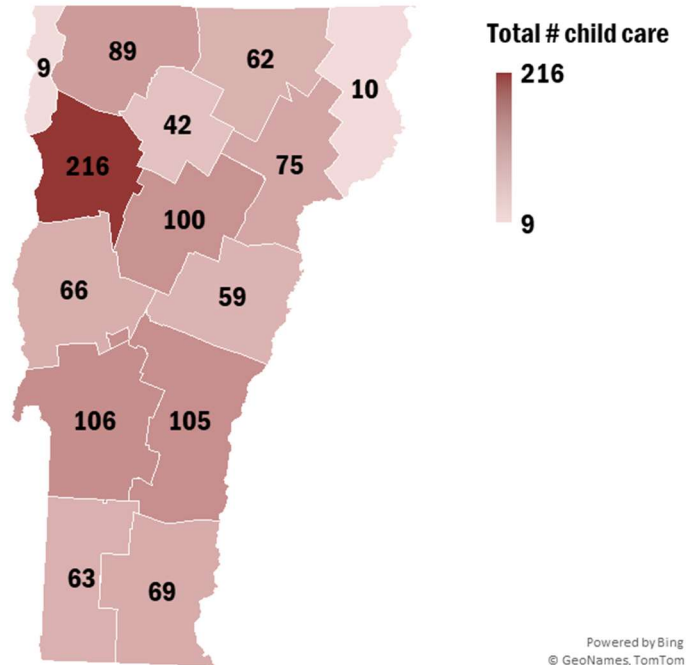
ECCE program data from CDD on the total number of ECCE programs by type at the time of the survey launch, May 2024, was used to determine the percentage of ECCE providers represented in the survey population. Among center-based providers, 21% percent of the population was represented in the survey population. Among home-based providers, 18% of the population was represented in the survey population. Collaboration between partners and the Child Care Health Consultant will aid in the promotion of the Health Department's health consultation services, educational opportunities, and participation in the future relaunch of the Health and Safety in Child Cares Survey.

| ECCE Programs May 2024         | Percent     | Count       |
|--------------------------------|-------------|-------------|
| Afterschool Child Care Program | 14%         | 144         |
| CBCCP                          | 46%         | 490         |
| CBCCP Non-Recurring            | 1%          | 12          |
| Licensed FCCH                  | 3%          | 28          |
| Registered FCCH                | 36%         | 381         |
| <b>Total</b>                   | <b>100%</b> | <b>1055</b> |

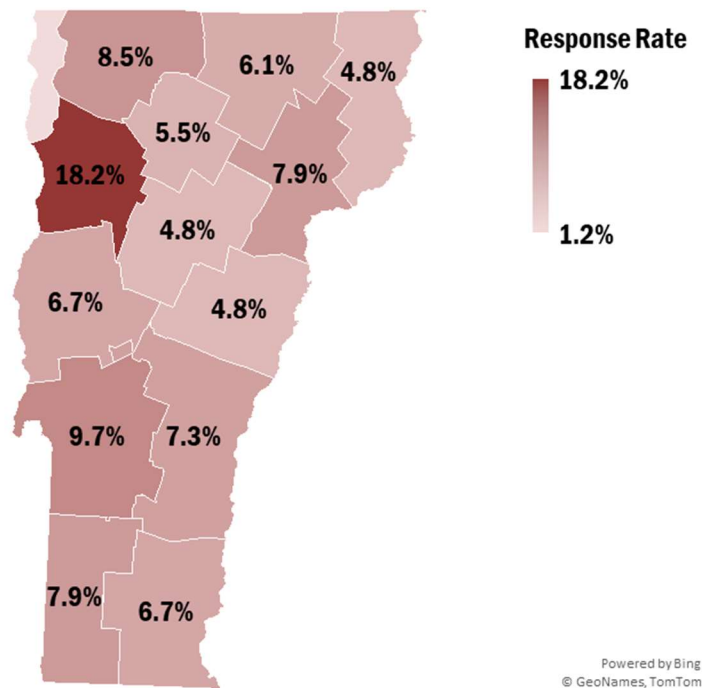
| ECCE Programs May 2024          | Total number in VT | Survey Response Number | Percent Represented |
|---------------------------------|--------------------|------------------------|---------------------|
| Afterschool Child Care Program  | 144                | 1                      | <1%                 |
| CBCCP Recurring & Non-Recurring | 502                | 107                    | 21%                 |
| Licensed & Registered FCCH      | 409                | 73                     | 18%                 |
| <b>Total</b>                    | <b>911</b>         | <b>180</b>             | <b>20%</b>          |

## Town Location

### Total Number of Child Care by County



## Survey Resonse Rate by County

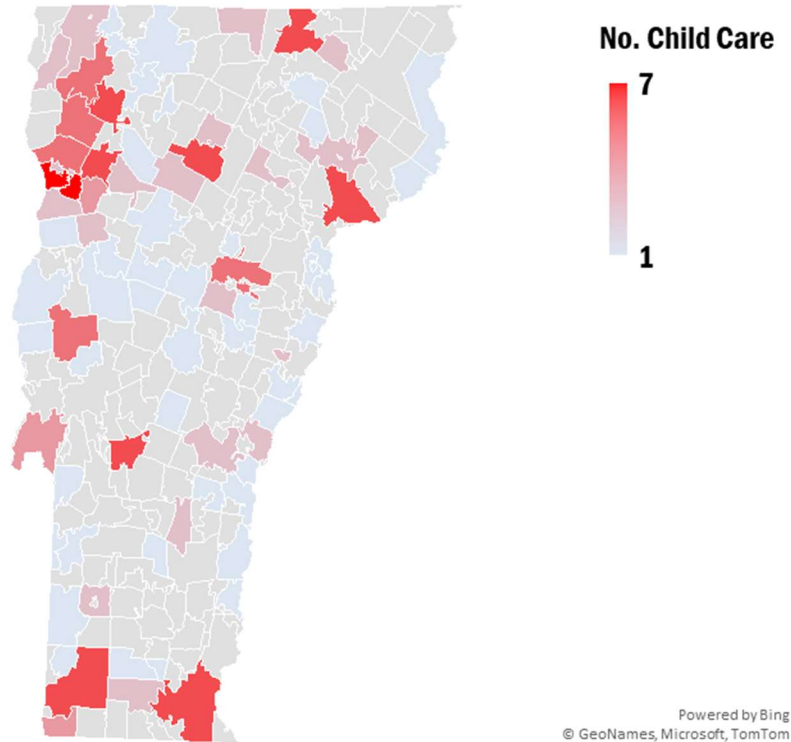


(Data as of January 2025)

Participants were asked where their child care was located. The largest percentage of participants were providers in Chittenden county (18%), the participant population had representation from all Vermont counties.

## Zip Code Location

### Child Care Distribution by Zip Code



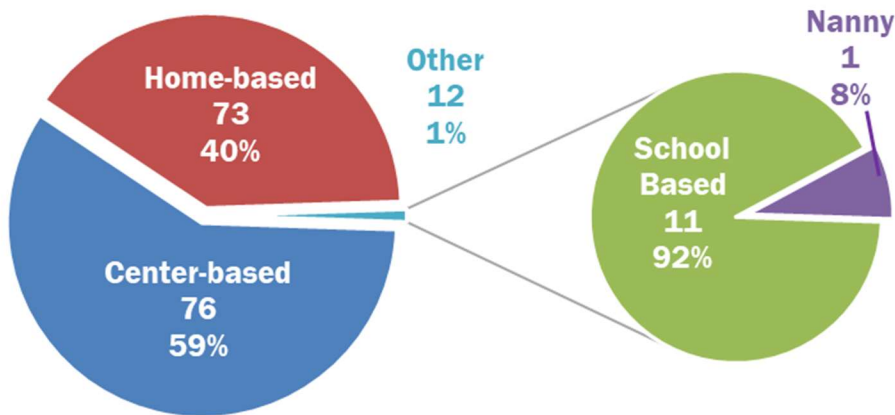
Participants were asked for the zip code of their child care location. Among the participants, 7 participants who were providers in South Burlington and 7 were providers in Burlington. The following locations had 5 providers respond for each zip code: Bennington, Brattleboro, Essex Junction, Fairfax, Morrisville, Newport, Rutland, and Saint Johnsbury.

### Child Care Program Type

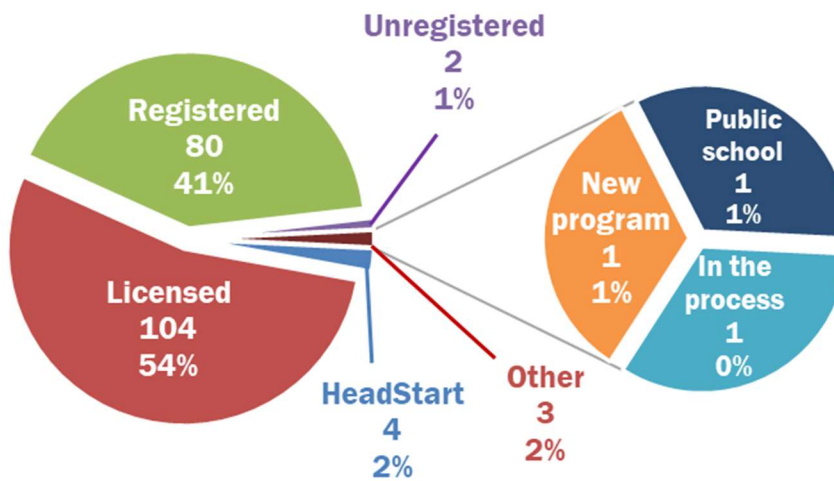
Participants were asked to describe their child care by setting. The majority of participants (59%; n=107) were providers from center-based child cares. The remaining participants were providers from home-based child cares (40%; n=73). Less than 1% of participants were school-based ECCE providers (n=11) and 1 provider described their role as a nanny. CDD Licensing Regulations for Center Based Child Care and Preschool Programs defines a school-based ECCE program as a pre-kindergarten program operated by public and private schools.

## Child Care Program

### How Do You Describe Your Child Care?



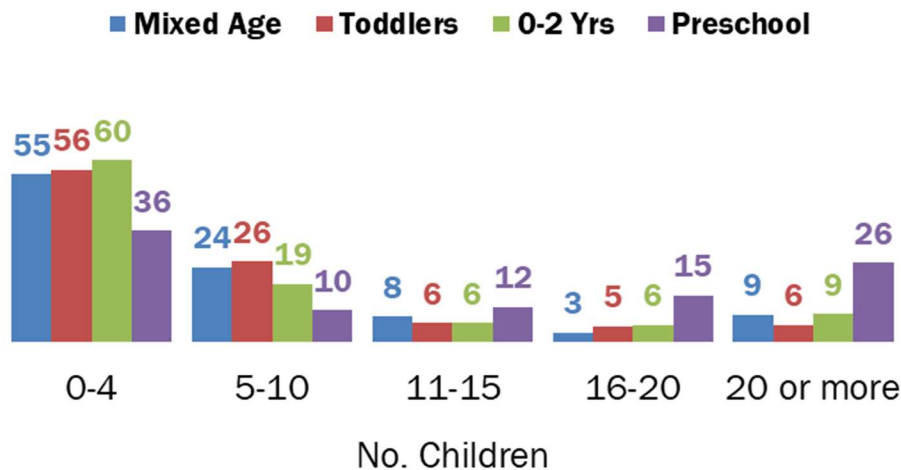
### Description of Program by Program Type



Participants were asked to describe their program. The majority of respondents, 54%, described their ECCE program as licensed (n=104). Registered programs represented 41% of respondents. Compared to registered programs, licensed child care programs must adhere to additional rules from CDD Licensing in order to operate including training, zoning, and staff ratio requirements. HeadStart programs represented 2% of respondents, and 1% of participants described their program as unregistered. HeadStart programs are publicly funded and provide free early education and child care for qualifying families. The remaining 2% of participants described their programs as public school, “in the process,” and new program.

## Age of Children Attending Programs

### Percent of Children by School Type



#### Infants and Children Under 2

Among participants representing ECCE programs that serve infants and children under 2 years of age, the most common program size is 4 or less children with 60% of programs reporting this capacity. The second common program size is between 5 to 10 children with 19% of programs reporting this capacity.

#### Toddlers (2-5 years old)

Among participants representing ECCE programs that serve toddlers, the most common program size is 4 or less children with 56% of programs reporting this capacity. The second common program size is between 5 to 10 children with 26% of programs reporting this capacity.

#### Preschool

Among participants representing ECCE programs that serve preschool aged children, the most common program size is 4 or less children with 37% of programs reporting this capacity. The second common program size is more than 20 children with 26% of programs reporting this capacity.

#### Mixed Age

Among participants representing ECCE programs that serve children of mixed ages, the most common program size is 4 or less children with 55% of programs reporting this capacity. The second common program size is between 5 to 10 children with 24% of programs reporting this capacity.

NQ1. What are the top three needs related to health and safety in your child care?

## Top Three Needs

| Need                                         | Percent | Count      |
|----------------------------------------------|---------|------------|
| Access to health care personnel              | 6%      | 19         |
| Additional staff                             | 5%      | 15         |
| Behavior management                          | 4%      | 14         |
| Benefits for staff                           | 2%      | 7          |
| Collaboration                                | 4%      | 12         |
| Emergency planning                           | 2%      | 8          |
| Support for parents/families                 | 7%      | 23         |
| Funding/money                                | 4%      | 14         |
| Healthy behaviors                            | 6%      | 19         |
| Needs for children with special health needs | 3%      | 11         |
| Play supplies/equipment                      | 6%      | 19         |
| Policies/guidelines/regulations              | 10%     | 32         |
| Safety                                       | 6%      | 19         |
| Structural improvement                       | 6%      | 19         |
| Supplies                                     | 23%     | 76         |
| Training for staff                           | 7%      | 23         |
| <b>Total</b>                                 |         | <b>330</b> |

Participants were asked to describe the top three needs related to health and safety in their child cares. The top need was supplies (23%), followed by policy, guideline, and regulations needs (10%) and needs related to supporting parents and families (7%).

## Participant Responses

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*Cleaning products and sanitizing items.*

*Updated and comprehensive medical kits – including EpiPens.*

*Safety equipment/helmets/secure clothing for outdoor play/plentiful season clothing/shoes for those in need.*

*The contradiction between pediatricians and teachers when it comes to children being at [child care] that are sick*

*Basically, we need to have all the same rules as the K-12 systems –since the regulations have been updated it is much better.*

*Parents to understand health and safety concerns in child care.*

*Mental health resources for families.*

*Qualified staff.*

*More help from mental health providers with child with mental/behavioral issues.*

*Children with high needs that affect the safety of staff and children.*

*The need for stronger partnerships with health care providers around children with challenging behaviors.*

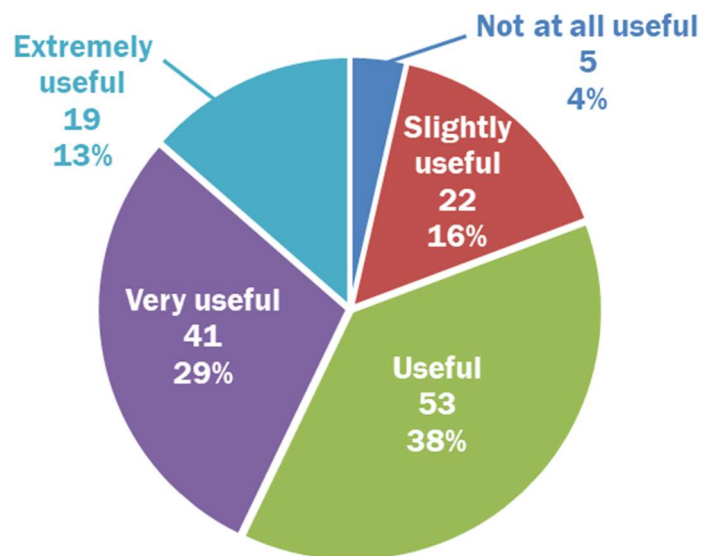
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NQ2. How useful would additional information be in the following subjects?

The top three health and safety needs identified by ECCE providers are reported in this section as key areas for additional information. The usefulness of additional information on the remaining health and safety needs are reported in the appendices.

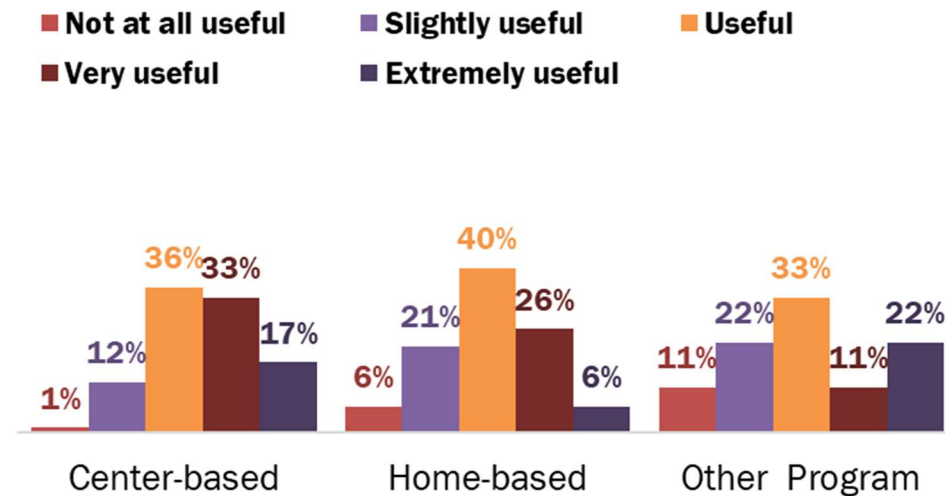
## Useful Health and Safety Information: Planning for Children with Special Health Care Needs

### Planning for Children with Special Health Needs



Participants were asked to identify the usefulness of additional information on planning for children with special health needs. Among participants, 38% responded the additional information would be useful, 13% extremely useful, 29% very useful, 16% slightly useful. The remaining 4% of participants responded that the additional information was not at all useful.

## Usefulness of Planning for Children with Special Health Needs Information by Program Type



### Center-Based

Among center-based participants, 35% responded that the additional information would be useful, 7% extremely useful, 33% very useful, and 12% slightly useful. The remaining 1% of participants responded that the additional information was not at all useful.

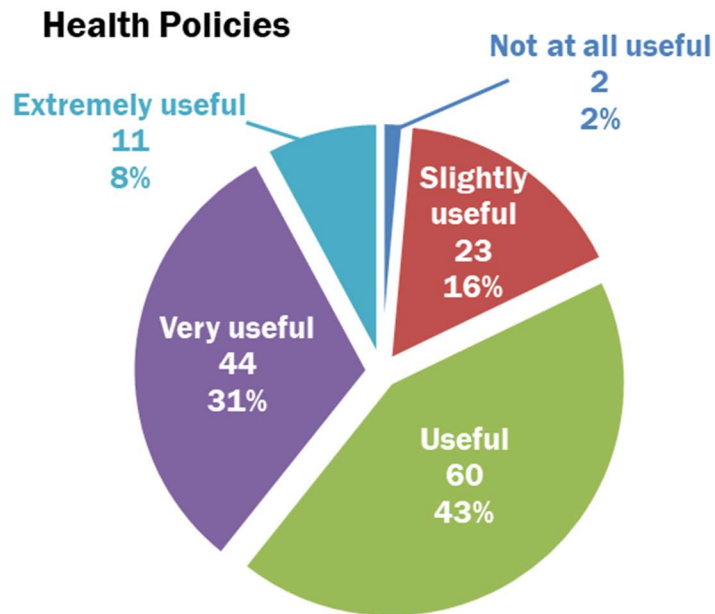
### Home-Based

Among home-based participants, 40% responded that the additional information would be useful, 6% extremely useful, 26% very useful, and 21% slightly useful. The remaining 6% of participants responded that the additional information was not at all useful.

### Other

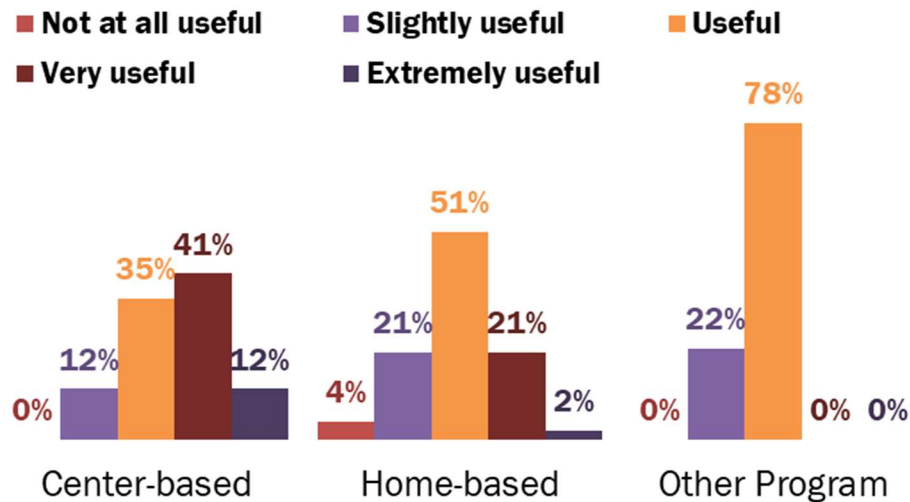
Participants who identified as the program type “other” comprised of school-based and nanny providers. Among these participants, 22% responded that the additional information would be useful, 22% extremely useful, 11% very useful, and 22% slightly useful. The remaining 11% of participants responded that the additional information was not at all useful.

## Useful Health and Safety Information: Health Policies



Participants were asked to identify the usefulness of additional information on health policies. Among participants, 43% responded that the additional information would be useful, 8% extremely useful, 31% very useful, 16% slightly useful. The remaining 2% of participants responded that the additional information was not at all useful.

## Usefulness of Health Policies Information by Program Type



### Center-Based

Among center-based participants, 41% responded that the additional information would be very useful, 12% extremely useful, 35% useful, and 12% slightly useful.

### Home-Based

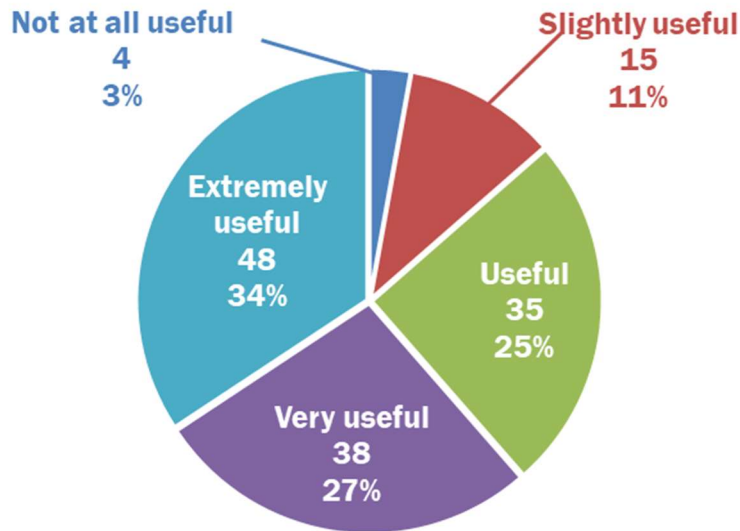
The majority of home-based participants responded that the additional information would be useful (51%). Among participants, 2% responded that the additional information would be extremely useful, 21% very useful, and 21% slightly useful. The remaining 4% of participants responded that the additional information was not at all useful.

### Other

The majority of participants who defined their ECCE program as other responded that the additional information would be useful (56%). Among participants, 44% responded that the additional information would be slightly useful.

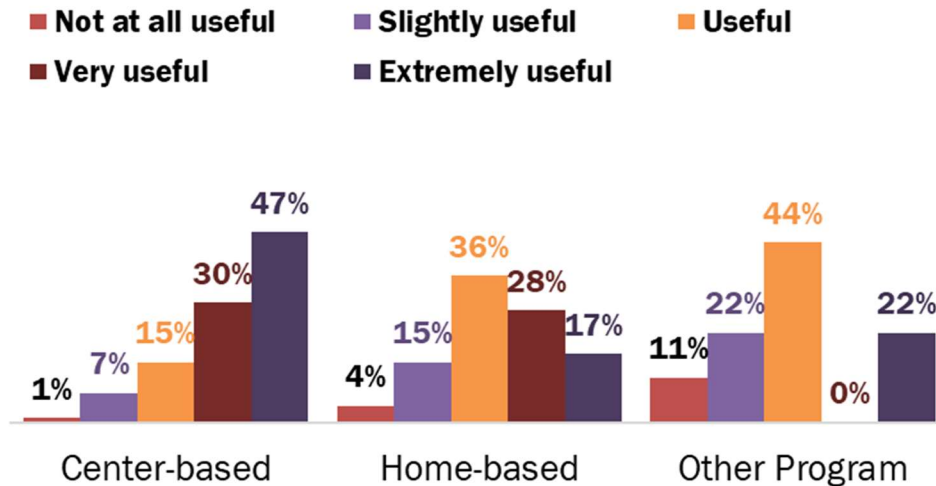
## Useful Health and Safety Information: Partnering with Healthcare Providers in the Management of Challenging Behaviors

### Partnering with Health Care Providers in Management of Challenging Behaviors



Participants were asked to identify the usefulness of additional information on partnering with healthcare providers in the management of challenging behaviors. Among participants, 34% responded that the additional information would be extremely useful, 27% very useful, 25% useful, 11% slightly useful. The remaining 3% of participants responded that the additional information was not at all useful.

## Usefulness of Partnering with Health Care Providers in Management of Challenging Behaviors Information by Program Type



### Center-Based

Among center-based participants, 47% responded that the additional information would be extremely useful, 30% very useful, 15% useful, and 7% slightly useful. The remaining 1% of participants responded that the additional information was not at all useful.

### Home-Based

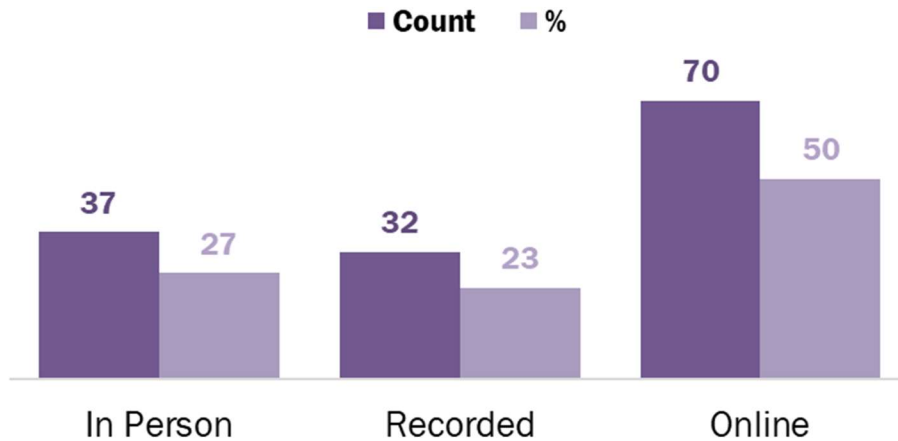
Among home-based participants, 36% responded that the additional information would be useful, 17% extremely useful, 27% very useful, and 15% slightly useful. The remaining 4% of participants responded that the additional information was not at all useful.

### Other

Among participants who identified their program type as other, 44% responded that the additional information would be useful, 22% extremely useful, and 22% slightly useful. The remaining 11% of participants responded that the additional information was not at all useful.

## Preferred Format to Receive Information: Planning for Children with Special Health Needs

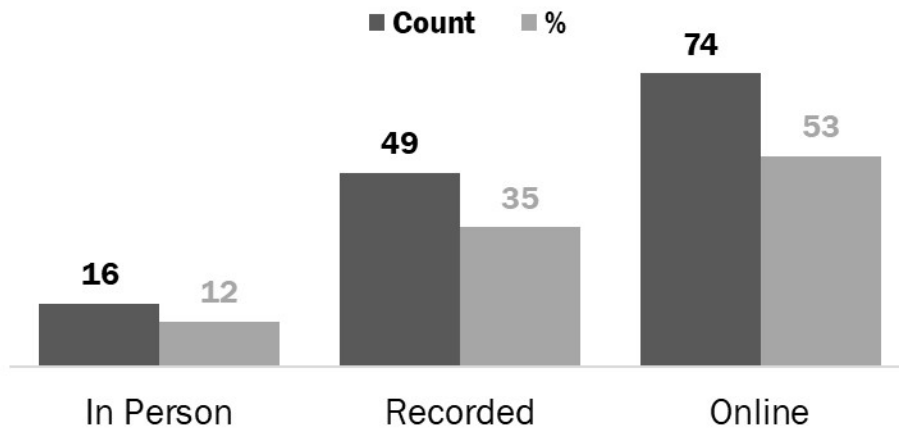
### Planning for Children with Special Health Needs



Participants were asked the preference of format to receive additional information on planning for children with special health needs. The majority of participants preferred to receive additional planning for children with special health needs information through the online modality (50%).

## Preferred Format to Receive Information: Health Policies

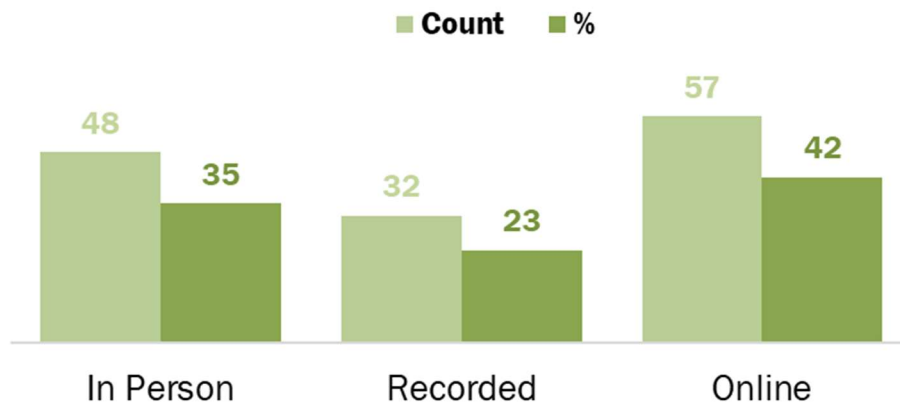
### Health Policies



Participants were asked the preference of format to receive additional information on health policies. The majority of participants preferred to receive the additional health policy information through the online modality (53%).

## Preferred Format to Receive Information: Partnering with Healthcare Providers in the Management of Challenging Behaviors

### Partnering with Health Care Providers in the Management of Challenging Behaviors



Participants were asked the preference of format to receive additional information on partnering with healthcare providers in the management of challenging behaviors. Among participants, 42% preferred to receive the additional management of challenging behaviors information through the online modality. Partnering with health care providers in the management of challenging behaviors was the only health and safety topic in which ECCE providers showed an interest in receiving the information through the in-person modality (35%).

## Additional Formats to Receive Information

Participants were asked if there were any additional formats other than what was listed the providers would prefer to receive the information. The majority of participants did not respond to the question or responded there were no additional formats (n=86). Participants who responded provided specific online formats provided to receive information, hybrid modalities, on-site training, and physical information materials (n=38).

## Participant Responses

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*Handouts/newsletters/printed materials/resources for parents.*

*Quick reference guides.*

*Fact sheets and examples.*

*Visual aids for [child cares].*

*Books or manuals.*

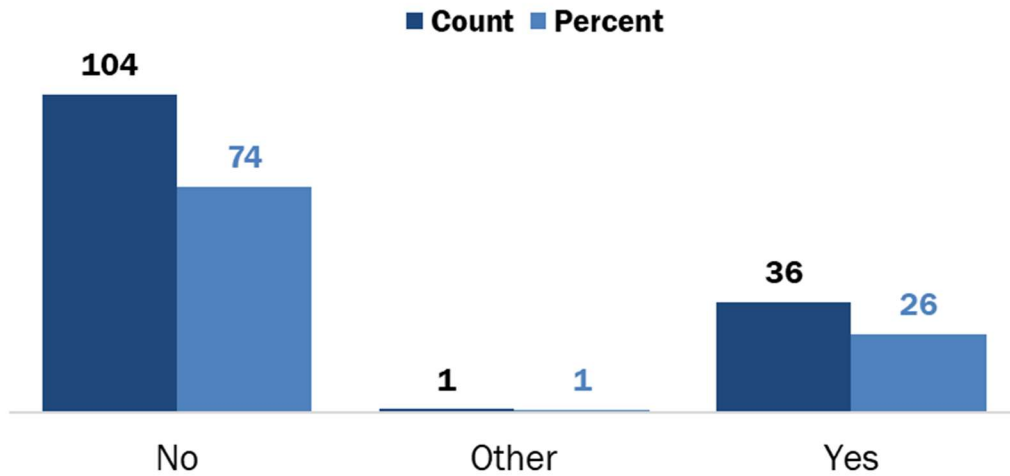
*Hybrid options.*

*In-person/on-site for our [child care].*

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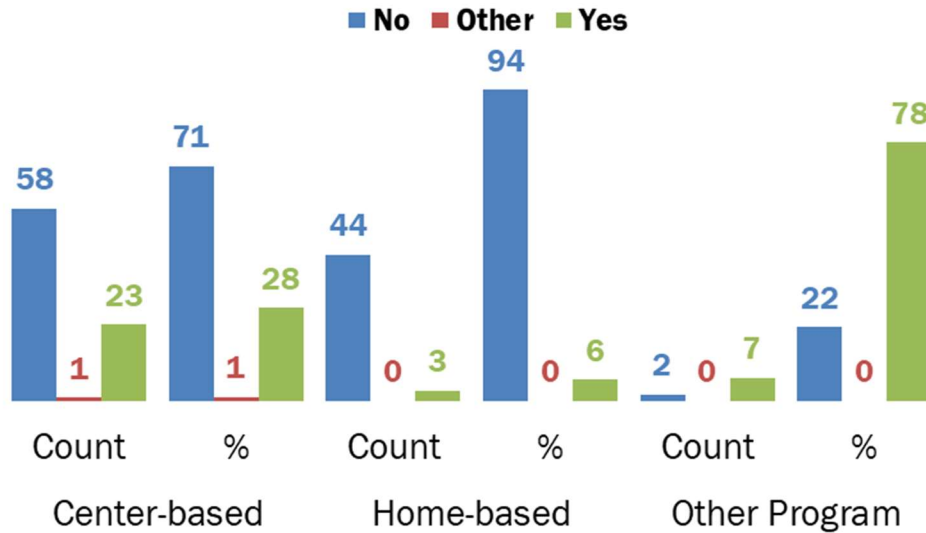
NQ3. Do you have a health consultant for your child care?

## Do You Have a Health Consultant?



Participants were asked if they have a health consultant for their child care. The majority of participants responded they did not have a health consultant (74%).

## Do You Have a Health Consultant? By Program Type



\*This graph does not include the counts whose program type was left blank.

Lack of health consultation was consistent across ECCE program type. Home-based ECCE participants lacked health consultation at the highest percentages. Among home-based providers, 94% responded that their program did not have a health consultant. Only 3% of home-based providers responded that their program did have a health consultant. Among center-based providers, 71% responded that their program did not have a health consultant. The presence of a health consultant was higher for center-based programs, with 23% of providers responding that their program did have a health consultant. Among “other” programs (not center- or home-based), 22% responded that their program did not have a health consultant (n=2). The remaining 78% of the “other” programs responded that they did have a health consultant (n=7).

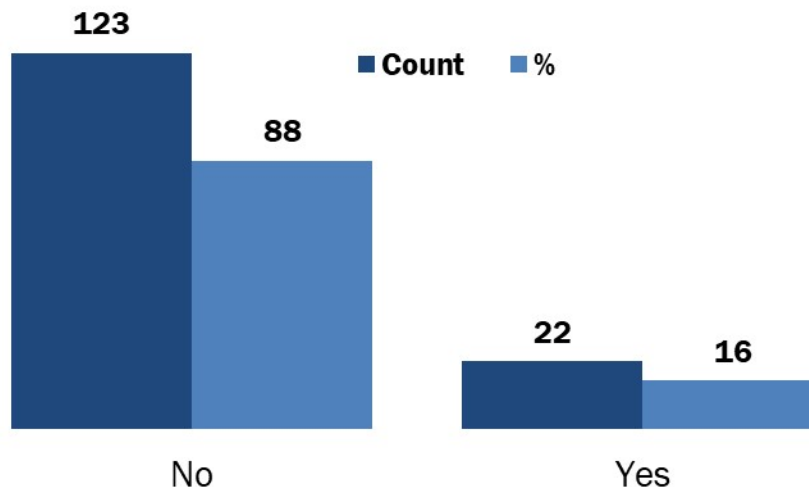
## Contact for Health-Related Questions

Participants were asked who they contact when they have a health-related question in their child care. Among participants, 34% contact the Health Department, 22% contact pediatricians and health care providers, and 16% contact DCF CDD Licensing.

| Contact                             | Percent | Count      |
|-------------------------------------|---------|------------|
| DCF CDD                             | 16%     | 23         |
| ECCE colleagues                     | 10 %    | 15         |
| Director's Network                  | 3%      | 4          |
| Pediatricians/health care providers | 22%     | 33         |
| Internet                            | 1%      | 2          |
| Parents                             | 4%      | 6          |
| School nurse                        | 10%     | 14         |
| Vermont Department of Health        | 34%     | 50         |
| <b>Total</b>                        |         | <b>147</b> |

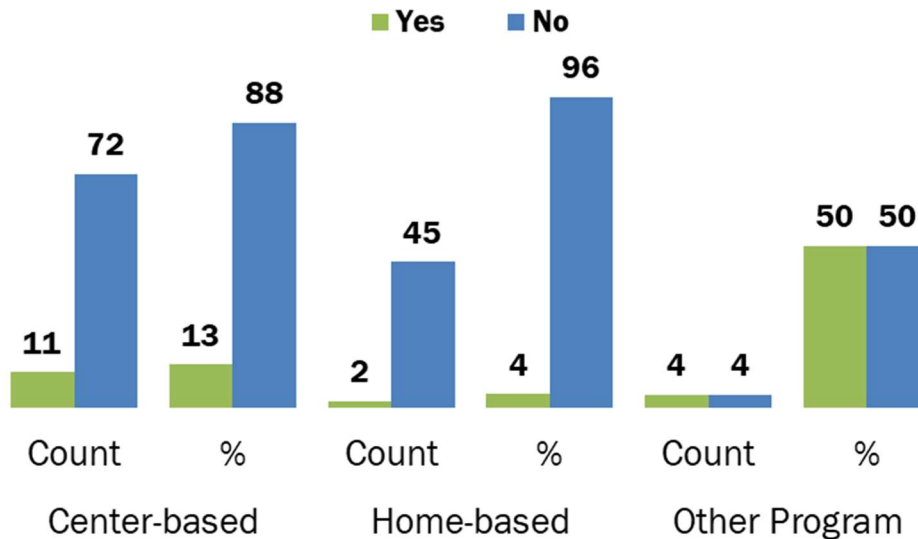
NQ4. Do you have a safety consultant for your child care?

## Do You Have a Safety Consultant?



Participants were asked if they have a safety consultant for their child care. The majority of participants responded they did not have a safety consultant (88%). Lack of safety consultation was consistent across ECCE program type. Home-based ECCE participants lacked safety consultation at greater percentages than other types.

## Do You Have a Safety Consultant? By Program



\*This graph does not include the counts whose program type was left blank.

Among home-based providers, 96% responded that their program did not have a safety consultant. Only 4% of home-based providers responded that their program did have a safety consultant. Among center-based providers, 88% responded that their program did not have a safety consultant. The presence of a safety consultant was higher for center-based programs, with 13% of providers responding that their program did have a safety consultant. Among participants identified as the program type “other” the 4 providers who responded comprised school-based and nanny participants. Half of the “other” programs responded that their program did not have a safety consultant, while the other half of the “other” programs responded that they did have a safety consultant.

## Contact for Safety-Related Questions

Participants were asked who they contact when they have a health-related question in their child care. The majority of participants did not respond to this question (n=191). The 5 participants who responded to the question provided examples of consultation with HeadStart, school nurses, and DCF CDD Licensing.

NQ5. What would an ideal system of support for health and safety in child care look like to you?

## Ideal System of Support

| Health and Safety Ideal      | Percent | Frequency  |
|------------------------------|---------|------------|
| Access to health care worker | 5%      | 6          |
| Additional staff             | 3%      | 3          |
| Consultation                 | 30%     | 35         |
| Funding/resources            | 10%     | 11         |
| Hotline                      | 20%     | 23         |
| In-person support            | 12%     | 14         |
| Online platform/information  | 9%      | 10         |
| Policies/guidance            | 8%      | 9          |
| Training                     | 4%      | 5          |
| <b>Total</b>                 |         | <b>116</b> |

Participants were asked what an ideal system of support for health and safety in child care looked like to them. Among participants, 33% responded that consultation was the ideal system of support, 20% identified a hotline to ask health and safety questions, and 12% identified in-person support.

## Participant Responses

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*A wrap-around system where each program has dedicated people for health and safety (including mental health and health/management of challenging behaviors).*

*Having a designated health official and designated safety official would be a huge help.*

*Program consultant, not related to or affiliated with [DCF CDD] licensing.*

*One stop shopping for all the information above. Easily accessible, immediate access to information, best practices.*

*Updated website information with correct contacts for the person who is in charge of it.*

*In-person offerings, collaboration meetings with other child cares/Health and Safety Specialists.*

*Streamline guidelines with Dept. of Health/CDD Licensing/physicians.*

*Monthly topics, with contacts for additional information. All entities to be on the same page with different regs for different [child care settings].*

*Trainings, in person meetings. Sometimes when dealing with child behaviors it would be great to have someone observe the [child care].*

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## Additional Comments

Participants were asked to share any additional comments at the end of the Health and Safety in Childcares Survey.

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*Consistency among programs is key; therefore, collaboration on these topics is important.*

*I would like in person trainings to stimulate discussion, answer questions and develop policy improvements.*

*I would love to see a health and safety module put together! Besides the child care module.*

*I would love to have more interactions to work closely with health care providers.*

*Parents need information too. Cost is prohibited for staff and parents.*

*The number one danger we face is injury from violent outbursts - child to child, or child to adult.*

*We are seeing more and more challenging behaviors with children in our program.*

*Online real-time trainings with required camera and participation would be ideal.*

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## Data Analysis and Interpretation

The raw data was downloaded from Alchemer in November 2024. All child cares who participated in the survey were de-duplicated. If there were multiple entries from a same child care, it was consolidated to count as one entry. If multiple entries from the same child consisted of different responses, the child care was contacted to identify the response the program would prefer to be counted. A total of 192 responses were retained.

Both quantitative and qualitative data analysis were conducted. Frequencies for each question were run, and the denominator was determined to calculate the rates. Crosstabs were also run to further analyze how the answers differ by child care program type. The survey included many open-ended questions where survey takers could write about their needs, wishes, or comments. Those answers were categorized by common themes, quantified and analyzed. These analyses have informed a deeper understanding of health and safety needs in Vermont's child cares, areas where technical assistance and support are needed, and areas for capacity building.

## Continuous Improvement

While conducting this needs assessment the Child Care Health Consultant employed continuous improvement strategies both at the implementation level and within the needs assessment itself. The Health and Safety in Child Cares Needs Assessment will be conducted on an annual basis to assess changes in health and safety needs and to inform assessments on capacity building. The content and educational opportunities provided to ECCE providers through the Department of Health Q&A for Early Childhood Educators webinars conducted by the Child Care Health Consultant will be informed by the results of this needs assessment. Results of this needs assessment show the importance of health and safety consultation, capacity building, and will help prioritize support from the Health Department to ECCE providers. Prior to relaunching the Health and Safety in Child Cares Survey in 2026, the Child Care Health Consultant will use feedback from ECCE providers and partner agencies, departments, and organizations to adjust the needs assessment. Feedback from ECCE providers and partners will promote the usefulness of the survey and the survey's ability to collect data that accurately reflects the health and safety needs of ECCE providers. The relaunch of the Health and Safety in Child Cares Survey will be presented at the Department of Health Q&A for Early Childhood Educators webinar. The Child Care Health Consultant will present to ECCE providers how their needs assessment data informed the health and safety information provided by the webinars and additional training opportunities.

## Conclusions and Next Steps

The priority areas identified by the Health and Safety in Child Cares Needs Assessment reflect the importance of coordination and collaboration between the Health Department, AOE, and CDD to best address the areas for ECCE capacity building. Partnerships with Vermont ECCE

agencies including VTAEYC, BBF, and LGK will be critical in understanding how to best serve ECCE providers. The collaborative approach to high priority areas of need identified by the Health and Safety in Childcares Survey, supply, policy, guidelines, and regulation, and expanded and clearer guidance. As well as the collaborative approach to priority areas for additional information, management of children with challenging behaviors, planning for children with special health needs, and health policy, will result in capacity building and training opportunities tailored to the unique needs of ECCE providers. Input from these departments, agencies, and organizations will ensure training opportunities are meaningful and effective in capacity building. The Child Care Health Consultant will share the results of the Health and Safety in Child Cares Needs Assessment with these PDG partners and begin to meet on a regular basis to plan for the implementation of efforts specific to addressing the priority areas identified in the needs assessment. The priority areas identified by the Health and Safety in Child Cares Needs Assessment emphasize the value of coordination and collaboration. A shared approach to addressing key needs including supplies, policies, and guidance, as well as managing challenging behaviors and planning for children with special health needs, will support the development of meaningful training opportunities. The Child Care Health Consultant will share needs assessment results with PDG partners and initiate regular meetings to plan for implementation aligned with these identified priorities.

## Resource and Capacity Building

The top health and safety need identified by ECCE providers were supply needs. Providers identified different areas of supply needs such as first aid kits, cleaning supplies, and other medical and safety materials. The second area of high health and safety need was policy, guidelines, and regulations needs identifying the need for expanded and clearer guidance. The third area of high health and safety need were needs related to supporting parents and families. Providers identified needed support in holding conversations with parents and aid in supporting the families of the children in their care. To address supply needs, the Health Department will share the needs assessment results with partners, AOE and CDD, to further discuss opportunities for capacity building. Through this continued partnership the Child Care Health Consultant will be able to connect ECCE providers with proper supply resources. Partnership with CDD will further promote the ability for ECCE providers to share their licensing questions and receive clearer guidance tailored to their needs and unique situations. Educational opportunities coordinated by the Child Care Health Consultant will work to address the need for capacity building and training on holding conversations with parents and supporting the families of the children in their care.

## Training and Technical Assistance

### *Management of Challenging Behaviors*

ECCE providers identified partnering with health care providers in the management of challenging behaviors as the health and safety area in which they wanted the most additional information. When separated by program type center-based providers have a heightened need for additional information on the management of challenging behaviors. Center-based programs tend to have larger cohort sizes than home-based programs based on staffing and enrollment licensing requirements. To better understand the difference between center-based and home-based provider needs, the Child Care Health Consultant held conversations with CDD Children's Integrated Services (CIS) around the management of challenging behaviors. From these conversations it seems plausible that children with challenging behaviors enrolled in center-based programs are in larger group settings and may receive less individualized attention. Children with challenging behaviors may be susceptible to more frequent overstimulation in this care setting as compared to a smaller home-based program. Home-based providers may have established strong connections with their healthcare providers and enroll fewer children with challenging behaviors as compared to center-based providers leading to the differences in need. To address this high priority need, the Health Department has partnered with AOE and CDD in working with the Pyramid Model Consortium (PMC). The mission of the PMC is to promote social emotional competence in infants and young children. Through this partnership, services to ECCE providers will include live coaching to address individual program needs, free PMC Social-Emotional Development Kits available in versions tailored to the needs of infants and toddlers, preschool, and families, and a hybrid two-day PMC Trauma Informed Training Opportunity.

### *Planning for Children with Special Health Care Needs*

The second area of high health and safety need was additional information on planning for children with special health needs. When separated by program type center-based providers have a heightened need for additional information on planning for children with special health needs. To better understand the difference between center-based and home-based provider needs, the Child Care Health Consultant held conversations with CDD CIS around planning for children with special health needs. It is plausible that home-based programs may enroll fewer children with special health needs as compared to center-based programs resulting in the difference in need by program type. From these conversations it was determined that increased partnership between the Health Department and CIS would be beneficial in addressing this high priority need. The Child Care Health Consultant in consultation with the Department of Health Children with Special Health Needs (CSHN) program and CIS will hold space for continued discussions.

## *Health Policies*

The third area of high health and safety need was additional information on health policies. When separated by program type center-based providers have a heightened need for additional information on health policies. The need for additional information on health policies reflects the identified need for expanded and clearer guidance. The Child Care Health Consultant's partnership with CDD serves as a method for answering health policy questions in a timely manner. The collaboration between the CDD Licensor on Duty (LOD) and the Child Care Health Consultant is key to addressing this high priority need. The Child Care Health Consultant and the CDD collaborate consistently when answering health policy questions from ECCE providers. The availability of the LOD and Child Care Health Consultant allow timely feedback to ECCE providers. To best serve ECCE providers in answering health policy questions, the LOD joins the Child Care Health Consultant's Department of Health Q&A for Early Childhood Educators webinar series hosted by VTAEYC. The availability of the LOD at the webinar series has received positive feedback from ECCE providers and increased clarity on health policies.

## *Health and Safety Consultation*

The majority of ECCE providers responded they did not have a health consultant for their child care. The lack of health consultation is consistent across program types. This shows the high need for the Child Care Health Consultant and the importance of promoting these services to ECCE providers from all program types. Continued collaboration with partner agencies and organizations to promote the webinars will be crucial to raising awareness and reaching FCCH programs. Advertising on social media will also be important in reaching ECCE providers. The majority of ECCE providers responded they did not have a safety consultant for their child care. The lack of safety consultation is consistent across program types and notably there are less child cares with a safety consultant as compared to a health consultant. Continued collaboration with partner agencies and organizations to promote the webinars will be crucial to raising awareness and reaching FCCH programs. Advertising on social media will also be important in reaching ECCE providers. The ideal system of support for health and safety in child care identified by ECCE providers was consultation. With providers identifying the need for an accessible health and safety consultant they could contact for timely responses to their questions. The second most favored system of support was a hotline to ask health and safety questions, identifying the need for timely and direct communication. The third most favored system of support was in-person support. This shows the high need for the Child Care Health Consultant and the importance of promoting these services to ECCE providers from all program types. With increased awareness of the Child Care Health Consultant's services, ECCE providers will be able to access timely support for their health and safety questions through the Health Department.

## Appendix

### Health and Safety Needs in Child Cares Survey Email to Providers

Hello,

The Vermont Department of Health has received funding through the Preschool Development Grant to support health and safety needs in childcare. To provide the most useful resources, we would like to hear from you about what supports you need. The [Health and Safety Needs in Childcares Survey](#) asks questions on a variety of health and safety topics. Data from the survey will inform the development of educational materials which will be presented through webinars and online learning platforms. The survey can be completed collaboratively with leadership and staff in your childcare.

The survey can be accessed directly through the hyperlink above or QR code below. The survey launched May 9th and will close Friday June 14th. Feel free to share widely on Vermont childcare groups and forums you participate in.

You may have received this notice more than once if you are on multiple listservs, you only need to complete the Health and Safety Needs in Childcares Survey once.



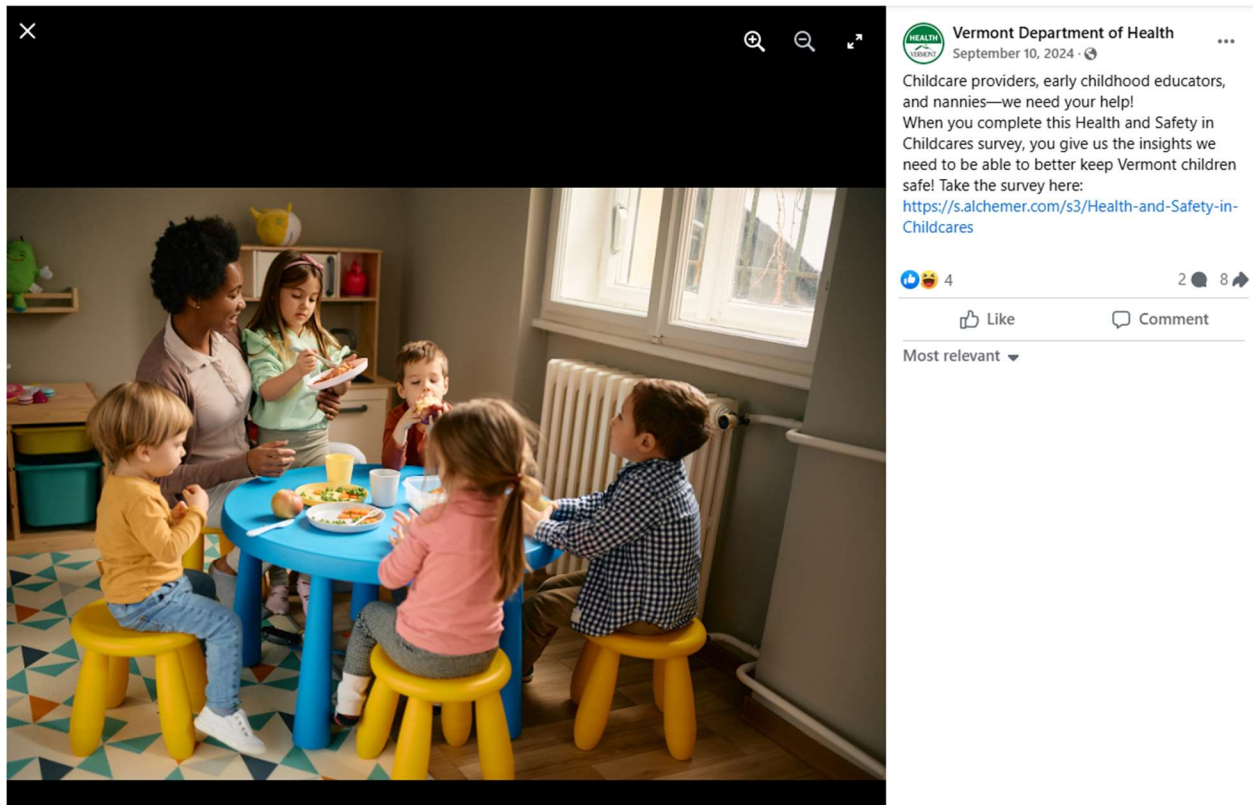
QR code:

I am happy to follow-up to discuss specific training and information needs. Please feel free to contact me at [Julia.Sarrasin@vermont.gov](mailto:Julia.Sarrasin@vermont.gov) with any questions.

## Health and Safety Needs in Child Cares Survey Social Media

Facebook

facebook



## Instagram

Instagram



## Health and Safety Needs in Child Cares Survey

### Health and Safety Needs in your Childcare

The Vermont Department of Health has received funding through the Preschool Development Grant to support health and safety needs in childcares. In order to provide the most useful resources, we would like to hear from childcares about what support you need. We recommend this survey be completed collaboratively with leadership and staff if applicable. We are happy to follow up with you to discuss your specific training and information needs to support the operation of your childcare facility. This data will not be used for any screening or regulatory purposes and is not connected to licensing.

If you would like to discuss any of this in more depth, please reach out to [Julia.Sarrasin@Vermont.gov](mailto:Julia.Sarrasin@Vermont.gov)

### Demographics

*These questions are meant to gather basic information about your childcare.*

#### 1) Please provide the following information.

Your name: \_\_\_\_\_

Your position: \_\_\_\_\_

Childcare name: \_\_\_\_\_

#### 2) Where is your childcare located?

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Zip code: \_\_\_\_\_

#### 3) How would you describe your childcare?

( ) Center-based

( ) Home-based

( ) Other - Write In (Required): \_\_\_\_\_ \*

**4) Which of the following best describes your program?**

☐ Registered

☐ Unregistered

☐ Licensed

☐ HeadStart

☐ Other - Write In (Required): \_\_\_\_\_ \*

**5) How many children in the following age groups attend your program?**

|                                 | <b>0-4</b>               | <b>5-10</b>              | <b>11-15</b>             | <b>16-20</b>             | <b>20 or more</b>        |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Infants (2yrs and under)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Toddlers</i>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Preschool</i>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Mixed age group</i>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Health and Safety Needs**

*The next questions will assess the needs of your childcare.*

**6) What are the top three needs related to health and safety in your childcare?**

Need 1: \_\_\_\_\_

Need 2: \_\_\_\_\_

Need 3: \_\_\_\_\_

**7) How useful would additional information be in the following subjects?**

|                                                                                        | <i>Not<br/>at all<br/>useful</i> | <i>Slightly<br/>useful</i> | <i>Useful</i> | <i>Very<br/>useful</i> | <i>Extremely<br/>useful</i> |
|----------------------------------------------------------------------------------------|----------------------------------|----------------------------|---------------|------------------------|-----------------------------|
| <i>Control of communicable disease</i>                                                 | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>AAP's Bright Futures Guidelines for care of children</i>                            | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Emergency planning</i>                                                              | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Nutrition including infant feeding</i>                                              | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Injury prevention</i>                                                               | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Program health and safety assessment</i>                                            | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Planning for Children with Special Health Care Needs</i>                            | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Child development and early relational health</i>                                   | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Health policies</i>                                                                 | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Safety policies</i>                                                                 | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>COVID-19</i>                                                                        | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Safe sleep</i>                                                                      | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |
| <i>Partnering with healthcare providers in the management of challenging behaviors</i> | <i>()</i>                        | <i>()</i>                  | <i>()</i>     | <i>()</i>              | <i>()</i>                   |

**8) What format would be most useful for you and your staff to receive this information?**

|                                                                                        | <i>In person<br/>educational<br/>offerings</i> | <i>Recorded<br/>educational<br/>offerings</i> | <i>Online<br/>module</i> |
|----------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--------------------------|
| <i>Control of communicable disease</i>                                                 | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>AAP's Bright Futures Guidelines for care of children</i>                            | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Emergency planning</i>                                                              | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Nutrition including infant feeding</i>                                              | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Injury prevention</i>                                                               | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Program health and safety assessment</i>                                            | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Planning for Children with Special Health Care Needs</i>                            | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Child development and early relational health</i>                                   | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Health policies</i>                                                                 | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Safety policies</i>                                                                 | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>COVID-19</i>                                                                        | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Safe sleep</i>                                                                      | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |
| <i>Partnering with healthcare providers in the management of challenging behaviors</i> | <i>()</i>                                      | <i>()</i>                                     | <i>()</i>                |

**9) Are there any formats other than what was listed above which would be helpful to receive the information in?**

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**10) Do you have a health consultant for your childcare?**

*() Yes*

*() No*

*() Other - Write In (Required): \_\_\_\_\_ \**

**11) When you have a health-related question in your childcare, who do you contact? (If your consultant then please provide their name or organization)**

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**12) Do you have a safety consultant for your childcare?**

☐ Yes

☐ No

☐ Other - Write In (Required): \_\_\_\_\_ \*

**13) When you have a safety-related question in your childcare, who do you contact? (If your consultant then please provide their name or organization)**

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### **Additional Information**

**These last questions will help inform system improvements.**

**14) What would an ideal system of support for health and safety in childcare look like to you?**

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**15) Are there any other comments you would like to share?**

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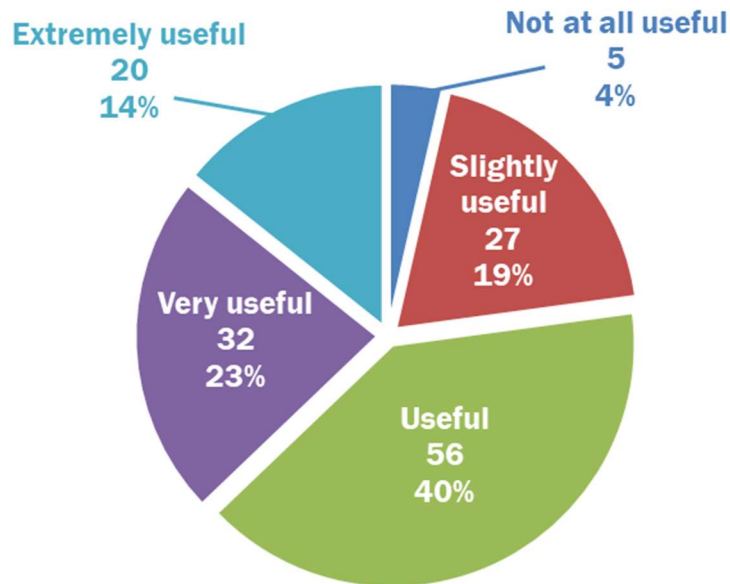
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**Thank You!**

Thank you for taking our survey. Your response is very important to us. If you have questions or would like to follow up on your response, please email [Julia.Sarrasin@Vermont.gov](mailto:Julia.Sarrasin@Vermont.gov).

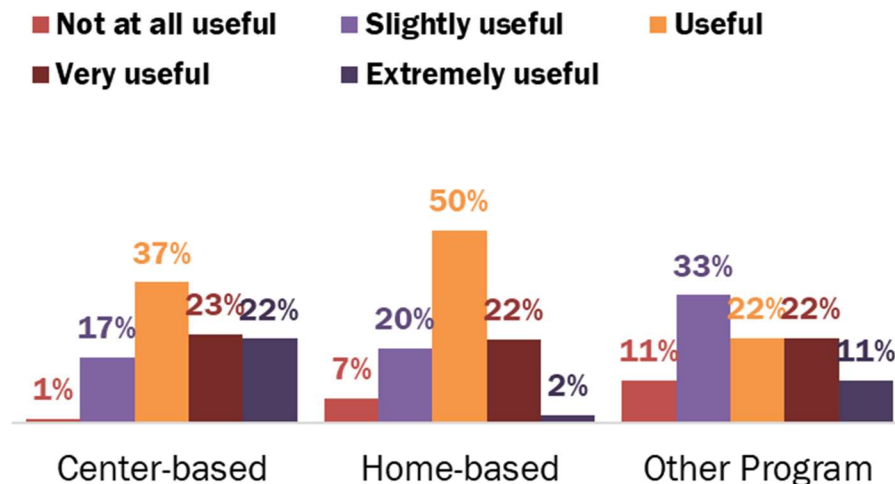
## Useful Health and Safety Information: Control of Communicable Disease

### Control of Communicable Disease



Participants were asked to identify the usefulness of additional information on the control of communicable disease. Among participants, 40% responded that the additional information would be useful, 14% extremely useful, 23% very useful, and 19% slightly useful. The remaining 4% of participants responded that the additional information was not at all useful.

### Usefulness of Control of Communicable Disease Information by Program Type



## Center-Based

Among center-based participants, 37% responded that the additional information would be useful, followed by 22% extremely useful, 23% very useful, and 17% slightly useful. The remaining 1% of participants responded that the additional information was not at all useful.

## Home-Based

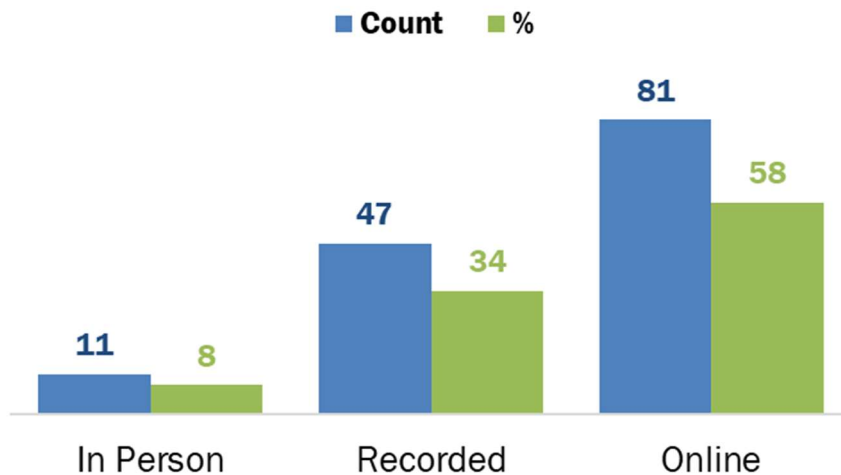
The majority of home-based participants responded that the additional information would be useful (50%). Among participants, 2% responded that the additional information would be extremely useful, 22% very useful, and 20% slightly useful. The remaining 7% of participants responded that the additional information was not at all useful.

## Other

The majority of participants who defined their ECCE program as other responded that the additional information would be slightly useful (50%). Among participants, 11% responded that the additional information would be extremely useful, 22% very useful, and 22% useful. The remaining 11% of participants responded that the additional information was not at all useful.

## Preferred Format to Receive Information: Control of Communicable Disease

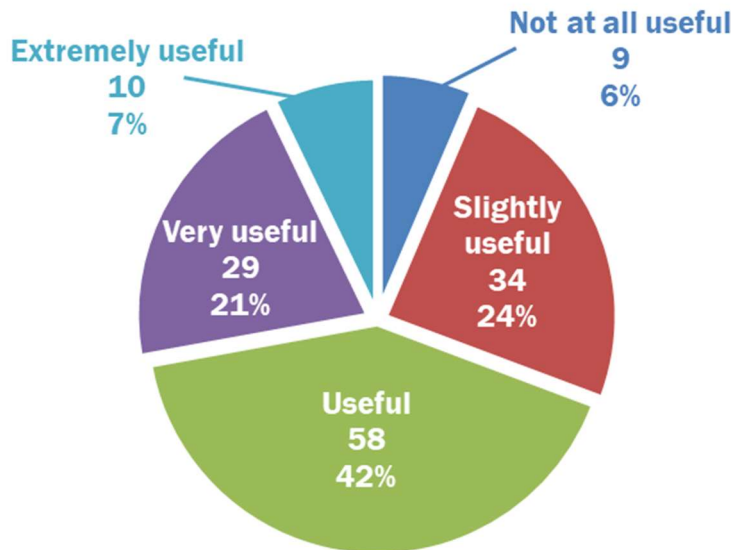
### Control of Communicable Disease



Participants were asked the preference of format to receive additional information on the control of communicable diseases. The majority of participants preferred to receive the additional information through the online modality (58%).

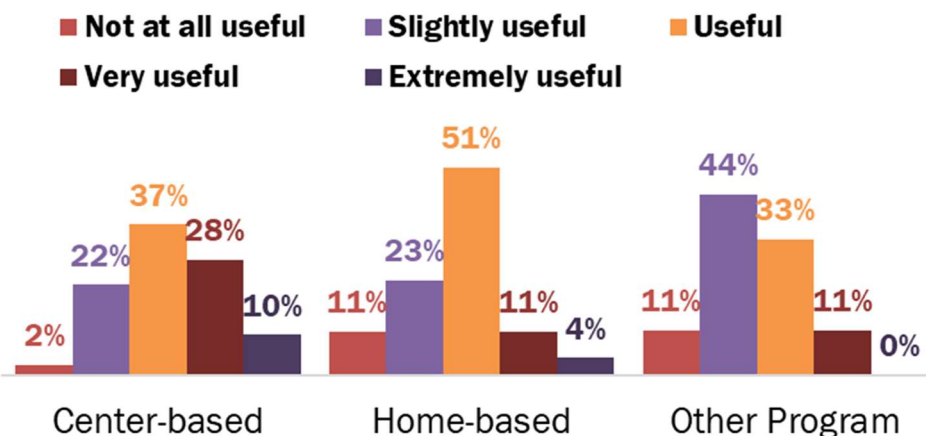
## Useful Health and Safety Information: American Academy of Pediatrics (AAP) Building Bright Futures (BBF) Guidelines for Care of Children

### AAP's BBF Guidelines for Care of Children



Participants were asked to identify the usefulness of additional information on the AAP's BBF Guidelines for care of children. Among participants, 42% percent of participants responded that the additional information would be useful, 7% extremely useful, 21% very useful, 24% slightly useful. The remaining 6% of participants responded that the additional information was not at all useful.

### Usefulness of AAP's BBF Guidelines for Care of Children Information by Program Type



## Center-Based

Among center-based participants, 37% responded that the additional information would be useful, 10% extremely useful, 28% very useful, and 22% slightly useful. The remaining 3% of participants responded that the additional information was not at all useful.

## Home-Based

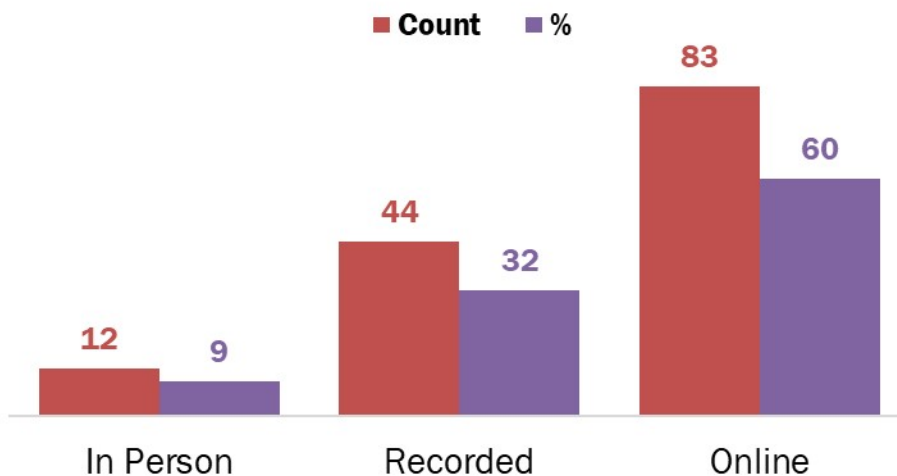
The majority of home-based participants responded that the additional information would be useful (51%). Among participants, 4% responded that the additional information would be extremely useful, 11% very useful, and 23% slightly useful. The remaining 11% of participants responded that the additional information was not at all useful.

## Other

Among participants who identified their program type as other, 42% responded that the additional information would be slightly useful, 7% extremely useful, 21% very useful, and 42% useful. The remaining 11% of participants responded that the additional information was not at all useful.

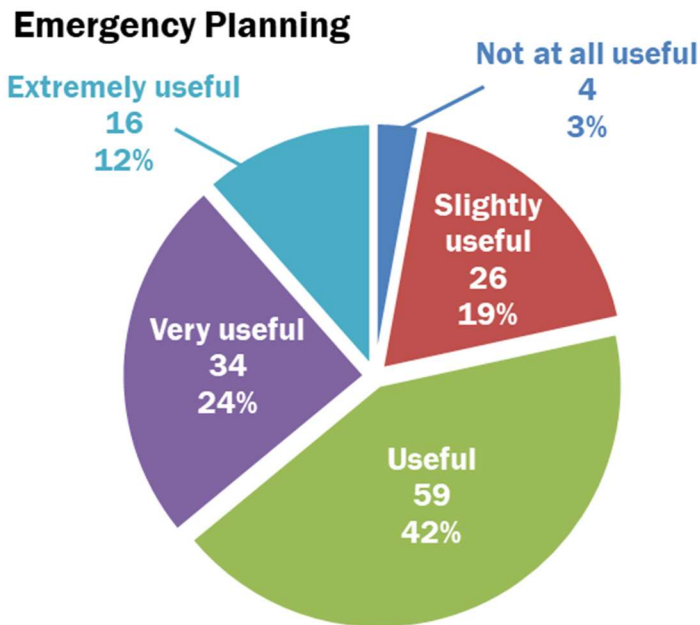
## Preferred Format to Receive Information: AAP's BBF Guidelines for the Care of Children

### AAP's BBF Guidelines for Care of Children



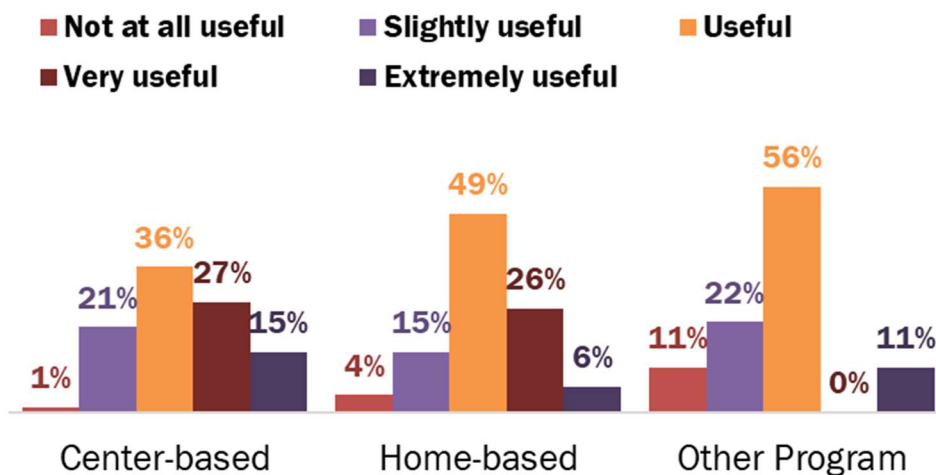
Participants were asked the preference of format to receive additional information on AAP's BBF Guidelines for the care of children. The majority of participants preferred to receive the additional information through the online modality (60%).

## Useful Health and Safety Information: Emergency Planning



Participants were asked to identify the usefulness of additional information on emergency planning. Among participants, 42% responded that the additional information would be useful, 12% extremely useful, 24% very useful, 19% slightly useful. The remaining 3% of participants responded that the additional information was not at all useful.

## Usefulness of Emergency Planning Information by Program Type



## Center-Based

Among center-based participants, 36% responded that the additional information would be useful, 15% extremely useful, 27% very useful, and 21% slightly useful. The remaining 1% of participants responded that the additional information was not at all useful.

## Home-Based

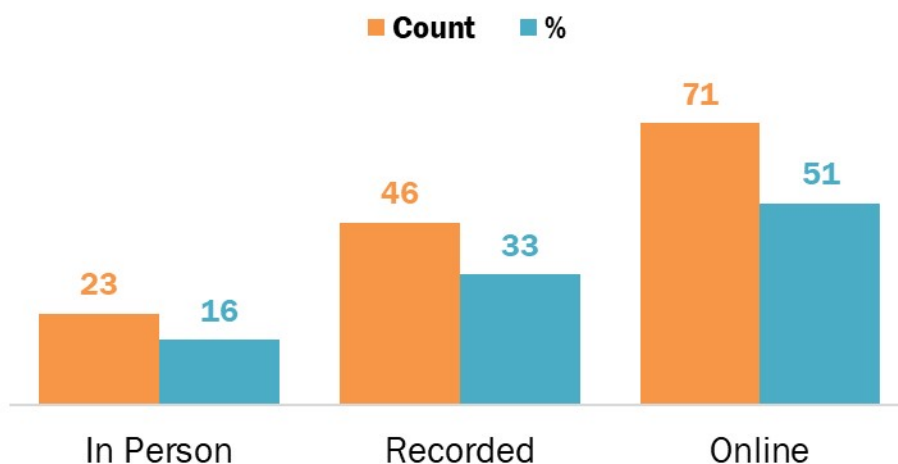
Among home-based participants, 49% responded that the additional information would be useful, 6% extremely useful, 26% very useful, and 15% slightly useful. The remaining 4% of participants responded that the additional information was not at all useful.

## Other

The majority of participants who defined their ECCE program as other responded that the additional information would be useful (56%). Among participants, 11% responded that the additional information would be extremely useful, and 22% slightly useful. The remaining 11% of participants responded that the additional information was not at all useful.

## Preferred Format to Receive Information: Emergency Preparedness

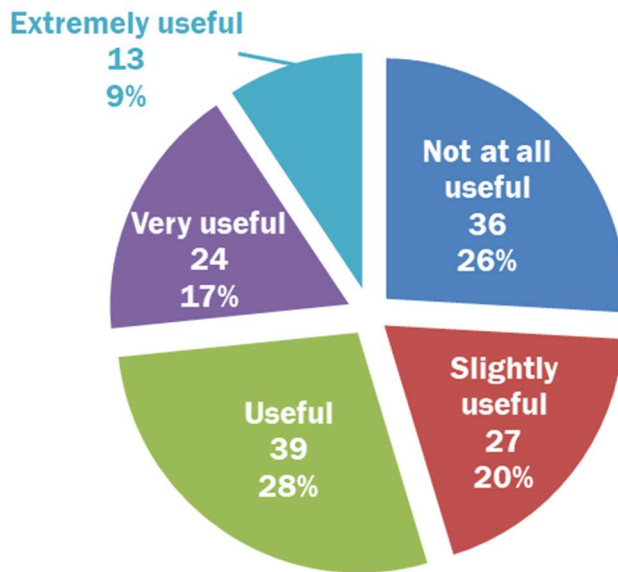
### Emergency Planning



Participants were asked the preference of format to receive additional information on emergency planning. The majority of participants preferred to receive the additional information through the online modality (51%).

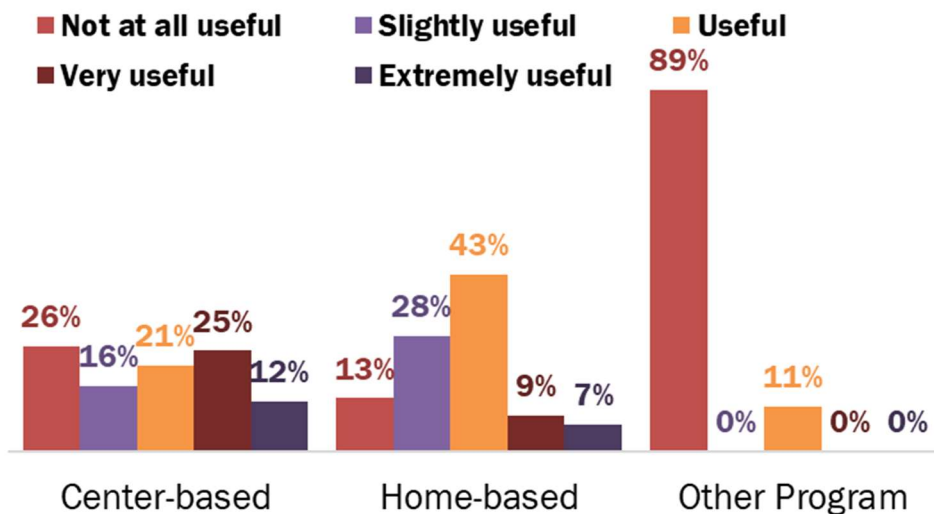
## Useful Health and Safety Information: Nutrition Including Infant Feeding

### Nutrition including Infant Feeding



Participants were asked to identify the usefulness of additional information on nutrition including infant feeding. Among participants, 28% responded that the additional information would be useful, 9% extremely useful, 17% very useful, 20% slightly useful. The remaining 26% of participants responded that the additional information was not at all useful.

### Usefulness of Nutrition including Infant Feeding Information by Program Type



## Center-Based

Among center-based participants, 26% responded that the additional information would be not at all useful, 12% extremely useful, 25% very useful, 21% useful, and 16% slightly useful.

## Home-Based

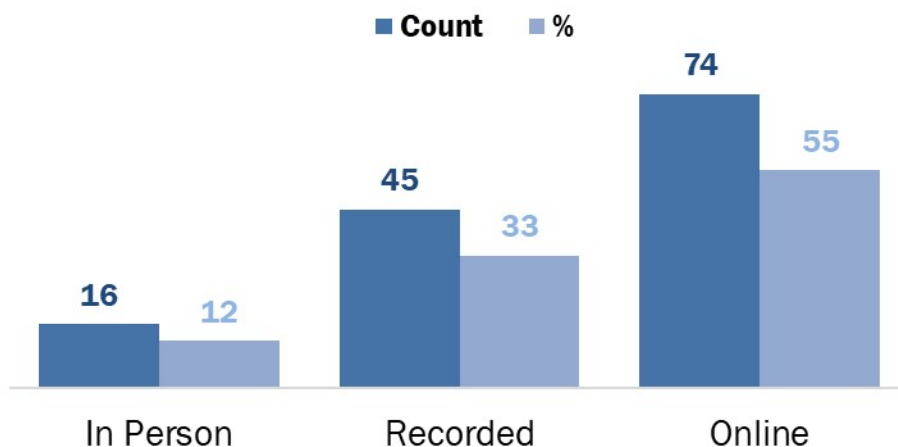
Among home-based participants, 44% participants responded that the additional information would be useful, 7% extremely useful, 9% very useful, and 28% slightly useful. The remaining 13% of participants responded that the additional information was not at all useful.

## Other

The majority of participants who defined their ECCE program as other responded that the additional information would be not at all useful (90%). Among participants, 11% responded that the additional information would be useful.

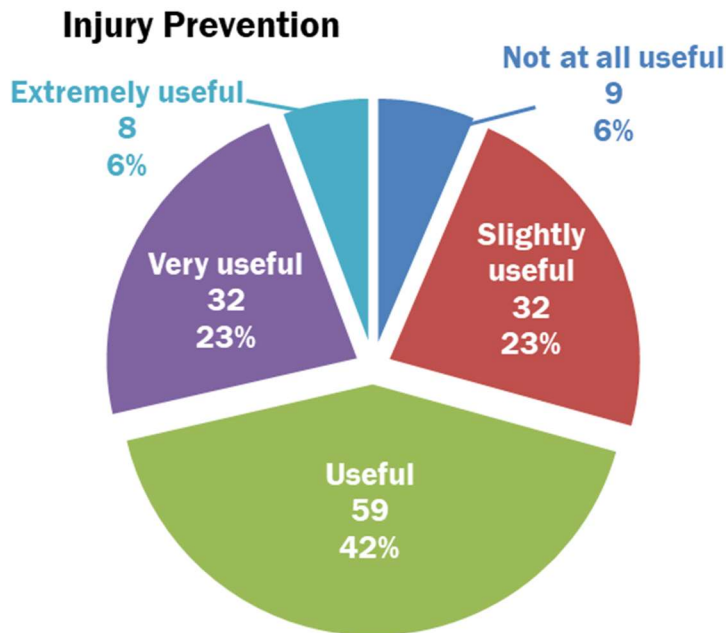
## Preferred Format to Receive Information: Nutrition Including Infant Feeding

### Nutrition Including Infant Feeding



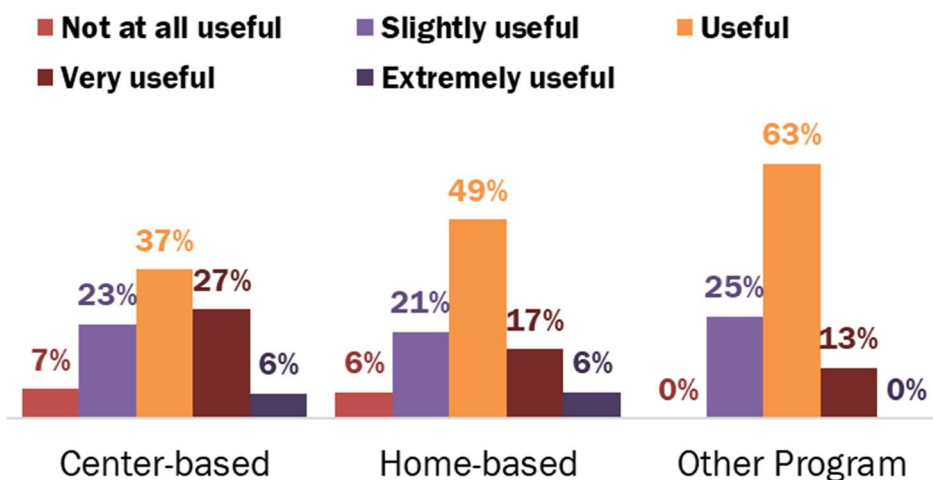
Participants were asked the preference of format to receive additional information on nutrition including infant feeding. The majority of participants preferred to receive the additional information through the online modality (55%).

## Useful Health and Safety Information: Injury Prevention



Participants were asked to identify the usefulness of additional information on injury prevention. Among participants, 42% responded that the additional information would be useful, 6% extremely useful, 23% very useful, 23% slightly useful. The remaining 6% of participants responded that the additional information was not at all useful.

## Usefulness of Injury Prevention Information by Program Type



## Center-Based

Among center-based participants, 37% responded that the additional information would be useful, 6% extremely useful, 27% very useful, and 23% slightly useful. The remaining 7% of participants responded that the additional information was not at all useful.

## Home-Based

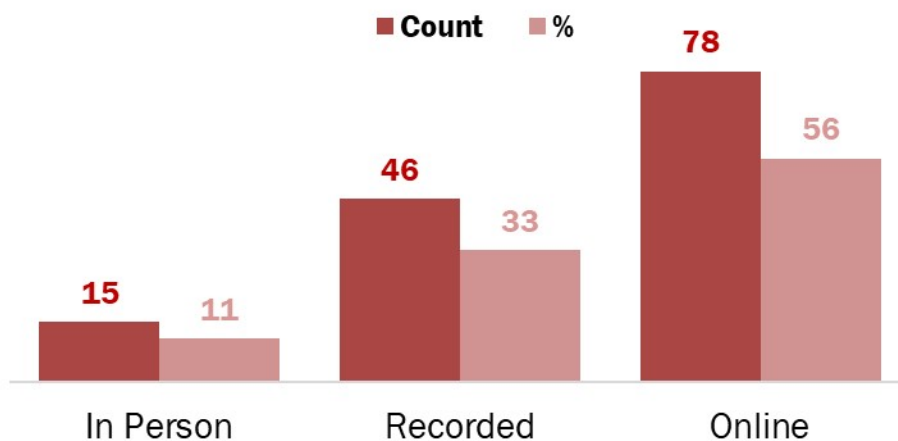
Among home-based participants, 49% responded that the additional information would be useful, 6% extremely useful, 17% very useful, and 21% slightly useful. The remaining 6% of participants responded that the additional information was not at all useful.

## Other

The majority of participants who defined their ECCE program as other responded that the additional information would be useful (63%). Among participants, 13% responded that the additional information would be very useful, and 25% slightly useful.

## Preferred Format to Receive Information: Injury Prevention

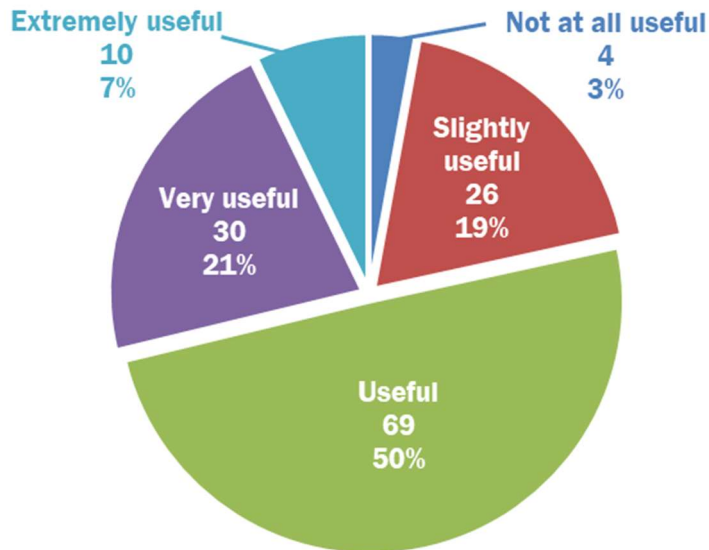
### Injury Prevention



Participants were asked the preference of format to receive additional information on injury prevention. The majority of participants preferred to receive the additional information through the online modality (56%).

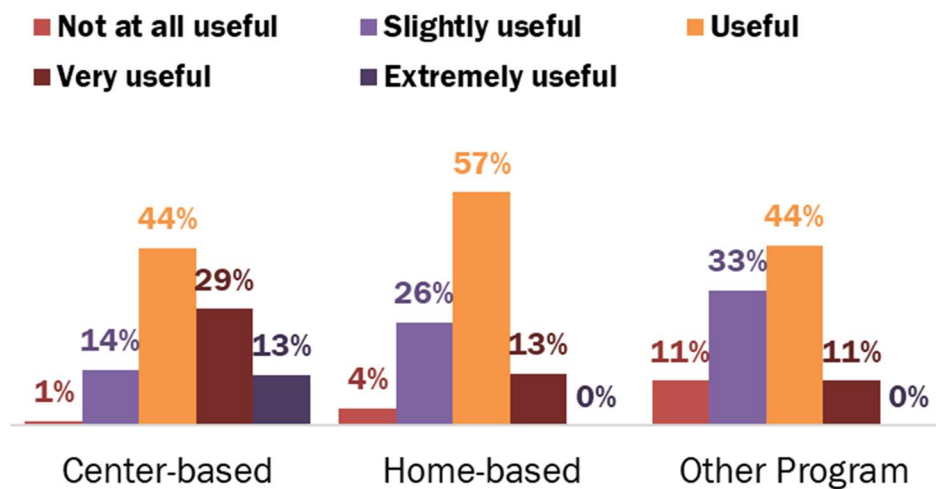
## Useful Health and Safety Information: Program Health and Safety Assessment

### Program Health and Safety Assessment



Participants were asked to identify the usefulness of additional information on program health and safety assessment. The majority of participants responded that the additional information would be useful (69%). Among participants, 7% responded that the additional information would be extremely useful, 21% very useful, 19% slightly useful. The remaining 3% of participants responded that the additional information was not at all useful.

### Usefulness of Program Health and Safety Assessment Information by Program Type



## Center-Based

Among center-based participants, 44% responded that the additional information would be useful, 13% extremely useful, 29% very useful, and 14% slightly useful. The remaining 1% of participants responded that the additional information was not at all useful.

## Home-Based

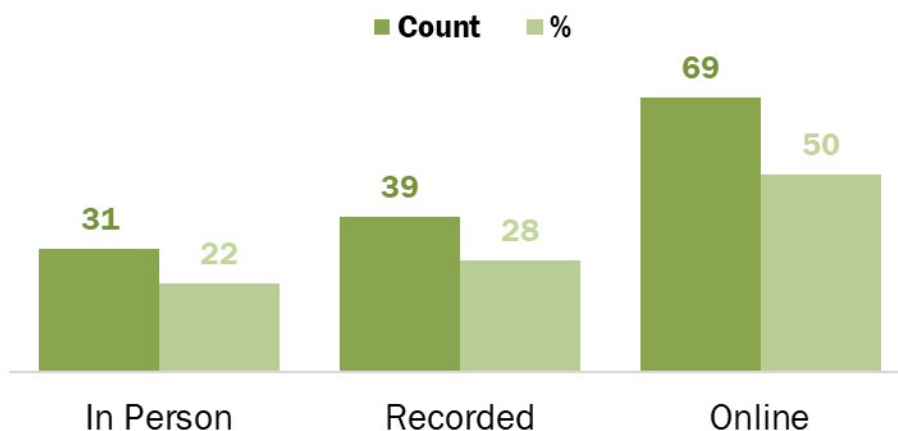
The majority of home-based participants responded that the additional information would be useful (57%). Among participants, 13% responded that the additional information would be extremely useful, 29% very useful, and 14% slightly useful. The remaining 1% of participants responded that the additional information was not at all useful.

## Other

Among participants who identified their program type as other, 44% responded that the additional information would be useful, 11% very useful and 33% slightly useful. The remaining 11% of participants responded that the additional information was not at all useful.

## Preferred Format to Receive Information: Program Health and Safety Assessment

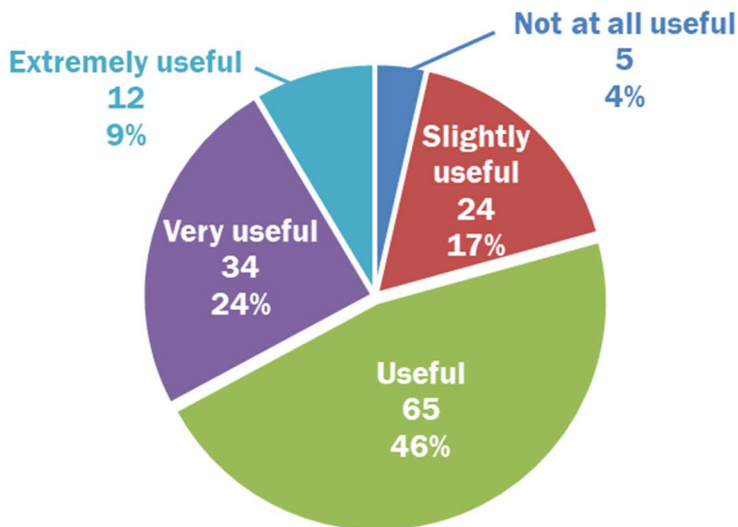
### Program Health and Safety Assessment



Participants were asked the preference of format to receive additional information on program health and safety assessment. The majority of participants preferred to receive the additional information through the online modality (50%).

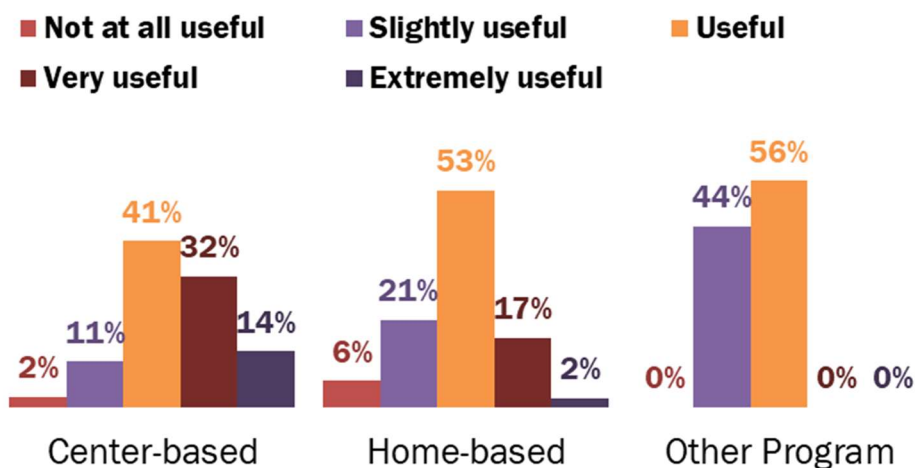
## Useful Health and Safety Information: Child Development and Early Relational Health Needs

### Child Development and Early Relational Health



Participants were asked to identify the usefulness of additional information on child development and early relational health needs. Among participants, 46% responded that the additional information would be useful, 9% extremely useful, 24% very useful, 17% slightly useful. The remaining 4% of participants responded that the additional information was not at all useful.

### Usefulness of Child Development and Early Relational Health Information by Program Type



## Center-Based

Among center-based participants, 40% responded that the additional information would be useful, 14% extremely useful, 32% very useful, and 11% slightly useful. The remaining 3% of participants responded that the additional information was not at all useful.

## Home-Based

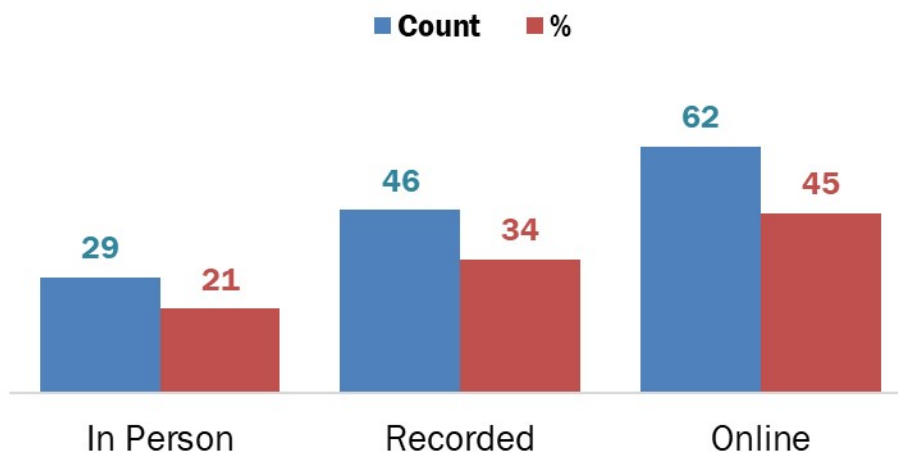
The majority of home-based participants responded that the additional information would be useful (53%). Among participants, 2% responded that the additional information would be extremely useful, 17% very useful, and 21% slightly useful. The remaining 6% of participants responded that the additional information was not at all useful.

## Other

The majority of participants who defined their ECCE program as other responded that the additional information would be useful (56%). Among participants, 44% responded that the additional information would be slightly useful.

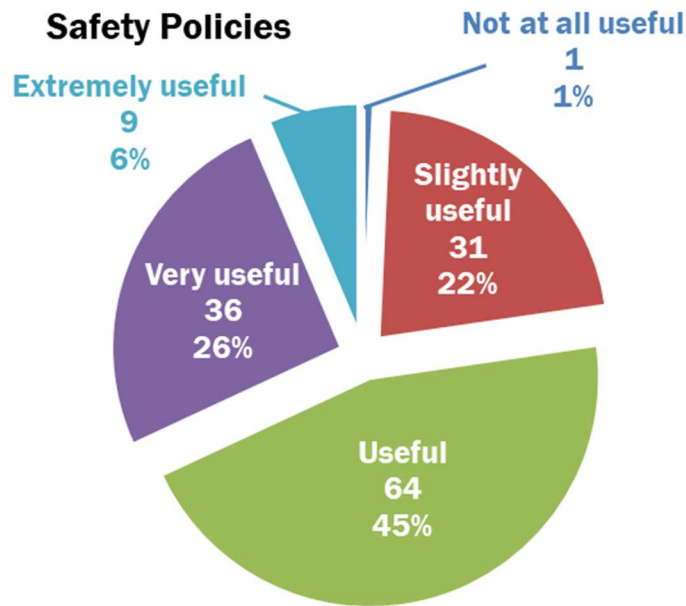
## Preferred Format to Receive Information: Child Development and Early Relational Health

### Child Development and Early Relational Health



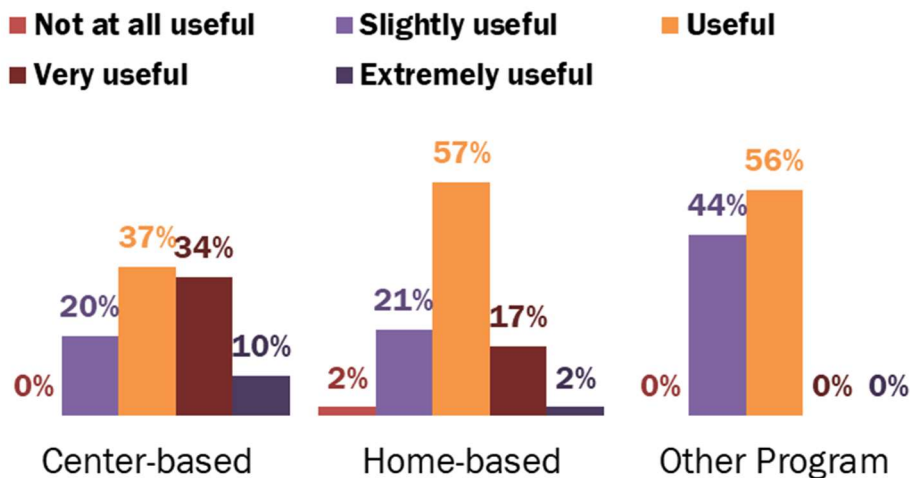
Participants were asked the preference of format to receive additional information on child development and early relational health. Among participants, 45% preferred to receive the additional information through the online modality.

## Useful Health and Safety Information: Safety Policies



Participants were asked to identify the usefulness of additional information on safety policies. Among participants, 45% responded that the additional information would be useful, 6% extremely useful, 26% very useful, 22% slightly useful. The remaining 1% of participants responded that the additional information was not at all useful.

## Usefulness of Safety Policies Information by Program Type



## Center-Based

Among center-based participants, 37% responded that the additional information would be useful, 10% extremely useful, 17% very useful, and 21% slightly useful.

## Home-Based

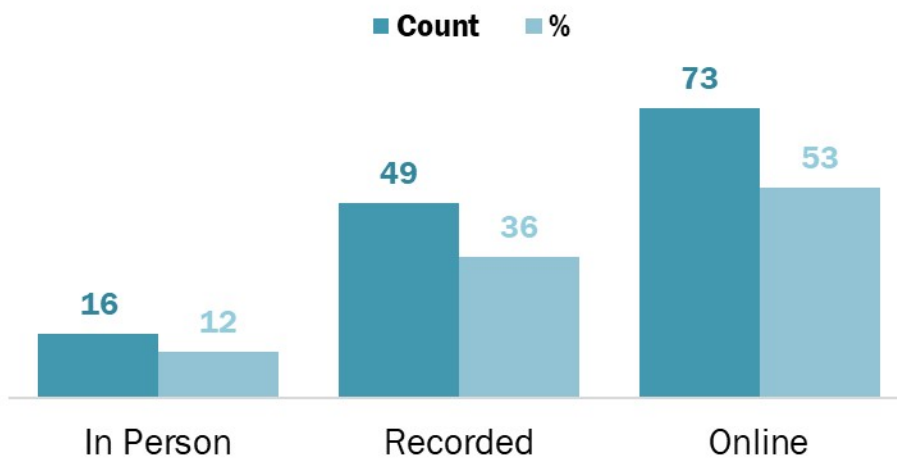
The majority of home-based participants responded that the additional information would be useful (57%). Among participants, 2% responded that the additional information would be extremely useful, 17% very useful, and 21% slightly useful. The remaining 2% of participants responded that the additional information was not at all useful.

## Other

The majority of participants who defined their ECCE program as other responded that the additional information would be useful (56%). Among participants, 44% responded that the additional information would be slightly useful.

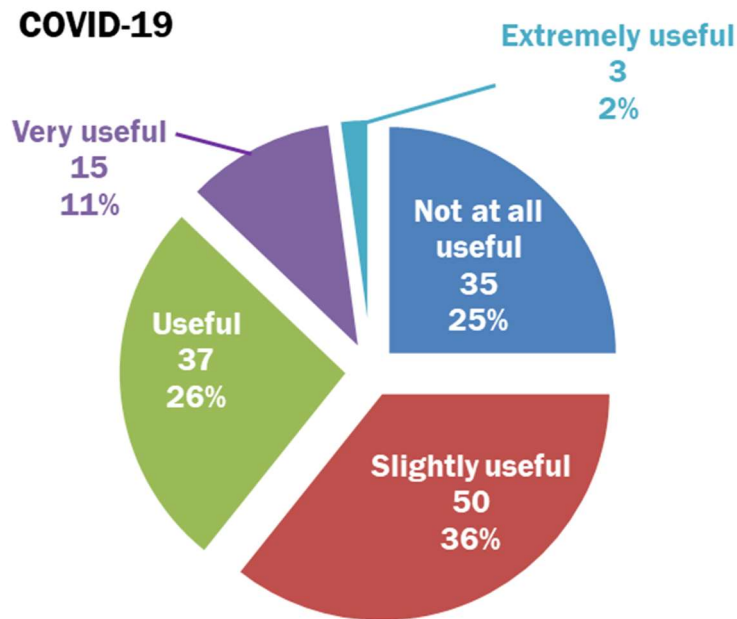
## Preferred Format to Receive Information: Safety Policies

### Safety Policies



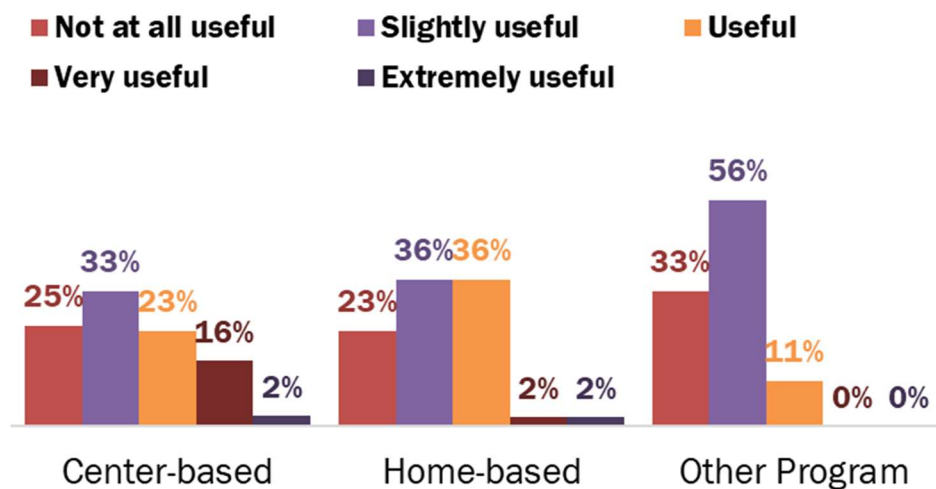
Participants were asked the preference of format to receive additional information on safety policies. The majority of participants preferred to receive the additional information through the online modality (53%).

## Useful Health and Safety Information: COVID-19



Participants were asked to identify the usefulness of additional information on COVID-19. Among participants, 36% responded that the additional information would be slightly useful, 2% extremely useful, 11% very useful, 26% useful. The remaining 25% of participants responded that the additional information was not at all useful.

## Usefulness of COVID-19 Information by Program Type



## Center-Based

Among center-based participants, 33% responded that the additional information would be slightly useful, 3% extremely useful, 16% very useful, and 24% useful. The remaining 25% of participants responded that the additional information was not at all useful.

## Home-Based

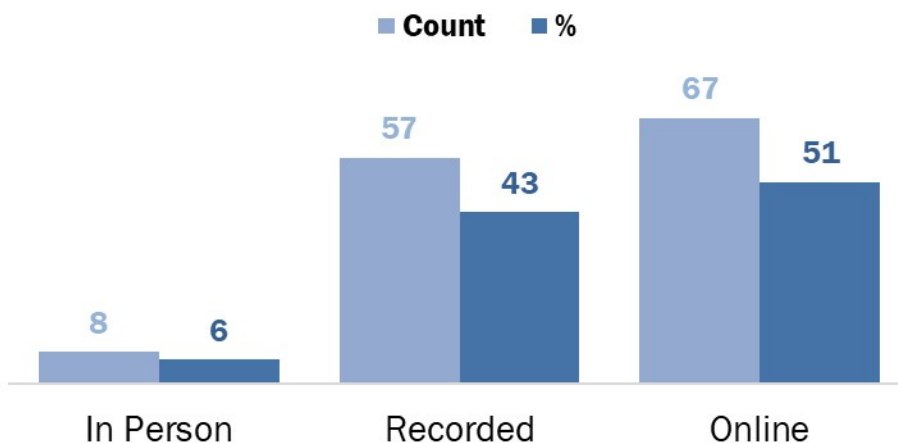
Among home-based participants, 36% responded that the additional information would be useful or slightly useful, 2% extremely useful and 2% very useful. The remaining 23% of participants responded that the additional information was not at all useful.

## Other

The majority of participants who defined their ECCE program as other responded that the additional information would be slightly useful (56%). Among participants, 11% responded that the additional information would be useful. The remaining 33% of participants responded that the additional information was not at all useful.

## Preferred Format to Receive Information: COVID-19

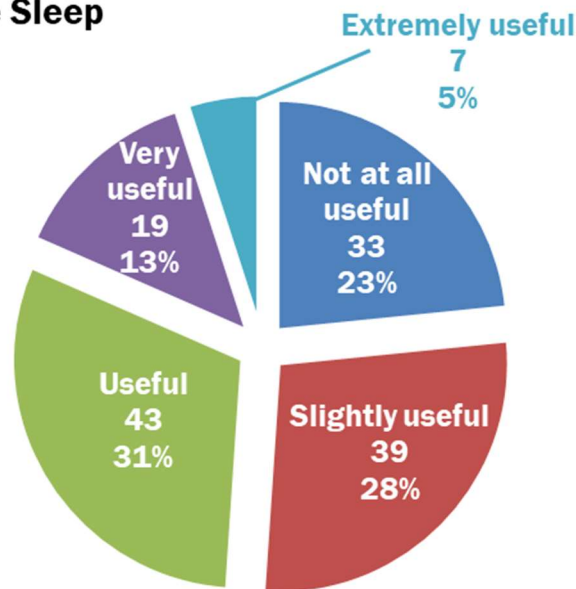
### COVID-19



Participants were asked the preference of format to receive additional information on COVID-19. The majority of participants preferred to receive the additional information through the online modality (51%).

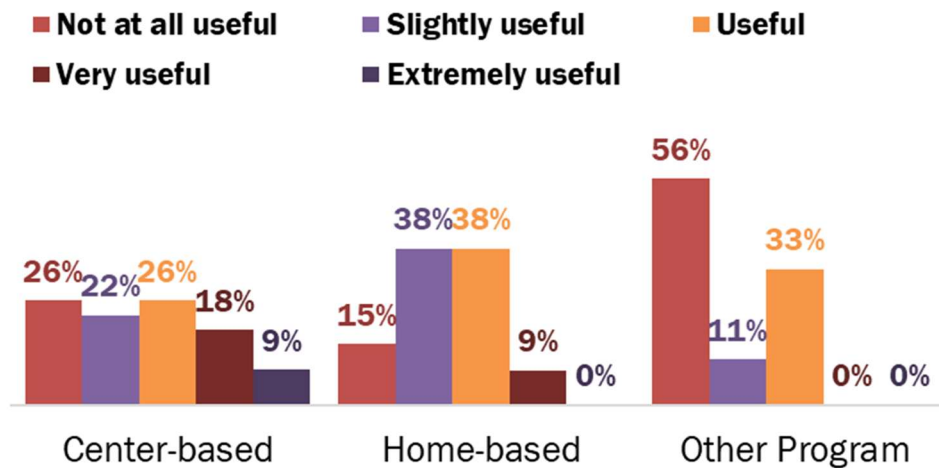
## Useful Health and Safety Information: Safe Sleep

### Safe Sleep



Participants were asked to identify the usefulness of additional information on safe sleep. Among participants, 31% responded that the additional information would be useful, 5% extremely useful, 13% very useful, 28% slightly useful. The remaining 23% of participants responded that the additional information was not at all useful.

## Usefulness of Safe Sleep Information by Program Type



## Center-Based

Among center-based participants, 26% responded that the additional information would be useful or not at all useful, 9% extremely useful, 18% very useful, and 22% slightly useful.

## Home-Based

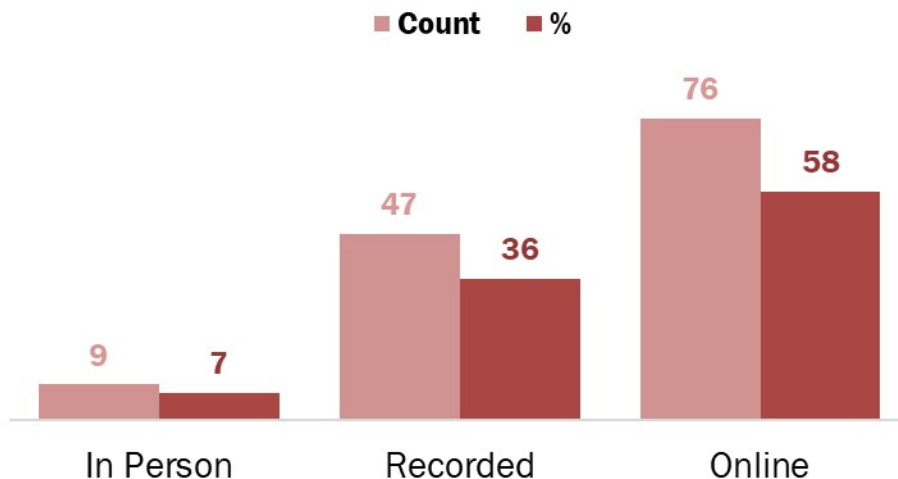
Among home-based participants, 38% participants responded that the additional information would be useful or slightly useful, 9% very useful. The remaining 15% of participants responded that the additional information was not at all useful.

## Other

The majority of participants who defined their ECCE program as other responded that the additional information would be not at all useful (56%). Among participants, 33% responded that the additional information would be useful, and 11% slightly useful.

## Preferred Format to Receive Information: Safe Sleep

### Safe Sleep



Participants were asked the preference of format to receive additional information on safe sleep. The majority of participants preferred to receive the additional information through the online modality (58%).