
Improving the Quality of Legally Exempt Child Care: Report on the Implementation Phase

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Introduction

This report is the final deliverable prepared by the Center for Human Services Research (CHSR) on a project supported by OCFS to enhance the quality of care offered by legally exempt providers in Albany County. There were two major components to the project:

1. **Data Collection:** This consisted of a literature review on best practices relevant to legally exempt care, an analysis of Albany County data of legally exempt providers and the families they serve, and focus groups and a telephone survey of providers and families¹.
2. **Project Implementation:** Based on the data and information gathered from the data collection phase and feedback from our advisory committee, a program was designed, delivered and evaluated to improve the quality of Albany County legally exempt care.

This report describes the project implementation phase. As specified in the contract, CHSR:

- Identified three possible interventions to improve the quality of child care offered by legally exempt providers
- Selected the most promising intervention
- Designed and field tested the intervention for its effectiveness

The report begins with a description of the three interventions chosen. This is followed by the section demonstrating the promise of the one intervention. Next the design and implementation of services are described, followed by details on the intervention sessions, participant information, and participant and child attendance. Finally, the results of the evaluation are reviewed.

A. Identifying and Designing Three Possible Intervention

Based on an extensive literature review, focus groups, telephone interviews, feedback from our advisory committee members and experts in the field of child care, we developed three promising interventions: Enhanced Play & Learn, Provider Newsletter and Enhanced Home Visiting.

1-Enhanced Play & Learn

¹ Legally-Exempt Child Care Providers: Their Needs and Challenges and Model Practices to Improve Care submitted in April 2007
Data Analysis Report: Subsidized Legally Exempt Child Care in Albany County submitted in June 2006 and Focus Group and Telephone Survey Reports: Legally Exempt Child Care Providers and Families Utilizing Subsidized Care in Albany County submitted in December 2006.

Enhanced Play & Learn combines two popular models for improving child care. Incorporating the “play and learn” model, widely implemented throughout Hawaii and King County, Washington, providers and children participate in a planned age appropriate activity led by trained facilitators. Facilitators offer information, model behavior, and distribute resources designed to enhance care and promote school readiness.

To strengthen this program, additional opportunities for respite, information dissemination and social support are offered to providers. Following the Play & Learn activity, providers participate in a facilitator-led group discussion and have the opportunity to socialize and network while the children play with alternate caregivers. Facilitators and providers share important child care information informally.

Participants meet two hours a week for eight weeks, and attendance counts as part of providers’ required training hours for increased reimbursement.

Advantages of this program include the incorporation of several effective education methods (modeling, hands-on experience, peer education and support) and the ability to meet multiple needs expressed by caregivers (respite, socialization, education). Disadvantages are that it is resource intensive and presents logistical challenges, such as arranging transportation.

2-Provider Newsletter

The second proposed intervention was a newsletter that would be mailed to all of the county’s legally exempt child care providers. The newsletter supplies child development information, activities, and safety information. To increase interest and readership, it includes sections on community resources and events and engages providers to contribute to the newsletter’s development and content. It also incorporates an evaluation survey that is entered into a raffle drawing if returned.

The design of the newsletter is concise, easy to read, with lots of images, and topics that address expressed and relevant topical needs.

Advantages of the newsletter include the capacity to reach large numbers of providers and the ability to inform readers of local services and activities as well as general child care information. Disadvantages are the inability to reach populations with limited literacy and the lack of in-person contact with providers.

3-Enhanced Home Visiting

The Capital District Child Care Coordinating Council, the Eat Smart New York! nutrition education program, and St. Patrick’s Home Based Child Care Partnership have home visiting programs that include legally exempt child care providers. This intervention supports and augments these programs by distributing a welcome package with useful resources, community links, and child care information as well as providing training for

existing home visiting staff on the best approaches and techniques for a successful home visit. In addition, staff members follow up on meeting providers' needs identified through an assessment administered during the visit.

Advantages of this intervention are its convenience for participants and its ability to accommodate a specific provider's individual needs. Its largest disadvantage is its unpopularity (many people do not like to invite strangers into their homes).

B. Choosing Enhanced Play and Learn

We determined that the Enhanced Play & Learn model would be the most appropriate intervention for Albany County legally exempt child care providers. It combines a number of other well-established models for child care training and services into one. The program improves child care quality in several ways:

- 1) The facilitator models positive child-caregiver interactions
- 2) The facilitator provides age-appropriate activity ideas and resources
- 3) Providers obtain child care information informally from the facilitator and other providers
- 4) Providers engage with children during the intervention, giving them hands-on practice in implementing new activities and behaviors
- 5) Providers receive the opportunity to socialize and network together
- 6) Providers receive respite during the intervention, which encourages participation

Local focus groups and telephone surveys indicated that both providers and parents were interested in the services provided by Enhanced Play & Learn, and that many providers were interested in attending activities with other providers and the children in their care.

Academic literature also supports the theories upon which this model is based. In a recently completed meta-analysis of parenting education programs conducted by the Centers for Disease Control (Kaminski & Valle, 2007), parenting training programs that included having parents practice with their child during the training yielded the best outcomes. Research also indicates that good social skills are associated with school readiness and academic success (Webster-Stratton & Reid, 2004), as such opportunities for positive socialization with peers in young children is recommended. Another meta-analysis assessing the effectiveness of prevention efforts reports that strategies involving parent education and support are promising when it comes to outcomes related to parental attitude changes, knowledge and behavior, parent-child interactions, and child outcomes (Daro & McCurdy, 2006). In surveys, child care providers report a desire for informal opportunities to obtain child health and development information. Both play and learn groups and peer support groups have been well-received by caregivers.

C. Design and Implementation of Services

To carry out the intervention, we decided to engage a contractor experienced with conducting similar activities with the provider population. We released a Request for Services specifying that the contractor must:

1. Recruit and enroll 20 subsidized legally exempt providers living in Albany County, with the aid of a list of approximately 300 current legally exempt providers
2. Secure parental permission for all children participating in the program
3. Select a site in the 12202 zip code area accessible by public transportation
4. Hire staff (facilitators and babysitters)
5. Provide eight two-hour sessions of Enhanced Play & Learn before June 21st, 2007, with one hour of Play & Learn activities followed by one hour of group discussion and social networking among providers
6. Work closely with CHSR in evaluation efforts of the program

We received two applicants and evaluated them individually using a protocol that assessed the organizations':

1. Capacity to fulfill the requirements and work with diverse populations
2. Expertise and recruitment of proposed staff
3. Plan for recruitment and retention of participants
4. Plan for the sessions' topics and understanding of the Play & Learn model
5. Proposed budget

We selected St. Patrick's Home Based Child Care Partnership, a program of Catholic Charities of the Diocese of Albany, as the contractor. The Partnership's experience with working with the target demographic, access to a location in the target area, grasp of the Enhanced Play & Learn protocol, and planned recruitment for and implementation of the model made it the best candidate.

Providers were recruited using a list of approximately 300 legally exempt providers in Albany County. Postcards were mailed to all on the list.² This was followed up with phone calls. Out of the 300 postcards mailed, 20% or approximately 60 were returned to sender or address unknown. Out of the 300 calls almost a third of the phone numbers were not accessible, approximately 27 were wrong numbers and 68 unlisted numbers. Additionally, we targeted recruitment to providers who had participated earlier on the project in a telephone survey and focus groups by contacting these individuals first.

² Narrative from postcard:

Play and Learn Workshops

For Legally Exempt Providers and the Children in their Care.

You and the children in your care are invited to an 8 week series of FREE Workshops. One 2 hour session each week in May and June: 1 hour of activity time with the children and 1 hour of respite and information sharing for the grown-ups while the children are cared for by babysitters. Bus fare, food, training materials and free gifts are all part of this program.

From these efforts 30 providers enrolled for the services by telephone. The 30 providers were called approximately three times before the initiation of the workshops.

To encourage attendance, the intrinsic value of attending all sessions was heavily emphasized with providers (i.e., education, training hours leading to increased reimbursement rate, respite, peer networking and support). Incentive packages of child care supplies and gift cards with a value of \$30.00 each were given to providers every other week as a perfect attendance “award.” A “graduation” certificate and collection of child care related items (i.e., Price Chopper gift cards, books, toys) valued at \$50.00 was also offered upon the successful completion of the entire session at a small graduation ceremony on the last day. Participants were called weekly to remind them to attend.

D. Sessions, Attendance, and Participants

Each of the eight sessions had a theme which was discussed in the facilitator-led group and woven into the activity time with children. The following are the themes and associated activities from each session in the order that they were presented:

1. ‘We Can Get Along’ focused on getting to know each other and on non-violent interactions, e.g. ‘hands are not for hitting.’ Examples of other uses for hands were discussed such as sign language and creative activities.
2. ‘Cooking with Children’ focused on involving children in the cooking process safely and on food safety rules.
3. ‘Encouraging Dramatic Play’ included discussion why children spend time imitating adult roles and ways to stimulate dramatic play and pretending.
4. ‘Developing Healthy Habits’ helped participants to identify and encourage healthy habits such as proper hand washing and use of tissues for sneezing with children.
5. ‘Moving with Music’ focused on identification and correct use of rhythm instruments, experiential opportunities for providers to tap simple rhythms using the instruments, participation in creative movement exercises and hands-on musical instrument creation with the children.
6. ‘Playing with Blocks’ helped participants identify the skills gained while playing with blocks and explored various ways to do so, including opportunities to build bridge structures and to make blocks out of cereal boxes, newspaper, and contact paper.
7. ‘Outdoor Safety’ covered how to keep children safe during a walk or at the playground and gave providers an opportunity to play simple large motor games with the children.
8. ‘Children Tell the Story’ where participants discussed how to tell a story using the names of the children in care and methods of encouraging conversation with the children. Participants and their children each decorated a bound notebook for journaling over the summer months.

While 30 providers originally enrolled in the intervention, only 13 attended any sessions, with an average of 7 adults per session. Out of the 13 participants, 5 attended at least 6 of

the 8 sessions (See Table 1). The number of children in attendance ranged from 4 to 13, with an average of 9. The age of the children ranged from 6 months to 13 years. The most common age group was the target population of preschoolers (2-5 years), with an average of 6 preschoolers per session.

Table 1: Attendance by participant and session

Participant	05/09	05/16	05/23	05/30	06/06	06/13	06/20	06/27	Total individual attendance
01	1	1	1	1	1		1	1	7
02	1	1	1	1		1	1	1	7
03	1	1	1	1		1	1	1	7
04	1	1							2
05	1	1		1					3
06	1	1	1	1	1	1	1	1	8
07	1	1	1			1			4
08	1		1						2
09		1		1	1	1	1	1	6
10			1	1	1	1			4
11			1	1					2
12			1						1
13				1					1
Total session attendance	8	8	9	9	4	6	5	5	

Ten respondents completed a demographic information form (Appendix 1). All the respondents are female and most (70%) are relatives of the children in their care. Six identified as grandmothers, two are family friends, one is an aunt, and one describes herself as a child care provider. Seven respondents are Black, one is Hispanic, and two are Multiracial. Most of the providers are unmarried (80%). Providers' ages range from 20s through to the 60's; the majority of providers were between 40 and 59 years of age. 70% report incomes less than \$15,000 per year. Three did not finish high school, three have high school diplomas or GEDs, and four have higher education. Four providers reported having received child care training in the past. Half of the providers have access to the internet and 40% have their own email address. In general providers' circumstances appear to be challenging, including being low income, single and having limited education.

The providers care for between two and five children at a time, ranging in age from six months to 13 years. Two providers care for their own children while providing child care to others. Providers cared for children between 12.5 and 70 hours a week, with an average of 42.5 hours a week and a median of 43.8 hours a week. Seven providers have cared for the same children for over a year. Three providers report that at least one child in their care has special needs such as physical disabilities or learning problems.

E. Evaluation Results

Initial data collection yielded a sample of 10 providers, and follow up data collection is based on reporting from 5 participants. Providers participated in a focus group interview (Appendix 2), completed a questionnaire on satisfaction with the services (Appendix 3) and completed a pre and post test on child care attitudes, knowledge, and behavior and on social support. (Appendix 4).

The feedback that was received is limited to the perspective of the more engaged participants who attended more sessions. That said the feedback from the participants was overwhelmingly positive. Satisfaction survey results indicate that all respondents were very satisfied, satisfied, or somewhat satisfied with the Play & Learn activity session, group discussion, and social opportunity components of the intervention. Participants were very satisfied or satisfied with the group facilitator and the location. One participant reported not being satisfied by the length of the activity and this was explained in more detail in the focus group interview where participants explained that they felt more time was needed for the group discussion component of the intervention.

Individual session topics were rated very useful for the most part, and none of the session topics were rated as “not useful.” Most of the respondents felt that they learned different ways to communicate with children verbally and non-verbally, positive and effective discipline techniques, new activity ideas, and new information about the developmental stages of the children in their care.

A focus group of 5 providers demonstrated similar results regarding satisfaction with services and offered additional information. Providers found out about the program in a variety of ways: by a postcard in the mail, by telephone, through a friend who was a day care provider, and at a day care center. Their first impressions included being excited and interested, and their motivation to attend was to participate in a new experiences and to develop new skills. We asked the providers if they had any ideas why other providers who had been contacted chose not to attend. They speculated that others felt that they would not benefit from the program, had a hard time with the 8 week commitment, might have found it boring, and did not know what to expect.

Participants were extremely positive about the facilitators:

“The people that’s here they are the nicest people”

“The staffs are so friendly and awesome”

“They are so nice and patient”

Services were also highly appreciated. Participants expressed that they and the children had gained a lot from the activities. The biggest indicator of their satisfaction may have been their disappointment in services ending.

“Definitely, both kids and we got a lot of benefits from this program”

“Like my twins, they used to fight, now they come and they play with other kids, they don’t fight cause they know they gotta share... they learned how to get along with other children”

“They loved coming here to play with other kids”

“I want it to go all summer long”

The focus group generated important ideas for effectively implementing this kind of program in the future and possibly on a larger scale.

1. Program publicity: Information should be posted at the DSS office and local day care centers. Providers must visit the DSS office for orientations every six months, which would be a good opportunity for recruitment.
2. Program schedule: Participants wanted more time in the program, and suggested either extending it for three hours or meeting twice a week. Providers indicated that others might have been deterred from participating due to the 8 week commitment requirement; requesting shorter time commitments or providing ongoing sessions that do not require commitments may increase participation.
3. Accommodating older children: Providers who care for school-age children in addition to the young children for whom the intervention was designed were not well-served when they had to bring the older children due to school closings.

Since the overall sample for comparing pre and post test data is quite small it is difficult to put any emphasis on statistical results. Out of the 24 questions asked there were changes in the expected direction between pre and post test mean responses for all but four items. These changes along with information from the focus group and the satisfaction survey indicate that some of the providers experienced improvements in caregiver knowledge, attitudes and behavior.

Staff were interviewed individually twice: around mid-service and at the end of services. While the mid-service interviews with staff were generally positive, they expressed challenges and issues at start-up. Administrative staff indicated that recruitment and attendance were the biggest difficulties early on. Reasons included the limited time allocated to outreach individuals in this particular population. There was also a lack of role clarity for staff at the beginning of services. The first session was ‘rocky’ as staff did not know what to expect and had not planned for orienting the providers to the service and the upcoming sessions. This changed quickly as roles were defined and plans were put in place.

While the overall attendance was less than expected, staff were pleased that participants returned; this was the initial indication that they valued the services. Staff noted that providers are passionate about what they do and that they come with a depth of child care knowledge. Additionally the facilitator emphasized that the group appeared to be bonding early on, forming little friendship groups and willing to share openly.

End of service interviews indicated that the overall goals of the program had been met with the exception of having 20 participants attend. Staff felt that the Enhanced Play and Learn design and structure are a good match for this population, allowing participants to learn new things, have fun, explore changing their behaviors, and interact with one

another. Staff expressed that at the core of Enhanced Play & Learn is the focus on building relationships: relationships between providers and each other, providers and staff, and providers and children. As a result of this experience, staff are motivated to follow up with participants and continue to provide this type of service. Plans are in place for a follow up meeting in September. Staff expressed that “continuity of the relationship is key... for the long term impact we desire.”

Staff feedback differed from participants regarding the level and importance of social bonding and interactions among providers. Only one out of the five providers felt that she had built lasting relationships with other child care providers from the group. While participants indicated some satisfaction with adult social support opportunities, fewer were “very satisfied” with this component compared with the other program components.

Recommendations from staff interviews for the design and implementation of future services include:

1. Program structure: Staff indicated that more structure was needed with in the sessions. This could be addressed by designating specific times for each portion of the overall time and sticking to that consistently every week.
2. Program schedule: Staff also mentioned changes to the schedule. One suggestion was to minimize the commitment from 8 weeks to two 4-week sessions with a break in the middle. Staff felt that more time was needed for each session as well.
3. Child care specialists: Staff expressed an interest in having experts in various child care topics come in as guest speakers to share information with providers. For example this particular group had a lot of questions about caring for children with special needs; the staff would have liked to bring someone in to address these questions.

F. Conclusions and Recommendations

Our efforts to design an intervention specifically to improve the quality of care provided by Albany County legally exempt child care providers resulted in Enhanced Play & Learn. The five respondents we spoke to expressed satisfaction with services, felt they gained skills that would help them to improve their care, appreciated opportunities to socialize with others provides, and observed that the children in their care gained behavioral skills. Staff expressed excitement about this particular type of child care program, feeling that it is an excellent way to engage providers and help them to expand their skills and knowledge in a non-threatening and fun way.

However, recruitment was a major challenge and the services were not very well attended. Our goal was to serve 20 legally exempt child care providers; only 13 attended at any point throughout the eight sessions. On average, seven providers attended each session, less than half of our goal.

We recommend the following improvements that might contribute to increased enrollment in the future. First and foremost, more time is needed for outreach. We designed this intervention for providers with children between ages 0 -5 years in their

care. To allow providers and their children to attend without needing to accommodate the school-aged children in their care, we felt it would be best to offer the services before the end of the school year. As a result, barely three weeks were allocated to outreach. Other logistical errors related to outreach could have impacted attendance. For example, a contact phone number was not listed on the initial outreach postcard; therefore there was no way for potential participant to contact the program staff if they were interested. Enabling provider-initiated contact is particularly important with this population as their contact information is often not up-to-date.

Providers in this program were asked to commit to attend 8 consecutive weeks of the services. Regular attendance was important for building relationships and for collecting data about the program, yet it is likely that requesting this commitment also inhibited a number of providers from attending in the first place. Some options to work around this are to establish a shorter time commitment, as discussed above, or by not asking for any time commitment. Without the commitment it may be harder to build relationships between providers, but by providing ongoing services, participants can come when they are available and can rely on services. Once the services are in place and ongoing, word of mouth might ensure higher attendance.

The other identified interventions – a provider-driven newsletter and enhanced home visiting do not require recruitment and as a result may reach a greater proportion of the providers; they do hold promise and could also be considered in the future.

In closing, our goals were to identify and select a promising intervention for legally exempt child care providers, and then to design, implement and evaluate the chosen intervention. In an effort to improve the quality of child care provided, Enhanced Play & Learn offered Albany county's legally exempt child care providers services which increased provider knowledge about child care, offered providers and children opportunities to play and learn together in a stimulating and supportive environment, and offered providers and children opportunities to engage with/socialize with their peers. This project introduced a new and effective approach to child care training to Albany County and sparked an interest in local organizations to pave the way for improving upon and then utilizing this valuable approach in the future.

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