

FOCUS GROUP AND TELEPHONE SURVEY REPORTS:

**Legally Exempt Child Care Providers and Families Utilizing
Subsidized Care in Albany County**

Submitted to:
Office of Children and Family Services
Bureau of Early Childhood Services

Submitted by:
Center for Human Services Research
University at Albany

EXECUTIVE SUMMARY

The Center for Human Services Research (CHSR) at the University of Albany, as specified in the contract with the New York State Office of Children and Family Services, Bureau of Early Childhood Services, convened focus groups and conducted telephone surveys in Albany County with subsidized legally-exempt child care providers and the families who use this type of care. Four focus groups were conducted in community settings: two provider groups and two parent groups. A total of 152 telephone interviews of parents and providers were conducted. The purpose of the focus groups and the telephone interviews, as defined in Appendix C-1 of the contract, was to determine the following information:

1. The needs, challenges, and strengths of providers in offering child care
2. The needs of parents related to child care
3. Participant reactions to possible interventions for providers intended to improve the quality of legally exempt child care.

An additional purpose of the focus groups was to inform the development of the provider survey and parent survey.

This executive summary is accompanied by two documents:

- Focus Group Report: Legally Exempt Child Care Providers and Families Utilizing Subsidized Care in Albany County
- Telephone Survey Report: Legally Exempt Child Care Providers and Families Utilizing Subsidized Care in Albany County.

These documents describe the purpose, methods, and findings of the investigations in detail. The summary offers a synthesis of the highlights from the two reports.

Methods

Lists of provider and parent names and contact information were obtained from the Albany County Department of Social Services. For the focus group participants, contact was made initially by mail and followed up by telephone. For the survey, telephone contact was made by trained interviewers using a semi-structured brief instrument. Both groups received incentives for participation. The University's Institutional Review Board approved all procedures. Qualitative methods were used to compile the focus group findings and descriptive statistics were run on the telephone survey data.

Demographics

Overall, the child care providers are low income with limited formal education. Most are female, African American, and relatives to the children they care for, grandmothers being the most common. Provider's age ranges from 19 years old to 70 years old. The children in care, according to our sample, are young with the average age of 5 years. Some of the key characteristics of child care in our sample are listed below.

Characteristics of Care

- Child care is most often provided in the home of the provider.
- Child care is required during multiple time periods, during non-traditional hours (after 6pm, overnight and weekends) and traditional hours (day time hours).
- Many of the providers have been in child care for many years and plan to continue.

- Parents choose this type of care because the provider is trusted, known, warm, loving, and reliable; they also choose this type of care because the hours are flexible and convenient.
- Parents and providers report having a good relationship with each other; they are in agreement on child care expectations and feel that feedback is appreciated.
- The provider is in child care largely because she enjoys taking care of and being with children, and she wants to help out the child's parent.

Many of the characteristics of care directly impact interventions. The fact that providers are invested in child care as a career indicates a high rate of return for any training or resources delivered. Since their motivation to provide care is driven by a desire to help others, rather than personal gains, information and resources that will help them do a better job should be well received. Yet their availability to attend trainings or spend time reading materials may be limited because of the hours that they spend providing care in addition to the fact that some providers (35%) do report having second jobs.

Information Gaps

- Parents and providers need more information and/or support on completing DSS paperwork; a large percent of providers report not receiving paychecks on time. If this is a result of incomplete or incorrect paperwork, it could be addressed by proper instruction or training.
- Most parents and providers do not know about registering a second provider, which could address the providers' need for respite and parents' need for care when providers are not available.
- Some parents (16%) report that they used legally exempt child care because they had no knowledge of other choices for child care. A systematic review of child care options including licensed day care centers, regulated home based providers and other public programs, such as Head Start, would provide a venue for parents to learn more about their options and make informed decisions about what would work best for them.
- Parents and providers report concerns about children's safety in day care centers; misconceptions about the quality and level of care may exist.

While some basic information gaps are identified above, with adequate information and thorough communication of that information, addressing them is feasible. Much of the information could be addressed in the intervention being designed for legally exempt providers. Yet parental concerns, such as lack of information on child care options, would need to be addressed elsewhere. Next, we will discuss the types of interventions that are of interest to providers and parents.

Types of Interventions: Topics, Activities and Resources

- Providers and parents show an interest in activities related to cognitive development and developmentally appropriate activities, such as helping children read, planning age appropriate activities for children, and age specific child development.
- Providers and parents are interested in information on talking to children about violence in the home
- Providers are interested in health and safety issues, such as children's nutrition and health, cleanliness, CPR, and car seat safety and regulations.
- Providers also report that they would like information on working with disabled or difficult children and planning children's activities outside the home.
- Both providers and parents are interested in newsletters or tip sheets with information on caring for children.
- Other activities of interest to both providers and parents are outside events with other child care providers, a workshop on a child care topic of provider choice, videos with tips for working with

children, training to become a licensed child care provider and meetings with other child care providers.

- Providers also expressed a need for informal support, social networking and respite.
- Providers and parents indicated an interest in art supplies, children's books, home safety equipment and toys.

The need for services in this population does exist as exemplified by the gaps in information on child care options and legally exempt protocols, and the providers need for respite and support. The right intervention would be welcome by providers, as indicated by the providers' commitment to a career in child care and motivation to provide care. Reactions to interventions were positive; providers show great interest in learning more about caring for children and receiving resources for children. All of the above indicates that an appropriate intervention would be well received by providers and parents, and therefore a benefit to the children in legally exempt child care.

Focus Group Results: Legally Exempt Child Care Providers and Families Utilizing Subsidized Care in Albany County

INTRODUCTION

The purpose of the following report is to examine the needs, strengths and challenges of legally exempt child care providers and the needs of families that utilize subsidized legally exempt care in Albany County. In addition, we report on provider and parent reactions to proposed interventions to improve the quality of care. Four focus groups were conducted in Albany County, two were provider groups and two were parent groups. First the focus group recruitment strategy, participant demographics, and format for the meetings are discussed. This will be followed by sections that describe the focus group findings for providers and parents, and an appendix of the focus group protocols.

Recruitment Strategy

CHSR obtained a list of legally exempt providers and parents who use a legally exempt provider from the Albany County Department of Social Services (DSS). This list contained contact information including name, address and telephone number. Staff analyzed the zip codes to determine locations containing the highest concentrations of providers and parents. These areas determined the locations for the focus groups.

The analysis determined that 85% of providers and parents lived within the City of Albany. The three largest concentrations of zip codes were 12202, 12206, and 12210 for both populations. Based on this, one parent and one provider group were held in the 12202 zip code area at Giffen Elementary School, one parent group was held in the 12206 zip code area at the Unitarian Universalist Church, and one provider group was held in the 12210 zip code area at St. Patrick's Church.

Once the site locations were selected, potential participants were selected within the same zip codes. From this list, a sample of approximately 48 names was drawn for each of the four focus groups, with the intent of convening groups of approximately 12 attendees. We mailed postcards inviting parents and providers to the meeting, offering a \$25 incentive to attend, and free child care and dinner. (See postcard scripts below).

Postcards for Providers

Dear Child Care Provider,

In the next few days we will be calling you to participate in a short discussion group of home based child care providers on February 16th at 5:30 pm at Giffen Memorial Elementary School. We are doing these discussions because New York State is interested in learning about the needs of caregivers.

We value your time and will provide you with a **\$25** money order at the end of the discussion which will last about 1½ hours. We will also provide free child care on site and refreshments. We hope you can join us.

Thank You,
Nancy Chiarella
Legally Exempt Child Care Study
Center for Human Services Research, University at Albany

Postcards for Parents

Dear Parent,

In the next few days we will be calling you to participate in a short discussion group with other working parents on February 21st at 5:30 pm. We are doing these discussions because New York State is interested in learning about the needs of young families when it comes to child care.

We value your time and will provide you with a **\$25** money order at the end of the discussion which will last about 1½ hours. We will also provide free child care on site and refreshments.

Thank You,
Nancy Chiarella
Legally Exempt Child Care Study
Center for Human Services Research, University at Albany

The mailing was followed up with a telephone call to the invitees explaining the purpose of the meeting and requesting their attendance. A second phone call was placed the night before the focus group to remind participants of the meeting.

The recruitment process was more difficult than anticipated due to the high rate of non-working telephone numbers and the length of time it took to successfully connect with potential participants. Additional steps were taken to reach those participants with disconnected telephones; we mailed a second postcard asking them to call us and we conducted a case file review at DSS to obtain updated telephone numbers. Efforts were also taken to expand our original list to include additional names from within and nearby the targeted zip codes.

Attendance and Demographics

Parent and provider meetings were held separately to reduce socially desirable responses. We hired two licensed child care providers for every meeting and offered participants a modest dinner. The groups started around 5:30 PM and lasted for approximately 90 minutes. A trained facilitator experienced with subsidized legally exempt child care policy and regulations led the sessions and was supported by note takers. The sessions were also tape recorded. The University's Institutional Review Board procedures were followed to ensure that all information shared remained confidential. The focus group questions have been used in other similar groups and were reviewed by the project's advisory committee including staff from the Department of Social Services and the Child Care Coordinating Council.

Table #1. Parent and Provider Focus Group Characteristics

	Provider*	Parent*
Turnout	20	15
Gender	19 female and 1 male	15 female
Race	17 African American, 2 White, and 1 Hispanic	12 African American, 2 Hispanic, and 1 White
Relationship	9 related and 11 not related	10 related, 2 friends, and 3 other
Ages of Children	Newborn - school aged	N/A
Hours in Care	Most provide care > 30 hours/week.	From 10 - > 50 hours/week. (Most children were in care 30+ hours/week.)
Years of Experience	<1 yr to 32 yrs, mean = 6.7 yrs, median=3 yrs	N/A

FINDINGS IN PROVIDER FOCUS GROUPS

Reason for Providing Care

Providers' motivation to deliver care for children is a topic of much interest, as it helps in understanding the choice to care for children and can be an indicator of the quality of care (NC CITE). The focus group discussions explored why providers care for others' children. Bromer, a leading researcher in the area of family child care, developed a categorization of motivation responses; they fall into either Adult-Focused or Child-Focused motivations (2005).

Adult-Focused Motivations

Helping out the parent was a commonly reported reason for watching children.

"I always watched my grandkids to help my daughter. My daughter works nights, weekends, and odd shifts."

"I did it to help my daughter get a better job. My daughter was at Burger King and then went back to school. After she got her CNA (Certified Nurses Assistant), I found out DSS would pay for child care. The money comes in handy but it was never the issue."

"I help out by watching my grandkids. Other child care choices were too unreliable for my daughter."

"I moved to Albany to help my daughter with her children."

Associated with helping the parent, relative providers often viewed child care as an extension of their natural role within the family. Many of the providers had a relative caretaker for their own children. Their decision to help out their family members seemed a continuation of a "family tradition."

"My mom watched kids for 32 years, so quite naturally I would watch kids myself."

"I felt that even though I was so young, it was my responsibility because those were my nieces and nephews ... In order for my sister to take care of her family I had to help. That's my sister, its family ..."

Child-Focused Motivations

Concerns about the welfare of the child motivated many of the relatives to offer child care. Grandmothers in particular, emphasized the health and well-being of their grandchildren. Providers felt they could offer a more nurturing environment than other care options and that this was better for the child.

"I did it for my grandkids ... someone else was keeping them and had them sleeping on the floor so... I said I would keep them. I found out that I could get paid for it so I told my daughter we would have to make arrangements. She works but she doesn't get paid enough to afford child care."

Expectations and Job Satisfaction

We asked providers if their expectations of child care matched their experience. A few reported that they found the experience of caring for others' children similar to caring for their own children.

Some providers felt that the child care experience differed from their expectations. For one provider, getting paid made a difference:

"It's a little different now because even though I am watching my grandkids... it is more like a job for me because now it is regulated. It's a little different; there is a lot I cannot do. Now I have to work differently."

In general, the providers found child care rewarding and satisfying. Grandmothers appreciated experiencing their grandchildren's emotional, physical, and intellectual growth. Grandmothers also valued the opportunity to bond with their grandchildren. A few commented that child care provided them with another opportunity to care for children, one that they either did not appreciate or have the time or opportunity for with their own children.

"I enjoy it. I didn't have time or patience with my own because I was a young mother. It's different with grandchildren."

"It's a second chance for me. I didn't raise my kids. Having grandkids is a

Finally, some providers found that caring for other children provided a needed socialization experience for their own children.

"I like it because they learn to share (provider's own children with children in care). My own kids learn to take turns with children in care. My kids learn how to interact with others."

Provider Strengths

We asked providers about their strengths and to compare the care they provide to center-based care. The majority felt they provided more individual attention to children than caregivers in center-based care. Providers believe that daycare center staff have fewer opportunities to bond with the children due to the staff-to-child ratio and less familiarity with the family.

Other strengths reported were:

Flexibility: As compared with center care, home-based providers are able to offer more flexible schedules for parents who work nontraditional hours. In addition, they had the ability to conform to the child's individual needs.

"You can do things according to the kids' schedules, not the Center schedule. They eat when they want. Daycare is more structured. They have (set) lunch time, bathroom time..."

Familiar Setting: Providers stated that care in their home made children feel more comfortable.

"Kids are more relaxed in a home environment"

"There is more passion and love in this type of environment."

Safety: They believed children are safer with them than in center care because they are known by the parent.

Provider Challenges

Communication problems with parents were expressed more frequently by non-relative providers than by relative providers. Many relative providers felt they had a mutual understanding with the parent of how to care for the child. Some providers stated that parents placed unexpected responsibilities on them like potty training. One provider felt the child was not ready but the child's mother felt it was necessary to train the child.

Some providers felt that they lacked enough personal time and were overextended because they either worked second jobs or watched children for more hours than they were paid to accommodate the parent's work schedule.

"Sometimes I let the kids sleep over because the parent worked until 2AM and it was too late to pick up the children at that hour. I didn't get paid for these extra hours. It got too hard to put these hours in. I barely had time for me."

The principal concern for providers was late payments from the County. With the exception of one or two providers, all experienced some problem with late payment. Some had unfavorable experiences with DSS staff. The providers said the DSS staff were hard to reach and lost paperwork. Some providers stated that they only obtained results when they called the Commissioner's Office

However, a few providers reported excellent customer service by the same two DSS workers at DSS.

Current Resources

We asked providers what resources or training they received when approved as providers with the County. Nearly all the participants received health and safety kits from the Capital District Child Care Coordinating Council (CDCCCC) which they found helpful.

Providers were aware of the Child Care Food Program but none chose to enroll because of the administrative requirements. Additionally, no providers participated in the administration of medication training because the trainings were "too long" and required too much time to qualify for the higher subsidy rate incentive. Providers also reported the incentive information was hard to understand. The higher subsidy did not appeal to the providers because they were more concerned about getting paid on time.

Feedback on Interventions

The second phase of our research project is to design, implement and evaluate an intervention to improve the quality of legally exempt child care. To prepare for this, we researched national practices that have been implemented for similar provider populations and solicited provider feedback on these practices.

Participants gave very positive feedback to the suggestion of informal meetings or support groups to discuss issues with other providers. They said they would attend a group similar to the focus group session. They clearly liked interacting with other providers.

They also gave positive feedback to newsletters or tip sheets that include activities for children, information on child development and community services. Nearly all of the providers showed great interest in some type of respite program. The majority of providers and parents in the focus groups did

not know that parents can register more than one provider to care for their children. A second provider serves as backup for the parents and provides a break for the primary provider.

The provider focus group, by chance comprised primarily of grandparents, showed more of an interest in the following interventions: a one-time class or workshop, information on becoming a registered provider, and assistance with planning activities. There were mixed reactions in both groups for first aid or CPR; many providers reported already having some type of this training. The least popular interventions were formal training on child development and home visits. Providers said they valued facilitators and workshop leaders who had child care experience over individuals with educational credentials but no care experience.

In addition to soliciting feedback on interventions, we also solicited provider feedback on topics of interest related to caring for children.

The most popular topic related to payments – how to get paid on time by DSS, why checks are issued monthly and why taxes cannot be deducted. Providers expressed interest in meeting with DSS to discuss payment issues; the meetings could be modeled after a similar session convened by the New York City Human Resources Administration (HRA) with NYC providers.

Other topics that received some interest were setting limits and disciplining children, preparing children for school, and safety and nutrition. Communicating with parents showed the least interest.

Providers stated the same time and place scheduled for the focus group (5:30 PM) would be convenient for future meetings. (However, this is biased by the fact that the providers who could attend at this time were the ones who responded). Additionally, they voiced a preference for telephone calls inviting them to future meetings over mailed invitations. However, for future mailings one woman suggested using the words “Day Care” at the top of the mailing in large letters to capture providers’ attention.

Summary

All of the providers offered spirited discussions and contributed valuable insight into what they liked about their job, what motivated them to take care of children, what challenges they faced, and what supports may help them with their job. They were very pleased to have been brought together for a meeting on child care and provide input on their own experiences and concerns.

FINDINGS IN PARENT FOCUS GROUPS

Choice of Child care

Similar to the national research on why parents choose legally exempt providers (Galinsky et al., 1994; Hofferth et al., 1991; Zinnsser, 1991), the parents in our focus groups reported that they preferred a provider they knew and could trust, particularly when their children were young. The parents also reported that unlike day care centers, they felt that legally exempt providers offered more individualized attention. A few chose legally exempt care because of their work schedules. Some parents were employed on weekends, evenings and other times when day care centers are typically not open.

In addition to being the preferred method of child care, research also suggests that many low-income families use subsidized legally exempt providers because regulated child care settings are unavailable (Butler et al., 1991; Gilbert et al., 1992; Siegel and Loman, 1991). Some parents reported a lack of available slots and long waiting lists for day care centers. A few indicated they did not have information

on local centers. Three parents reported they chose their current provider because “no one else would do it.”

As the children aged, some parents reported a preference for day care centers, especially for the socialization experience with other children. They also felt that older children were less vulnerable than younger children and could articulate to the parent what occurred in day care. One parent who worked in a day care center felt that day care centers offer more quality care than home-based providers because they have more “checks and balances,” the staff receive a lot of training, and the care is more regulated. Other parents, however, argued that day care centers provide a lower quality of care than home based providers. They felt that center staff are young and inexperienced at child care. For the most part, however, parents did prefer day care for older children because it offers a better learning environment.

“In day care the child is more active, happier being with other children, learns better, there are more toys.”

“Day care is good for children’s development activities.”

“My child didn’t have language skills or social skills which have improved in the day care center. The provider I had did not help my child in these areas.”

Most parents reported that they received no assistance in finding child care. A few did not need any assistance because they chose a provider prior to applying for the subsidy. A few reported receiving help from the Child Care Coordinating Council (CDCCCC) and America Works .

Expectations and Experiences with Care

Parents shared their expectations of their child care provider. While some emphasized nurturing and attentive care, others stressed a preference for care that provided educational and social opportunities. One parent commented that she expected that day care centers would provide learning opportunities but did not expect this from her legally exempt provider.

Parents expected their providers would take their children to activities, support parental rules and values, “assist in potty training”, and display patience. Parents did not want providers who used physical discipline.

In addition to asking parents what they expected from their provider, we also asked parents what they liked about their current child care provider. Most parents were satisfied with the care their children received. This was especially true for parents who used a relative provider.

“My provider [the grandmother] respects what I want. She knows what is ... acceptable.”

Parents with non-relative providers seemed to report more problems and concerns. These concerns included providers who slept during child care, providers who watched television all day, and providers who had questionable visitors. Most dissatisfied parents either switched providers or placed their child in day care centers.

A few parents raised concerns about communication and failure to follow parental preferred practices.

"I specifically told my provider not to give my child the bottle, she did it anyway. I asked her to give my child a cup!"

"The first babysitter did not respect anything I said. She had my baby since she was 2 months. I felt the child was ready for a cup and ready to be potty trained, but the provider did not feel the child was ready."

"Providers should learn more about daily communication, if the child appears to have or give problems... let the parent know right away."

Overall, communication between parents and providers was not a major concern. Most relationships between the provider and the parents were established prior to the child care arrangement; possibly resulting in less complaints about communication.

Paperwork Process

Parents are required to complete a new enrollment packet annually for their provider and each time they hire a new provider. Because subsidized legally exempt care has a large turnover rate, the paperwork may need to be completed repeatedly. Parents gave both positive and negative feedback about this process. Some parents never had any problems with the paperwork and said DSS staff were helpful and conscientious about returning phone calls. A few complained that DSS did not offer any assistance.

"It was crazy." I did not know I had to submit pay stubs at first. I do not like turning them in but I do understand why they are needed."

"An enrollment form was required for each child even though the information was the same."

"Just to have my child cared for-for one hour in the morning, I have to fill out all of the paperwork."

Payment Issues

Late payments were a major concern. A few parents hand-delivered or faxed their time sheets, but this did not always result in more timely payments. Three parents reported their provider quit due to late payments and a few parents reported paying their providers with their own money until the subsidy check arrived to avoid disruption of care.

When some parents called DSS to inquire about late payments, they reported difficulty connecting with someone. On the other hand, one parent reported she never had a problem with payments.

Program Ideas

While the primary focus of the second phase of our research project, an intervention to enhance services, targets the providers, we did ask parents for their suggestions and also for their opinions on proposed interventions. This discussion included a review of best practices. Most of the parents' suggestions related to offering instruction to providers on a variety of topics including disciplining children, child development and caring for infants. Other suggestions included certifying caregivers and offering reading materials. One parent thought that the Child Care Coordinating Council should contact parents about day care options when children turn two years.

Summary

Parents expressed their appreciation of our efforts to convene the focus groups. They were pleased with the chance to voice their opinions and concerns regarding their child care arrangements. Most parents were pleased with their current child care arrangements, especially those parents who used relative providers.

CONCLUSIONS

Provider and parent focus groups resulted in rich and insightful information, thus increasing our understanding of the needs, challenges, and strengths of providers, the needs of the parents, and both of their reactions to possible interventions to improve legally exempt child care. Additionally, these findings inform the provider and parent survey development on legally exempt child care.

There were a few factors that we felt contributed to the success of the groups and should be considered in organizing other sessions. Dinner was served before the meeting began. Child care was arranged by two registered providers who had games and other supplies to keep the children occupied in a room adjacent to the meeting. Participants were given a stipend for their time.

The participants expressed their appreciation for the interest in improving the quality of legally exempt care and hoped that something like this could be done in the near future.

Telephone Survey Report: Legally Exempt Child Care Providers and Families Utilizing Subsidized Care in Albany County

INTRODUCTION

This report describes the characteristics of legally exempt child care providers, children in their care, and families who utilize legally exempt care. For providers, this report explores why they chose their current occupation, what they enjoy, their challenges, their experiences, and their interest in possible program offerings. For parents, we explore why they chose legally exempt child care, what they like about their current providers, challenges they encounter and perceived needs of their providers. The purpose of collecting and analyzing this information is to inform the design of interventions for this community that will impact the quality of care provided.

Data were collected through telephone surveys conducted with 82 providers and 70 parents in May 2006. The samples were drawn from lists generated by Albany County Department of Social Services. The calls were made by 5 trained interviewers over two weeks. A semi-structured, brief telephone survey was used; these interviews took approximately 20 minutes. Respondents were sent a \$20 money order at the completion of the interview. The response rate for providers was 55% and for parents 69% (See Table A.1). These response rates are comparable to high quality national telephone surveys (Curtin et al., 2005). (Detailed information on the methodology is included in Appendix A).

Table A.1: Response rates for the parent survey and the provider survey

	Provider Survey	Parent Survey
Contact information available ^a	149	101
Completed interviews	82	70
Response rate	55%	69%

^a This is the number of correct telephone numbers

In this document we begin with describing data obtained from the provider survey followed by data from the parent survey. We conclude with provider and parent reactions to potential interventions that can be offered to the provider community.

CHARACTERISTICS OF PROVIDERS AND THE CHILDREN IN THEIR CARE

Providers reported caring for a total of 178 children, and of these, 169 children (95%) were subsidized through the County (Table B.1). We asked providers about the total number of children in their care to gain an understanding of their workload. However, the child level analysis beyond this point is restricted to children subsidized by Albany County.

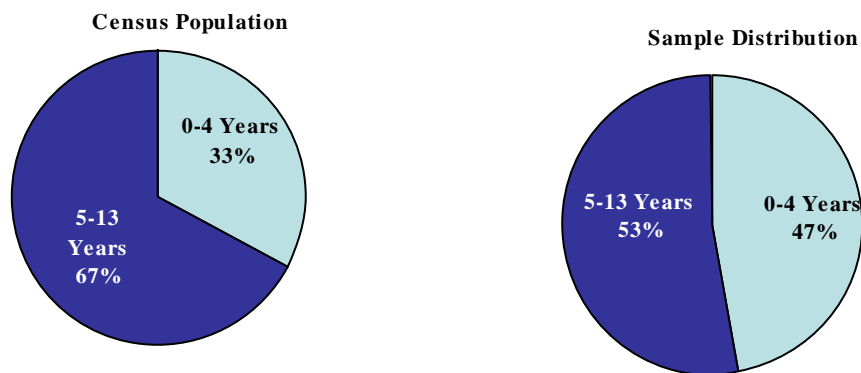
Age of Children in Care

The ages of children in care will help inform the design of age appropriate interventions. As displayed in Table B.1, providers cared for toddlers (33%), elementary school age children (31%), infants (27%), and middle school age children (9%). The average age of subsidized children in the provider sample was 5 years and ranged from 0 - 13 years (Table B.1).

Table B. 1: Age categories of children cared for by providers interviewed

Age Categories	Not Paid by DSS		Paid by DSS		Total	
	Number	%	Number	%	Number	%
Infant (0-2 years)	3	33%	46	27%	49	28%
Toddler (3-5 years)	1	11%	55	33%	56	31%
Elem. Sch. (6-11 years)	3	33%	53	31%	56	31%
Middle Sch (12 – 13 years)	2	22%	15	9%	17	10%
Total	9	100	169	100	178	100
Average Age	5.3					

As shown in Figure B.1, our sample had a slightly higher percent of younger children (47%) compared to census data (33%).

Figure B. 1: Comparing younger and older children in the Albany County Census and the Provider Survey Sample

Note: The census numbers are estimates for 2004 and the telephone survey was completed in 2006. Furthermore, the sample was drawn from is a subset of the population captured in the census (i.e. those eligible for subsidized childcare). Those eligible for subsidized child care are similar to the TANF eligible population in which the fertility rates tended to be higher than that of the general population.

Time in Care

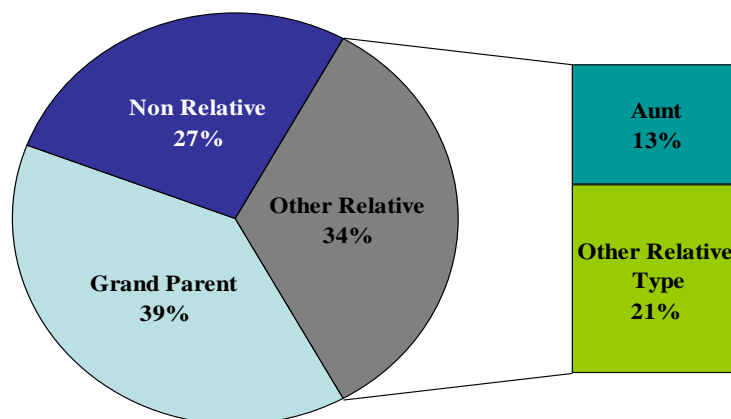
Daytime hours accounted for the largest single category of when care was provided (47%) (Table B.2). However, a substantial number of children were in care during nontraditional hours, including nighttime, overnight, and weekends.

Table B. 2: Children’s ages and time period care is provided

	Age Categories of Children				Total
	Infant 0-2 Years	Toddler 3-5 Years	Elementary School 6-11 Years	Middle School 12 -13 Years	
Before school	0%	11%	30%	20%	15%
After school	0%	18%	57%	40%	27%
Day time	85%	60%	9%	13%	47%
Night time, after 6pm	20%	24%	21%	13%	21%
Overnight	17%	24%	21%	20%	21%
Weekends	11%	13%	17%	13%	14%
Summer	0%	0%	0%	13%	1%
Total Number (Percent)	46 (27%)	55 (33%)	53 (31%)	15 (9%)	169 (100%)

Provider Relationship to Children

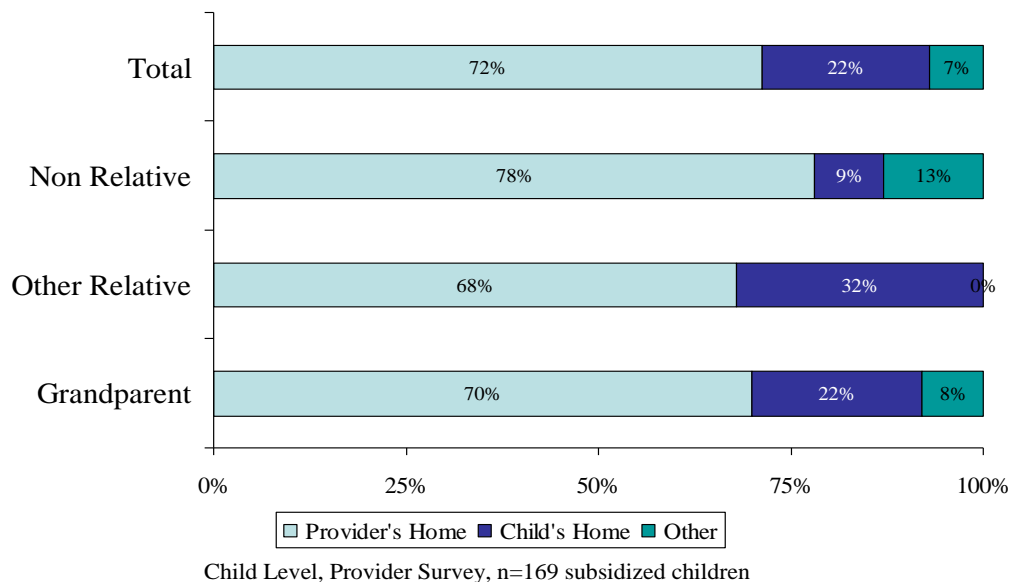
Most of the providers in the sample were grandparents (39%), followed by other relatives (34%) and non-relatives (27%) (Figure B.2). Among other relatives, the most common providers were aunts (13%). This distribution of the relationship between child and provider is consistent with the findings from the parent survey.

Figure B. 2: Child’s relationship to provider

Note: Other relative includes sibling (2%), cousin (3%), and other (29%)

Overall, most providers (72%) cared for children in their own home (Figure B.3). Non-relatives provided care in their own home more often than relatives. About 7% provided care in the “other” category which includes care in both the child’s home and the provider’s home.

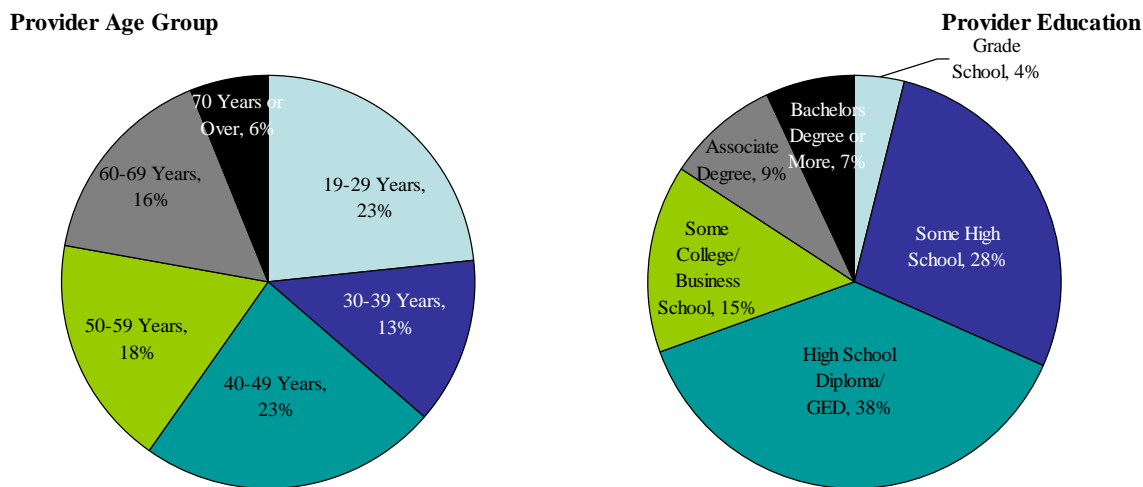
Figure B. 3: Child relationship to provider and location of care



Provider Age

There was a wide distribution in the ages of the legally exempt providers interviewed (Figure B.4) ranging from 19 years to over 70 years. The two largest age categories of providers were 19 - 29 years and 40 - 49 years, each containing nearly one-quarter of the providers.

Figure B. 4: Provider age distribution and highest level of education completed



Provider Education

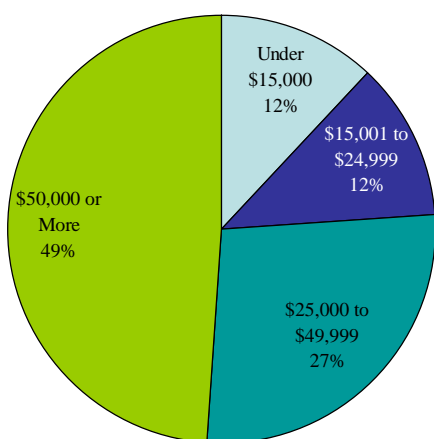
A large proportion of providers (28%) did not graduate from high school or have a GED (Figure B.4). About 38% had a high school diploma or a GED and over 30% had some college or above. This population was less educated than the general population in Albany County. For example, in Albany County 33% of the population had a minimum of a Bachelor's degree, while only 7% in this sample had achieved this level of education.

Provider Income

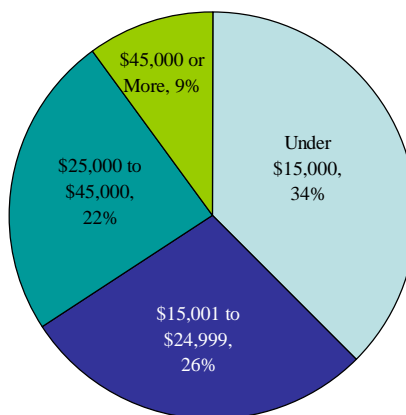
The legally exempt providers reported lower household incomes than the general population of Albany County (Figure B.5). However, the provider income appears similar to the income levels of the families they care for, as low income is one of the requirements to qualify for subsidies. Over one-third of the providers reported household incomes less than \$15,000 and in Albany County this figure is about 12%. Nearly half the population in Albany County is estimated by the Census Bureau to have household incomes at \$50,000 or more. However, only 9% of the providers reported household incomes of \$45,000 or more.

Figure B. 5: Income distribution of provider sample and Albany County population

Albany County Income Distribution



Provider Income Distribution



Length of Time Providing Care

A large proportion of the providers have been providing child care for many years and plan to continue (Table B.3). About one-third of the providers interviewed have cared for children for more than 10 years and an equal percent plan to continue for more than 10 years. Only 15% have been providing care for less than one year and another 17% plan to continue for less than one year. Thus, many of these providers envision a career in child care. This indicates high rates of return for any training or resources delivered to these providers.

Table B. 3: Length of time provider has been caring for children (other than own), being paid by DSS and plan to provide child care in the future.

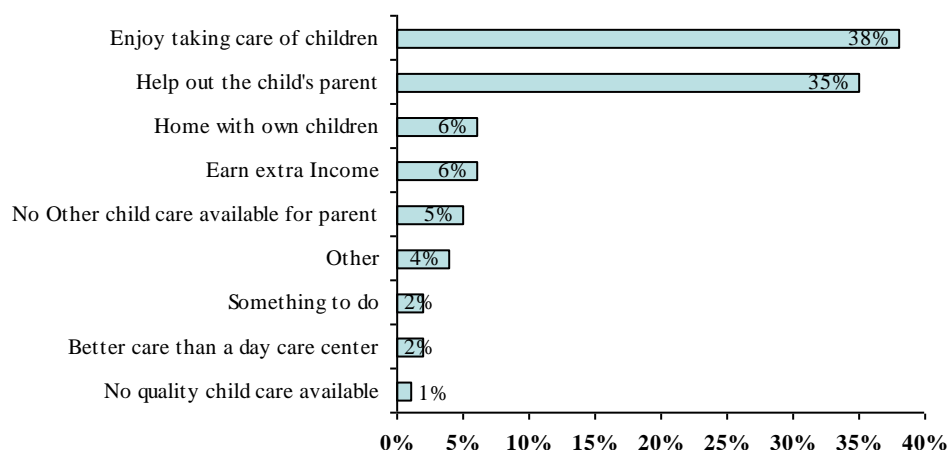
Length of Time	Providing Child care		Paid by DSS		Plan to Provide Child care	
	#	%	#	%	#	%
< 1 year	12	15%	39	48%	11	17%
1 - < 2 years	9	11%	18	22%	10	16%
2 – 4 years	22	27%	17	21%	8	13%
5 – 9 years	11	14%	6	7%	14	22%
> 10 years	27	33%	2	2%	21	33%
Total	81	100	82	100	64	100

Note: Length of time providing child care was missing for one individual and the length of time planning to continue to care for children is missing for 18 providers. The above percents are based on the number who provided information.

Reason for Providing Care

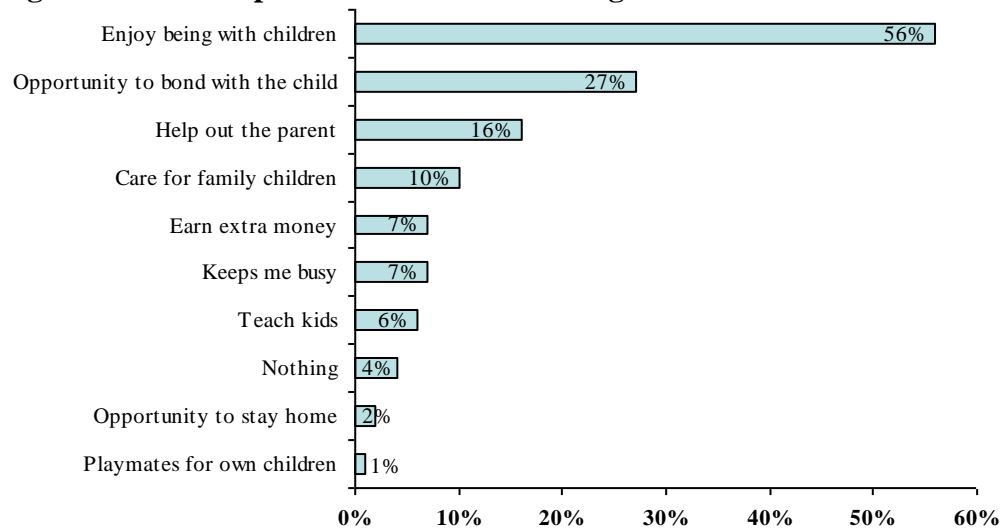
Providers were asked the primary reason for providing child care and what they like about caring for children (Figure B.6). These particular questions are of interest because research indicates that the desire to care for children, the motivation, and an aptitude for child care are factors in the quality of care.¹ The two most common reasons for choosing to provide child care were: “enjoy taking care of children” (38%) and “helping out the child’s parent” (35%). Small percentages chose to take care of children for “the ability to be home with their own children” (6%), “earn extra income” (6%), “no other child care available” (5%), “to keep occupied” (2%), or the perception they offer better care than a day care center (2%).

Figure B. 6: Primary reason for providing child care



When asked what they like about caring for children, 56% reported they “enjoy being with children.” The second and third most reported reasons were “opportunity to bond with the child” (27%) and “help out the parent” (16%) (Figure B.7). Multiple provider responses were allowed and recorded. Teach kids (6%), to keep busy (7%), opportunity to stay home (2%) and playmates for own children (1%) were also reasons providers enjoy their jobs. About 7% enjoyed providing care for the extra money, very close to the 6% that chose the occupation for this same reason. However, of concern is the 4% that reported that there is nothing they enjoy about taking care of children.

Figure B. 7: What provider likes about caring for children.

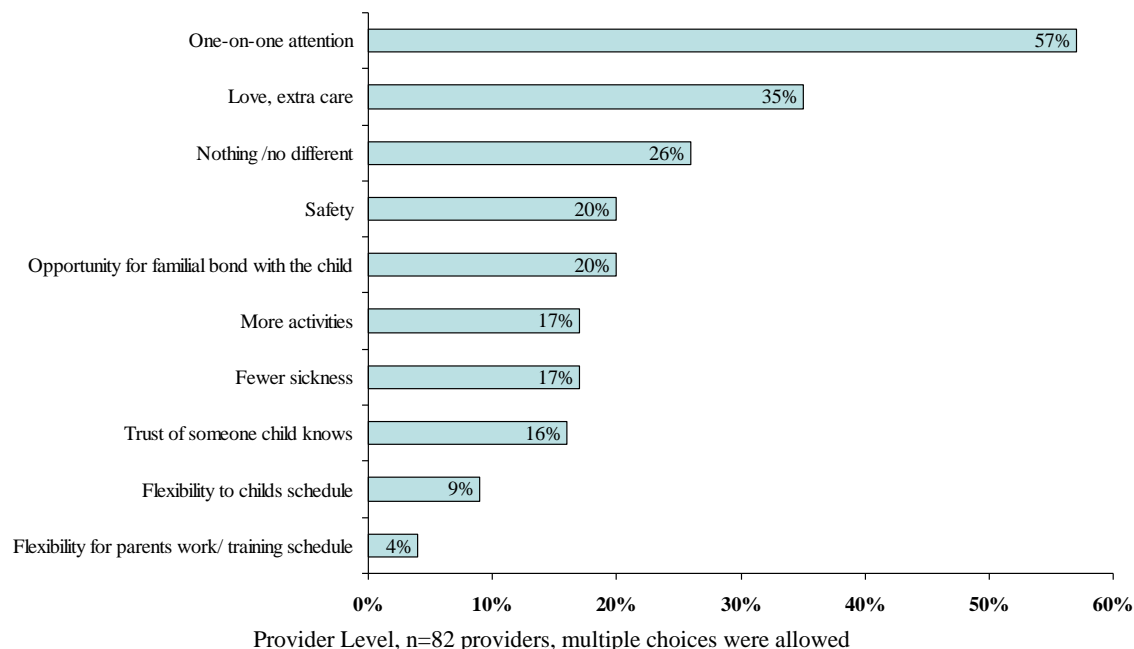


Perceived Strengths of Home Based Care

In order to determine strengths, providers were asked, “In your opinion, what do you offer children in your care that Day Care Centers do not offer children?” This question was based on discussions from the provider and parent focus groups, reported later in this document. When providers and parents discussed quality of care issues, quality was discussed as a comparison between legally exempt child care and day care centers.

The greatest contribution the legally exempt providers perceived offering children, when compared to day care centers, was “one-on-one attention” (57%) (Figure B.8). About one-third felt that the “love and extra care” they provided was not offered by licensed day care centers. About one-fifth of the providers (20%) felt they offered the opportunity for familial bonding with the child. The same percent of providers (20%) perceived children were safer in their care than at a day care center. Less sickness (17%), trust of someone the child knows (16%), and flexibility to the child’s schedule (9%) were moderately endorsed by the providers.

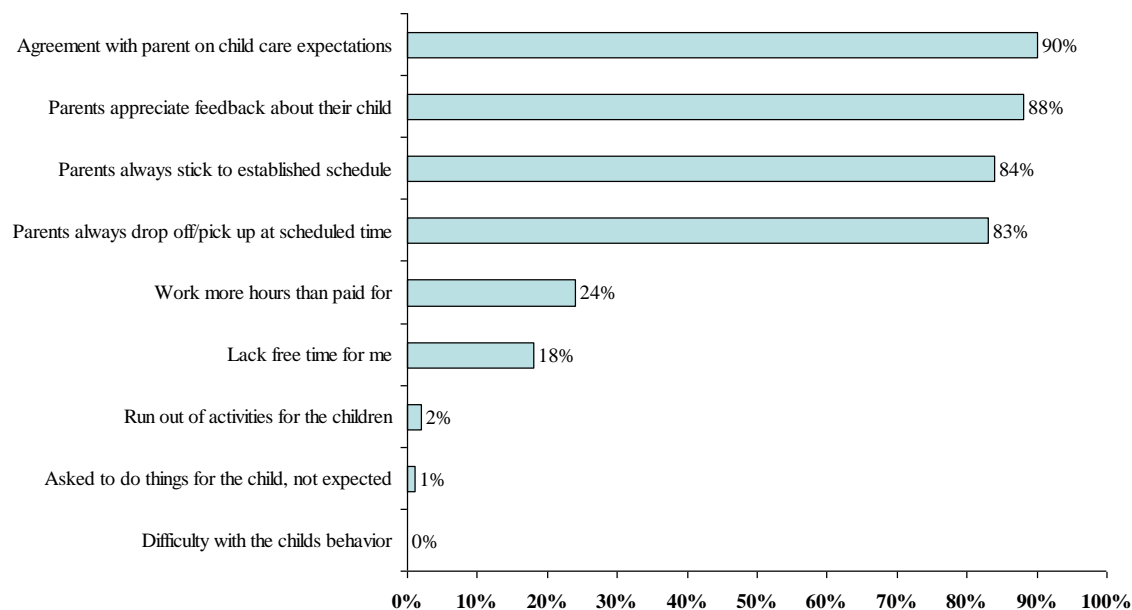
Figure B. 8: Provider’s opinion of what s/he offers that day care centers do not



Challenges to Providing Care

Based on our literature review, we developed a list of challenges to providing care that were included in the survey (Figure B.9). The provider responses indicated that they face very few challenges in providing care. The vast majority of providers reported they agreed with parents on child care expectations (90%). They also felt that parents appreciated their feedback about the child (88%) and that parents adhered to the established child care schedule (84%). Problem areas were reported by less than half of the providers and included working more hours than paid (24%) and lack of free time (18%). Running out of activities and being asked by the parent to do unexpected things, such as potty training, were reported by only 2% and 1% respectively. No providers reported difficulty with children's behavior.

Figure B. 9: Provider's perception of relationship with parent and challenges in providing care



Provider Training and Resources

Very few of the providers had any training related to child care (Table B.4). Among those who had training, the most prevalent type was Cardiopulmonary Resuscitation (CPR) training. Among the 20% who reported having formal training in child care, some reported their previous child care work/experience as formal training. About half of the providers without child care training were interested in receiving such training.

Table B. 4: Provider background and interest in training

	Number Providers	Percent
Ever had child care training	16	20%
Type of training		
Some Course/CPR	8	50%
No child care training	66	80%
Would like to receive training	36	44%
Percent with a second job	29	35%

A substantial number of providers interviewed (35%) reported having a second job (Table B.4). This may impact their interest and/or availability to attend trainings or another activity in addition to their current work obligations.

Legally exempt providers have few trainings and resources targeted for them. Currently, the one required training of non-relative providers is on administering medications to children in care. Resources available include a health and safety kit provided by the Capital District Child Care Coordinating Council (CDCCCC) for new enrollees and information on the Child and Adult Care Food Program (CACFP). We wanted to know how many providers are informed of and are utilizing currently available resources (Table B.5). About 18% received medication administration training, required of the non-relative providers who administer medications. Among those who received information on the Child and Adult Care Food Program (CACFP), 27% of the sample, very few opted to enroll (32%) (Table B.5).

Only about half the providers received materials from the Child Care Coordinating Council (CDCCCC), although they are all eligible to receive health and safety supplies through a grant funded by the New York State Office of Children and Family Services (OCFS)(Table B.5)

About one-third of the providers reported they always received checks on time from DSS (Table B.5). About 42% reported they sometimes receive checks on time and about one-fifth (21%) reported they rarely or never received checks on time. As will be discussed below in the parent findings, 6% of the parents reported their provider terminated care due to late payments from DSS. Thus, while most providers reported not receiving their payments from DSS on time; very few reacted by terminating care. The relationship with the parent may play a role in this decision.

About 61% of the providers reported that they had not received information or training from DSS on required paperwork or procedures for payment. Current paperwork procedures do not require provider training or any direct provider-to-staff contact, unless requested. Parents are sent the enrollment packet by DSS in the mail, complete the packet with the provider, and return it. However, there may be a need for some staff assistance or training since a large percent of providers reported not receiving a paycheck on time (Table B.5).

Table B. 5: Resources, information, and needs in providing child care.

	Number Providers	Percent
Received medication administration training	15	18%
Health Setting/Provider	9	60%
Received information on Child and Adult Care Food Program (CACFP)	22	27%
Enrolled in CACFP	7	32%
Not enrolled in CACFP	15	18%
Reason for not enrolling*		
No need	6	40%
No reason	6	40%
Not yet	2	13%
Receipt of checks from DSS on time		
Always	27	33%
Sometimes	24	42%
Rarely	8	10%
Never	9	11%
Received supplies from Child Care Coordinating Council	41	50%
Received information or training from DSS about required paperwork procedure for payment	32	39%

* 1 missing

PARENT SURVEY FINDINGS

Number of Children in Care

A large majority of parents surveyed had at least two children receiving subsidized child care in a legally exempt child care setting (Table C.1). A total of 179 children resided in the 70 households interviewed. Among the 179 children, 140 (78%) received child care subsidies through the County². Further analysis on children is limited to those whose care is subsidized by the County. The average number of children receiving subsidized child care was 2 per family;³ ranging from 1 to 5 children per family.

Table C. 1: Distribution of children in family and children cared for by a legally exempt provider

	Distribution of Children in Family		DSS Subsidized Children in Care of Friend/Relative ^a	
	Number	Percent	Number	Percent
1 Child	18	26%	26	37%
2 Children	25	36%	26	37%
3+ Children	26	37%	18	26%
Total	70*	100%	70*	100%
Mean	2.6		2.0	
Minimum	1		1	
Maximum	8		5	
Total Children	179		140	

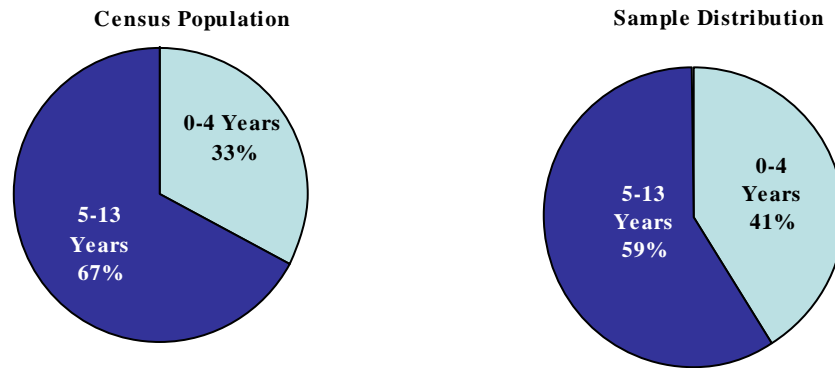
^a This question asked "How many of your children are cared for by a family member or friend whose care is paid for by Albany County?" According to the distribution of children in the next table there were 5 children that were cared for by legally exempt providers that were not identified as "friends or family" by the parents. This is a small percent, but does exist.

* Totals do not add up due to one missing.

Age of Children

The children in the sample were younger than the general population of Albany County. About 41% of the children in our sample were 0-4 years as compared with only 33% of the children in the Albany County. (Figure C.1).

Figure C. 1: Comparing younger and older children in Albany County Census and Parent Sample



Note: The census numbers are estimates for 2004 and the telephone survey was completed in 2006. Furthermore, the population from which the sample was drawn from is a subset of the population captured in the census. i.e. those eligible for subsidized child care. Those eligible for subsidized child care is similar to the TANF eligible population.

Hours in Care

As displayed in Table C.2, the largest single category of care was provided during daytime hours (41%). However, a substantial number of children were in care during nontraditional hours (Table C.2). About 48% of parents (unduplicated count) report children in care during night time, over night and/or weekends. Among these time periods, the highest percentage was in the evening hours. Our findings indicate that child care is required during multiple time periods. Many children that received care during traditional hours also required care during nontraditional hours. Legally exempt providers, compared to licensed center based providers, are better able to accommodate parents' varied work schedules across traditional and nontraditional hours. There was a large variation in the number of hours children were in care ranging from only 8 hours/week to 70 hours/week.

Table C. 2: Age of children, time, and number of hours in care

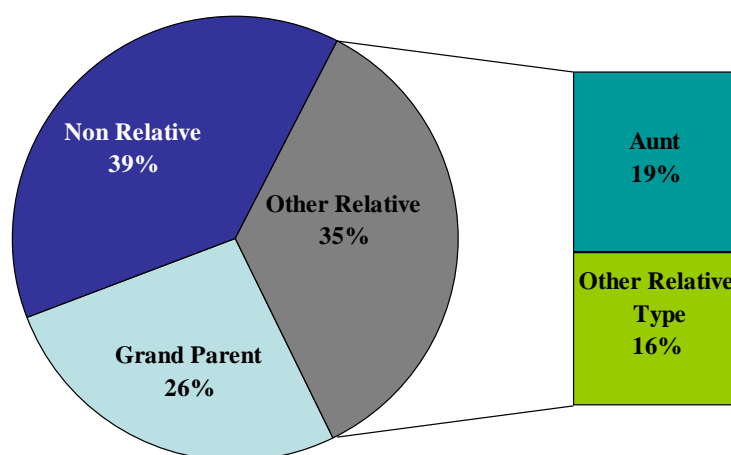
	Age categories of children				Total
	Infant 0-2 years	Toddler 3-5 years	Elementary School 6-11 years	Middle School 12 -14 years	
Time Period in Care^a					
Before school	0%	5%	29%	15%	15%
After school	0%	5%	53%	62%	30%
Day time	67%	68%	16%	23%	41%
Night time, after 6pm	37%	25%	27%	31%	29%
Overnight	17%	13%	21%	23%	18%
Weekends	23%	13%	11%	15%	14%
Summer	0%	3%	0%	0%	1%
Total Number (Percent)	30 (21%)	40 (28%)	62 (43%)	13 (9%)	145 (100%)
Average Age	6.1				

	Age categories of children				Total
	Infant 0-2 years	Toddler 3-5 years	Elementary School 6-11 years	Middle School 12 -14 years	
Hours a Week in Care ^b	35	36	33	29	34
Average hours a week [Minimum, Maximum]	37 [8, 70]				
^a Multiple choices were allowed in hours of care.					
^b Number of hours a week in care was missing for 7 children.					

Child's Relationship to Provider

Consistent with the findings in the provider survey, most of the legally exempt child care providers were relatives (61%). Among relatives, grandparents were the most common providers (Figure C.2). The second largest category of relative caregivers was aunts who care for 19% of the children. Other relatives included siblings (4%), cousins (3%), and uncles (2%). Close to 40% of the children were cared for by non-relatives.

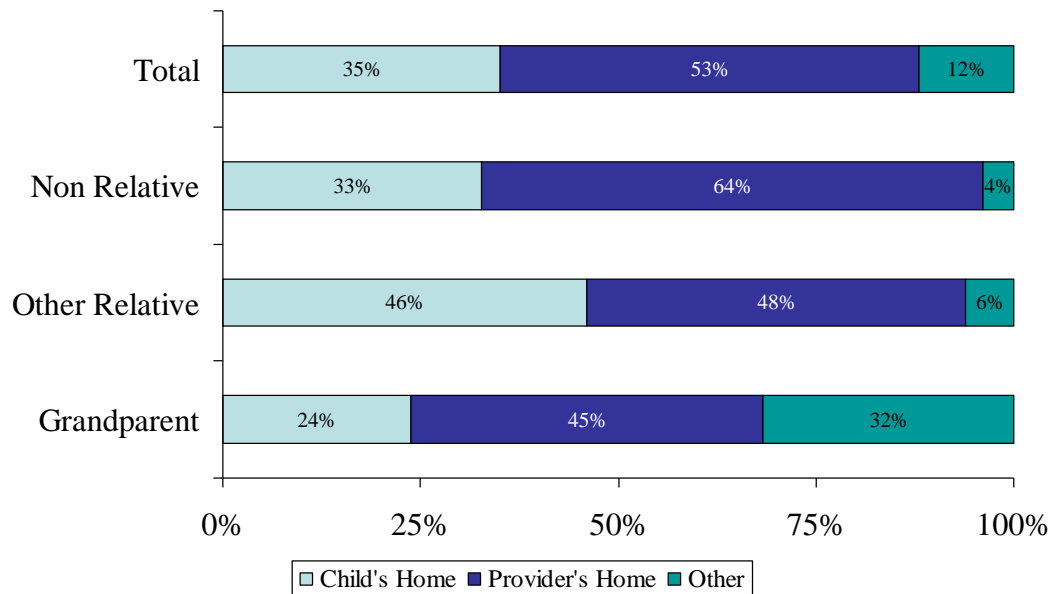
Figure C. 2: Child relationship to provider



Note: Other relative includes sibling (4%), cousin (3%), uncle (2%) and other (7%)

Most children (53%) were cared for in the provider's home (Figure C.3), especially when the provider was a non-relative (64%). Only grandparents indicated a high percentage (32%) of care in the category "Other." This might be explained by care in multiple settings, both the child's and the provider's home.

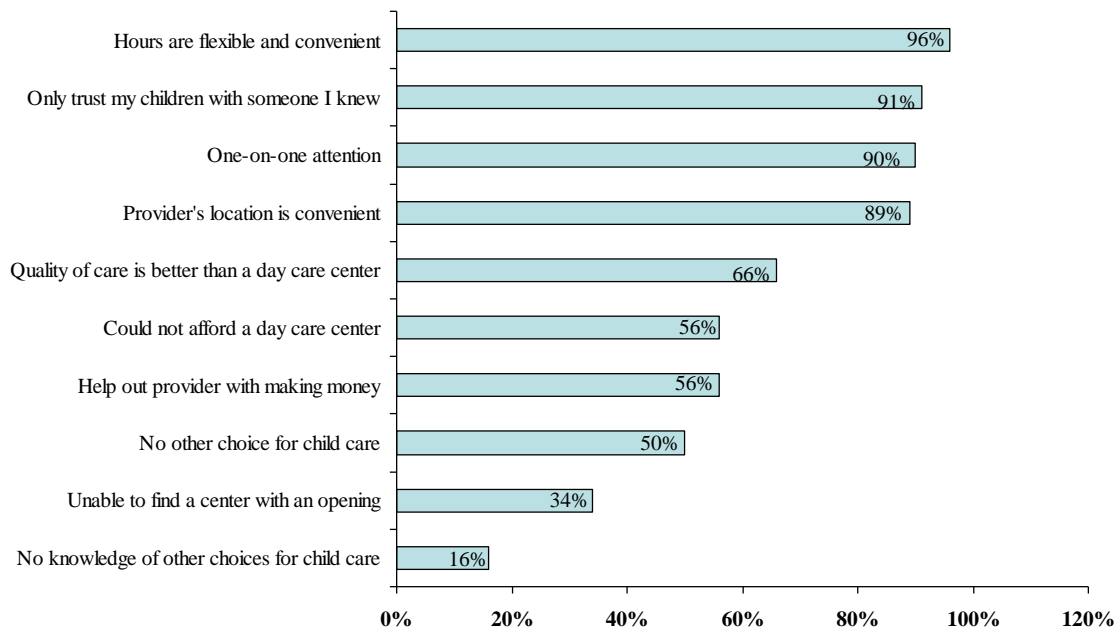
Figure C. 3: Child relationship to provider and location of care



Reasons for Choosing Care

Parents were asked why they chose a legally exempt child care provider (Figures C.4). “Flexible and convenient hours” was the main reason parents (96%) chose a legally exempt provider. This is not surprising given the large proportion of children requiring care during nontraditional hours. “Only trusting children with someone known,” “one-on-one attention”, and “convenience of the provider’s location” were also very important reasons reported by 89% to 91% of parents. More than half (66%) felt that the quality of legally exempt care was better than care offered at a day care center. About half felt that they could not afford a day care center, want to help the provider with income, and have no other choice of care. “No knowledge of other choices for child care” was reported by the fewest parents (16%). While the percent of parents lacking knowledge of other choices of child care is lower than other reasons for choosing legally exempt care, it speaks of an information gap that could be filled.

Figure C. 4: Reason for choosing a legally exempt child care provider

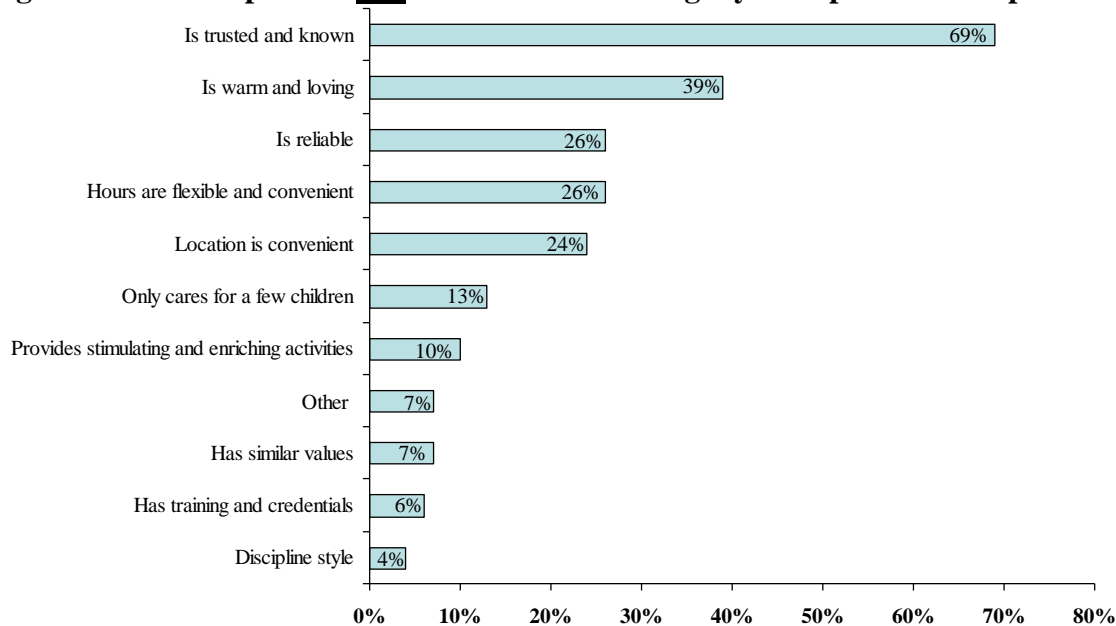


Parent Level, n=70 parents, strongly agreed or agreed with the statement.

What Parents Like About Current Providers

Parents were asked what they liked about their current providers; multiple reasons were allowed (Figure C.5). Most parents (69%) liked the fact that “the provider is trusted and known,” followed by “provider is warm and loving” (39%). Parents also liked that the “provider is reliable” (26%), “the hours of availability are flexible and convenient” (26%) and that the “location of care is convenient” (24%). About 13% reported they liked that their provider “only cares for a few children.” A number of responses were 10% or under, including “has similar values,” “has training and credentials,” and “discipline style.”

Figure C. 5: What parents like about the current legally exempt child care provider

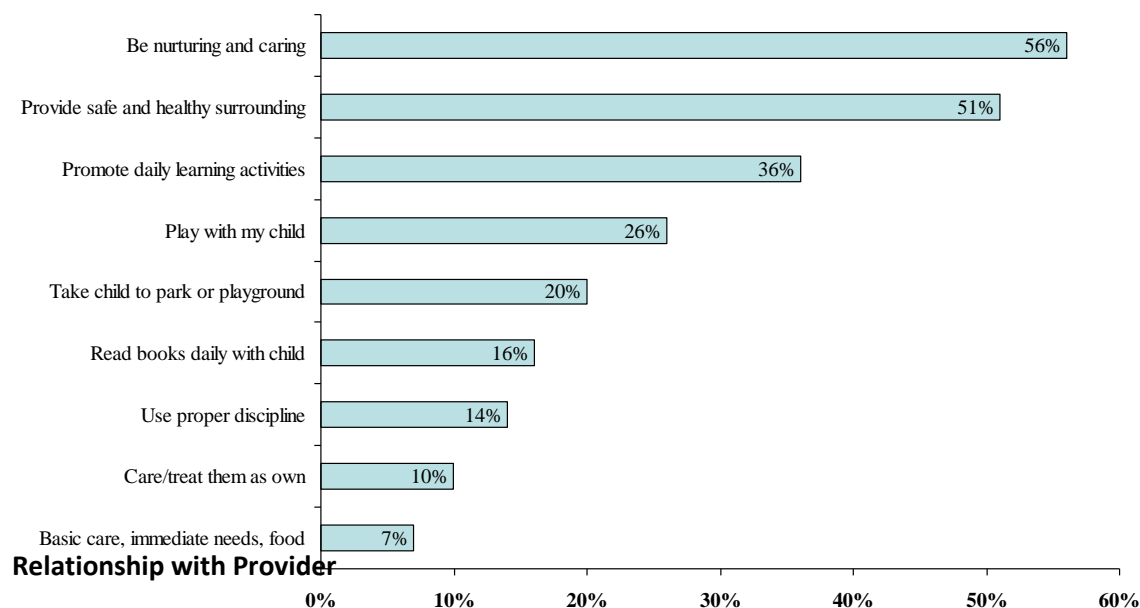


Other reasons are stay at home, care for special needs, safety, send children when sick and stay within budget. Parent Level, n=70 parents.

Parent Expectations

Parent expectations of their providers (Figure C.6) were similar to the reasons s/he chose a legally exempt provider. Parents expected an environment for their children that was nurturing and caring (56%), and safe and healthy (51%). They also expected the providers to promote daily learning activities (36%), play with child (26%), take child to the playground (20%), and read books (16%). Expectations reported at less than 15% included using proper discipline, treating child as their own, and provision of basic care such as food. It is not clear why this last item regarding basic care is not endorsed by many parents; one explanation for this is that it is assumed to be given.

Figure C. 6: Parent expectation of child care provider



Most parents reported having a good relationship with their providers (Table C.3). Almost all (99%) parents reported that they agreed with their provider on how s/he expects the provider to care for his/her child. Similarly, 99% reported the provider appreciates his/her feedback on caring for his/her child and about 90% reported the provider is available on hours and days initially agreed upon.

Table C. 3: Parent relationship with the provider regarding child care.

	Number	Percent
My provider and I are in agreement on how I expect them to take care of my child	69	99%
My provider appreciates my feedback about the care they give my child	69	99%
My provider is always available on hours and days we agree upon	63	90%

Note: Those who agree or strongly agree with the statement.

Problems or Concerns

Very few parents reported problems or concerns with their current provider (Table C.4). Only 7% agreed with the statement the provider “doesn’t do enough activities with my child”. Only 4% agreed with the statements, the provider “doesn’t take my child out enough” and “my child watches too much television when in this provider’s care”. Lastly only 2% agreed with the statements “doesn’t have enough toys for the child” and “lets my child sleep too much.”

Table C. 4: Problems or concerns regarding provider

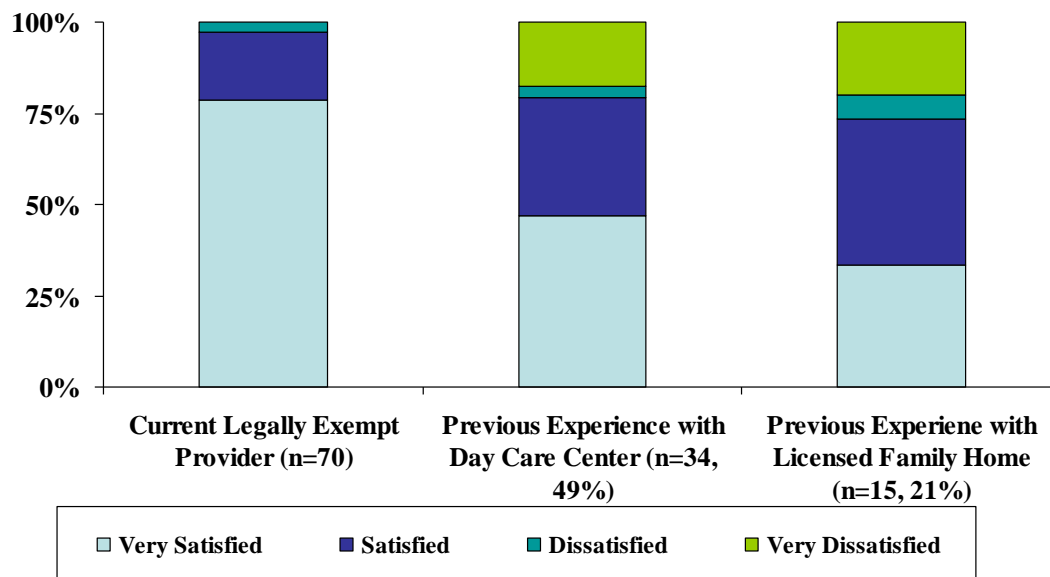
Problems/concerns with the provider	N (n=70)	Percent
Doesn't do enough activities with my child	5	7%
Doesn't take my child out enough	3	4%
My child watches too much television when in this provider's care	3	4%
Doesn't have enough toys for the child	2	3%
Lets my child sleep too much	2	3%

Note: Those that agree or strongly agree with the statement.

Satisfaction with Child Care

Overall, almost all parents were very satisfied or satisfied with their current legally exempt child care provider (Figure C.7). None were very dissatisfied with the current provider. About half reported a previous experience with a licensed day care center, and about one-fifth with a licensed family home. Among those who received care in a licensed setting, the highest dissatisfaction was with licensed family home providers. About half of the parents who received care at a day care center responded that they were very satisfied with the care provided.

Figure C. 7: Satisfaction with current provider and satisfaction with other types of child care



Opinions about Licensed Day Care

Very few parents (17%) reported that a licensed day care center would be better for their child (Table C.5) and in fact, no parents reported being on a waiting list for a licensed day care center. Of those parents who reported advantages to a day care center, reasons they listed were socialization with other children (58%), provision of an enriching physical environment (50%), trained and experienced staff (16%) and safer environment (8%).

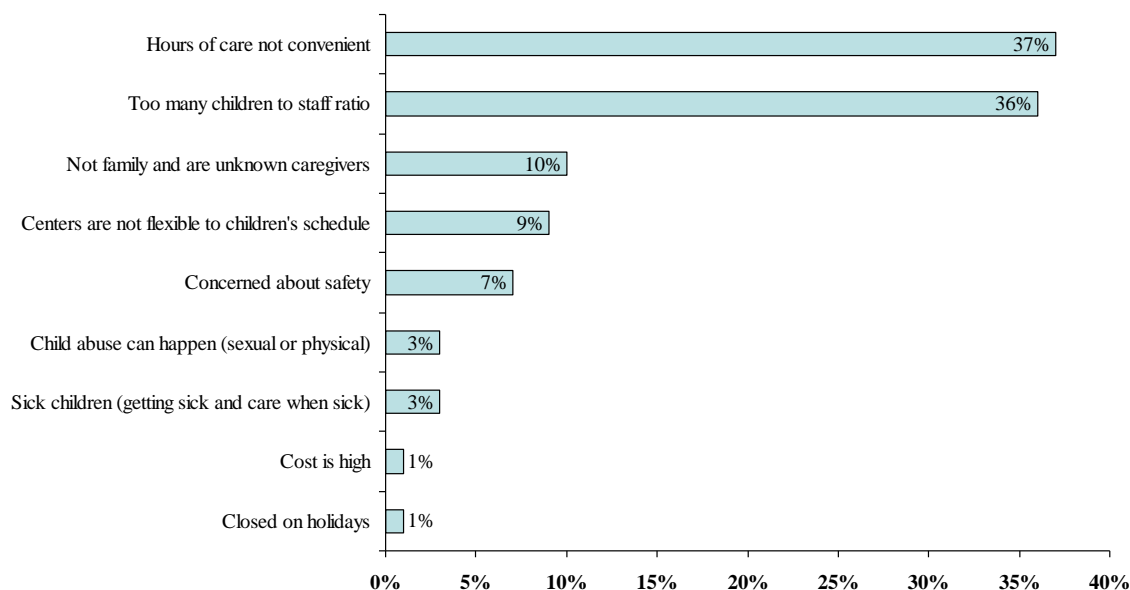
Table C. 5: Parent opinions on day care centers compared with licensed exempt care

Opinions Regarding Day Care Centers	N	%
On a waiting list for a licensed day care center	0	0%
A licensed day care center would be better for my child	12	17%
Advantages of a day care center ^a		
Trained/experience Staff	2	16%
Enriching physical environment	6	50%
Safer environment	1	8%
Socialization	7	58%

^a This is the percent that agreed or strongly agreed with the statement "A licensed day care center would be a better child care setting for my child who is cared for by my family member or friend (legally exempt care)."

Most parents perceived clear disadvantages with licensed day care centers when compared to their current legally exempt provider (Figure C.8). A large majority (77%) of the parents strongly disagree with the statement, “a licensed day care center is better for my child.” Those who disagree were asked to give reasons; multiple reasons were allowed. The two most reported reasons were that the hours of care were not convenient (37%) and a high child-to-staff ratio (36%). The first reason is not surprising given the hours and time periods these parents utilize child care. Other disadvantages reported include provider not known (10%), center not flexible to child’s schedule (9%), concern about safety (7%) and exposure to sick children (3%). The perceived disadvantages of day care centers might be attributed to lack of exposure to these settings and possible misconceptions about the quality and level of care.

Figure C. 8: Parent perception: disadvantages of day care centers in comparison with legally exempt provider care



Parent Level, n=70 parents; 54 parents (77%) strongly disagreed with or disagreed with the statement that a licensed Day Care Center would be better for my child.

Information on Child Care Options

It appears that parents want more information on child care choices (Table C.6). About 58% of the parents received information from DSS on types of care available when applying for subsidies. Among the 42% that did not receive information, about half would have liked to receive information. About 16% of the sample also reported that they chose a legally exempt child care provider because they did not have information on other providers (Figure C.4). Only a very small percent (9%) of parents have a second child care provider enrolled with DSS (Table C.6). Among those who do not have a second provider, only 11% had knowledge of the ability to enroll a second provider. This is an information gap that can be filled. It is even more important given the unconventional hours these parents work and potential repercussions if they miss work. Additionally, providers reported not having enough time for themselves in the phone survey and the need for respite in the focus groups. A second provider may meet this identified need in addition to benefiting parents.

A relatively large percent of parents (74%) found the paperwork to enroll the current child care provider easy (Table C.6). Four parents reported that their provider stopped caring for children due to late payments from DSS. While this percent is very small the ramifications are quite significant; it is

important to remedy the problem causing late payments and, if due to submission of improper paperwork, training may ameliorate this problem.

Table C. 6: Experience with Department of Social Services when applying for child care subsidy and payments

	N =70	%
Received information from DSS on types of care, when applied for subsidy	38	58%
Would have liked information (for those that did not)	17	53%
Strongly agree or agree that paperwork to enroll current child care provider was easy	52	74%
Currently have a second child care provider enrolled with DSS	6	9%
Knowledge of ability to have a second child care provider (for those who do not have a second provider enrolled)	7	11%
Provider stopped caring for child due to late payments from DSS	4	6%

Provider Availability

If the current provider is not available to provide child care, half the parents reported having to miss work or a related activity (Table C.7). Leaving the child with someone other than the regular provider is an option for almost half of the parents (46%). A very small percent (3%) take the child to work. A small percent (4%) report that the provider has always been available when needed.

Table C. 7: Impact if the current child care provider is not available

Impact if child care provider is not available	N =70	%
Miss work or related activity	36	51%
Take child to work	2	3%
Leave child with someone other than regular provider	32	46%
The situation has not occurred	3	4%

Note: Multiple choices were allowed.

INTERVENTION FINDINGS

Providers were asked about their interest in child care topics, their likelihood to attend child care related training activities, and their need for supplies and resources. We also asked parents in our sample to assess the potential benefit of the same activities and resources for their child care provider. Provider and parent interests will be used to inform intervention designs for Albany County. Although provider interest is primary, parent endorsement adds value. For example, parental support may encourage provider participation in activities intended to improve quality of care.

More than half the providers were interested in receiving information about helping children read, talking to children about violence in the home, planning children's activities outside the home, children's nutrition and health, CPR, planning age appropriate activities for children, how to become a registered provider, age specific child development and car seat safety (Table D.1). When asked an open-ended question on child care topics of interest, providers expressed an interest in receiving information on car seat regulations, cleanliness, and working with disabled or difficult children.

Parents were asked similar questions on their perception of what child care topics would benefit providers. Three areas of need were reported by more than 50% of parents. These topics, in descending order were CPR, how to become a registered provider, and talking to children about

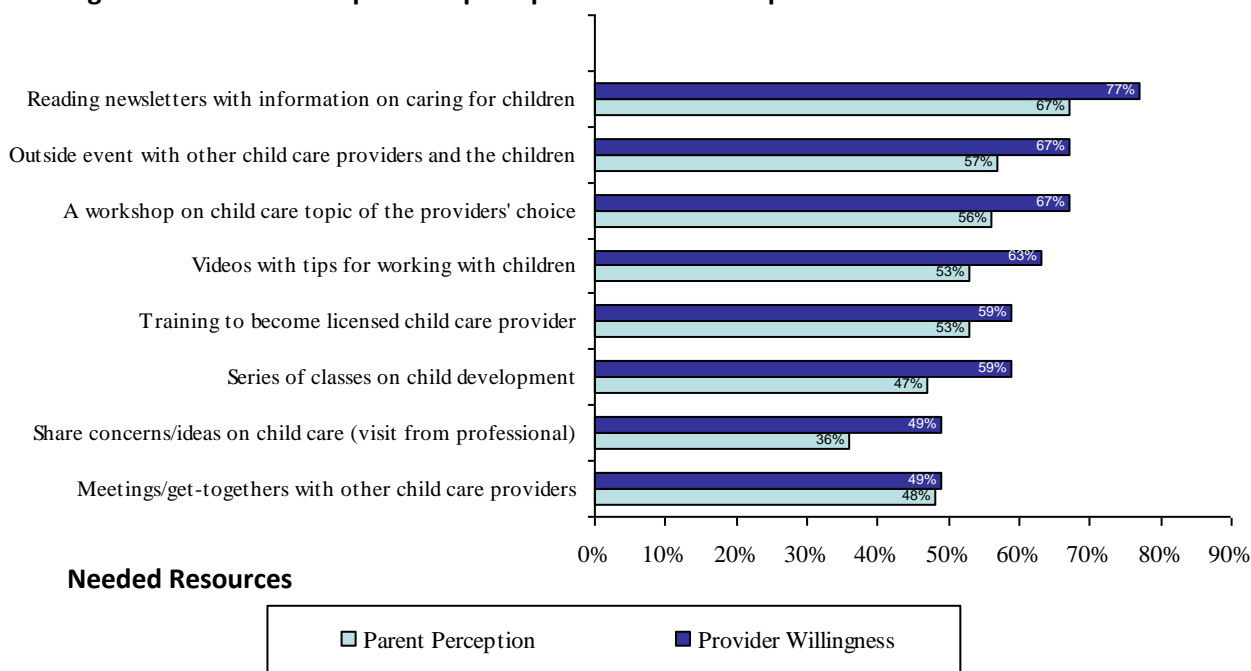
violence in the home. These three topics also appeared in the top nine topics of interest to providers (more than 50% responded “yes”).

Table D. 1: Child care related information the provider would benefit from

	Provider	
	Number	Percent
Helping children learn to read	57	70%
Talking to children about violence in the home	53	65%
Planning children’s activities outside the home	53	65%
Children’s nutrition and health	53	65%
CPR	52	63%
Planning age appropriate activities for children	50	61%
How to become a registered child care provider	44	54%
Child development --specific to the age of children in care	43	52%
Car seat safety	42	51%
How to communicate with parents about their concerns or suggestions for the child	36	44%
How to discipline children	35	43%
How to take care of infants	30	37%
Talking to children about sex	30	37%
Working with disabled or difficult children	4	5%
Car seat regulations, cleanliness	3	4%
Sample Size	82	
<u>Note:</u> This gives the percent of providers that are very interested or interested in learning more about the following child care related topics		

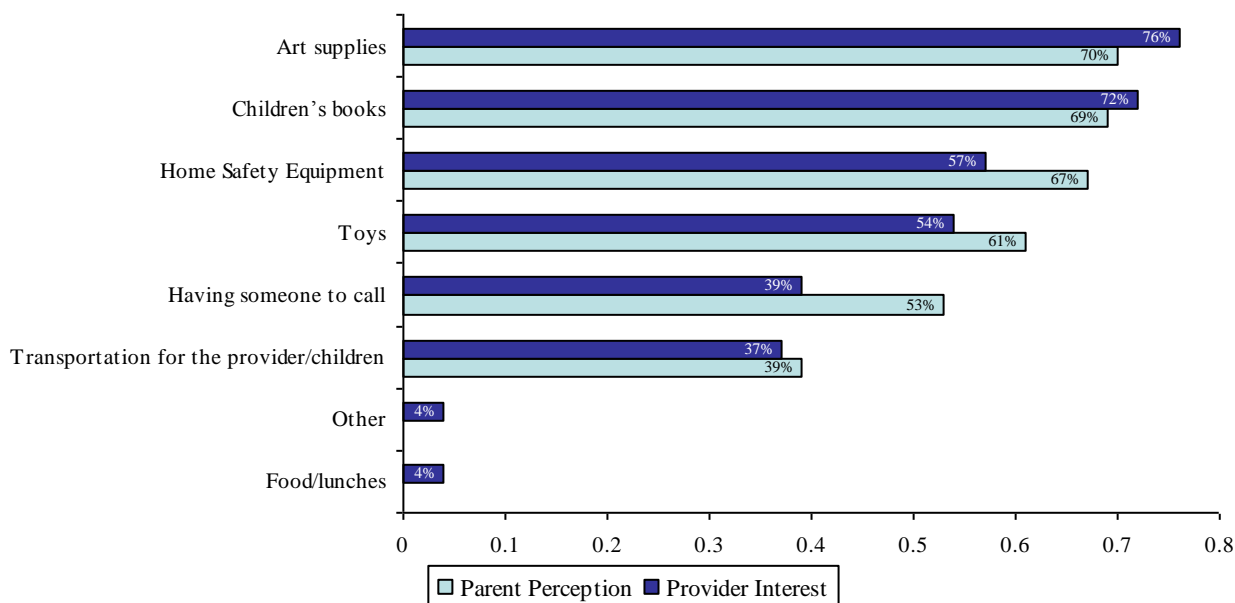
Providers were asked about their willingness to participate in, and parents were asked if providers would benefit from, a list of eight specific activities or modalities of obtaining child care information (Figure D.1). The activity with the highest level of endorsement for both providers and parents was reading newsletters with information on caring for children. About 77% of providers expressed willingness and 67% of the parents perceived a benefit for their provider from such newsletters. Outside events with other child care providers, a workshop on a child care topic of provider choice, videos with tips for working with children, training to become a licensed child care provider and meetings with other child care providers were all items endorsed by close to or above 50% of the providers and parents.

Figure D. 1: Parent and provider perceptions on activities providers would benefit from



Providers reported a need for basic resources and supplies including art supplies (76%), children's books (72%), home safety equipment (57%), and toys (54%) (Figure D.2). Transportation for provider and children was ranked slightly less important. When asked if anything else would be helpful, a small number of providers expressed an interest in food (particularly lunches), funding, computers, and items for motor skill development. It is interesting that these providers showed an interest in food, while a very small number expressed an interest in enrolling in the CACFP program. This inconsistency requires further exploration and possibly additional education about the food program.

Figure D. 2: Resources that would be helpful to the provider from the perspective of the provider and the parent



Interest in Provider Meeting

In order to maximize attendance, we asked providers the best times and location for a possible meeting or training event. Among those who expressed an interest in attending an event, 40% responded that would attend if the meeting was held close to their home (Table D.2). Albany was listed as the preferred location for 34%. Schenectady, Colonie and Troy were the preferred location for only 8%. About 11% had no preference.

The preferred time for a meeting of childcare providers varied considerably (Table D.2). Most providers preferred weekday evenings. However, Saturdays and weekday mornings were also preferred by about one-fifth each. No time preference was reported by 17%. Thus, it seems that several meeting times would reach the greatest number of providers. Furthermore, 21% of those interested in attending a meeting required childcare.

Table D. 2: Interest in a meeting of childcare providers and preferred times

	N	%
Interest in Attending a Meeting ^a		
No Interest	18	23%
Interested	62	78%
Location for those interested		
Close to home	24	39%
Albany	21	34%
Anywhere	7	11%
Schenectady, Colonie or Troy	5	8%
On a bus line	5	8%
Preferred Time for a Meeting		
Weekday evening	21	26%
Saturday	18	22%
Weekday morning	15	18%
Sunday	11	13%
Weekday afternoon	10	12%
No specific time preference	14	17%
Need childcare to attend the meeting ^b	13	21%

^a This was missing for 2 individuals.

^b Only those that were interested in the meeting expressed an interest in childcare. Thus the percent is calculated for those that are interested (62).

DISCUSSION AND SUMMARY FOR INTERVENTION DESIGN

This survey explored child care issues, needs, challenges and strengths from 82 providers and 70 parents involved in subsidized legally exempt child care in Albany County. Most providers were grandmothers to the children in their care who work out of their own home. Close to two-thirds of the children in care (62%) were between 0 -6 years of age.

Most providers chose to provide care and reported they will continue to do so because they enjoyed being with children. They also reported that child care provides the opportunity to bond with the child. Very few providers expressed dissatisfaction in caring for children and most providers reported a satisfying relationship with the parents of the children they care for. Most providers have been caring for children for many years. All these factors would seem to indicate that providers are motivated to engage in an intervention intended to improve the quality of the care and that an investment in

resources to improve quality is worthwhile as most providers plan to continue caring for children into the future.

When offering in-person interventions, multiple time periods should be considered, with weekday evenings being the most preferred time. Events should be located close to the providers' residence. Childcare should be offered to increase participation rates.

The four most popular topics among the providers were "helping children learn to read," "talking to children about violence in the home," "planning children's activities outside the home," and "children's nutrition and health." The two most highly endorsed resources were art supplies and children's books for both providers and parents. All of the interventions and resources listed received considerable endorsement indicating a strong interest in overall potential services. From this we gather that providers and parents are receptive to an appropriate intervention and thoughtful implementation of such an intervention should result in utilization of services and enhanced quality of care.

¹ Neighborhood Child Care: Family, Friends, and Neighbors Talk about Caring for Other People's Children Toni Porter Bank Street College of Education Center for Family Support Division of Continuing Education July, 1998. p.15.

² This particular question asked only for children cared for by a "family member or friend". Therefore, the number of children reported for this question is lower (140) than the number of children reported for all subsequent questions (145). All other questions asked for information on subsidized children in legally exempt care.

³ The average was only slightly higher at about 2.07 (145/70) when legally exempt providers that were not friends and family were included.

APPENDIX A

In order to gather a sample of providers, we requested a list of names from Albany County Department of Social Services. This list had 472 names of providers that could have provided care to subsidized children in March 2006. In order to reach the mandated sample size it turned out that only 418 providers from the original list were needed. Out of these, 20 responded that they no longer were providing child care, and accurate contact information was available for only 149 of these providers (others were wrong phone numbers or were disconnected). Of those with accurate contact information, 82 providers completed the telephone survey.

In order to gather a sample of parents, we sampled from two lists, those that received a subsidy in February 2006 and in October 2005. A total of 266 names of parents whose children were in legally exempt child care were on this combined source list. Our final list consisted of 101 parents for whom telephone contact information was available (the remainder had disconnected or wrong phone numbers). Of that list of 101 parents, 72 completed the telephone survey.

It is important to note that both providers and parents for whom correct contact information was not available, could be systematically different from those for whom the information was available. In addition, those parents and providers who did find the time and make the effort to complete the telephone surveys may not represent the whole population of parents and providers in Albany County.

REFERENCES

- Bromer, Juliet, (2005) How Relative Caregivers Support Children and Parents, in R. Rice (ed.) Perspectives on Family, Friend and Neighbor Child Care: Research, Programs and Policy, pp. 14-16 (Occasional Paper No.15). New York, NY: Bank Street College of Education.
- Butler, J., Brigham, N., & Schultheiss, S., (1991). No Place like home: A study of subsidized in-home and relative child day care. Philadelphia, PA: Rosenblum and Associates.
- Galinsky, E. Howes, C., Kontos, S., & Shinn, M. (1994). The Study of Children in Family child Care and Relative Care: Highlights of Findings. Families and Work Institute. New York.
- Gilbert, N.; Duerr, J. Meyers, M.K., (1992). GAIN Family Life and Child Care Study: Final report. Berkeley, CA: Family Welfare Research Group, Child Welfare Research Center, School of Social Welfare, University of California, Berkeley.
- Hofferth, S. L., Brayfield, A., Deich, S., Holcomb, P. (1991). National Child Care Survey, 1990. Washington, DC: The Urban Institute.
- Siegel, G. L., & Loman, L.A., (1991). Child care and AFDC recipients in Illinois: Patterns, problems and needs. St. Louis, MO: Institute of Applied Research
- Zinsser, C. (1991). Raised in East Urban: Child care changes in a working class community. New York, NY Teachers College Press.