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ABSTRACT

This report describes a 2-year evaluation of a demonstration program designed to train family child care providers to become economically self-sufficient small business operators. The evaluation report reveals that recruitment was stable and successful; that projects provided training to the targeted number of participants and were quite successful in graduating many of these trainees; and that the training programs seemed to directly impact on the quality of the child care to be provided by participants. Placement and retention of family child care providers is described as less successful with only about one-third of original trainees providing family child care one year later. In addition to these general findings, a number of specific findings and recommendations are made related to project components (recruitment, classroom training, home visits, resource lending centers, business start-up assistance, follow-up activities and support services); project outcomes (characteristics of trainees and training completers, characteristics of training completers who become providers, characteristics of training completers who are providing child care one year later, child care skills, changes in trainee economic status, and impact on mentors); external factors (networking and licensing); and future directions (clarifying goals, considering alternative delivery models, and planning and evaluation activities).
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THE TRAINING AND RETENTION OF FAMILY CHILD CARE PROVIDERS

EVALUATION RESULTS

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Of course, the authors of this report remain solely responsible for its content.

EXECUTIVE SUMMARY

THE TRAINING AND RETENTION OF FAMILY CHILD CARE PROVIDERS

EVALUATION RESULTS

This report describes the two-year evaluation of a demonstration program, authorized by the 1990 Hawaii State Legislature (Act 270), designed to train family child care providers to become economically self-sufficient small business operators. The Office of Children and Youth, Governor's Office, State of Hawaii, administered the program and awarded contracts to Kauai Economic Opportunity and the Department of Labor and Industrial Relations Employment Service, Maui Branch, to implement the program. Each site was contracted to provide classroom training and other training and support program components, to establish and run a family child care resource lending center, and to coordinate with other appropriate agencies.

The Social Welfare Evaluation and Research Unit of the School of Social Work, University of Hawaii, conducted this evaluation. In collaboration with the Office of Children and Youth and the Kauai and Maui programs, evaluation questions were developed, operationalized, and assessed. The text of this report describes the methods of inquiry, the findings, and any recommendations related to these evaluation questions. This executive summary briefly describes the major findings and recommendations (in boldface). Findings and recommendations herein supersede those of Mueller and Orimoto (1992).

Overall Finding and Recommendation

All demonstration project activities related to one of three program goals. These goals were to develop and demonstrate effective recruitment, training, and retention strategies. Recruitment was stable and successful. The projects provided training to the targeted number of participants and were quite successful in graduating many of these trainees. In addition, the training programs seemed to directly impact on the quality of the child care to be provided by participants. Placement and retention of family child care providers was seen as less successful with only about one-third of original trainees providing family child care one year later. Overall, the projects were quite successful. The people of Hawaii would benefit by further development of family child care training and retention programs.

The demonstration projects should be continued. Cost-benefit analyses are generally supportive. An increased focus on retention of family child care providers would improve the cost-benefit ratio. Such a focus should be considered.

Specific Findings and Recommendations Related to Project Components

Recruitment

Recruitment of potential participants was stable and successful. Many recruitment mechanisms were used. During the second year, program graduates became a small but efficient referral source. As programs continue and /or expand, this referral source will likely have a growing impact. Referrals and, especially, project participants were geographically concentrated near the project sites. Future needs assessments might indicate the possibility of expanding programs into other geographical areas. Caucasians were more likely to participate than other ethnic groups.

The projects should continue their effective recruitment activities and maintain a diverse referral base. Recruitment strategies might effectively use prior program participants to solicit new trainees. Needs assessments in low-response geographical areas would inform future programs about feasibility of program extension to these areas. Efforts should be made to recruit and train providers from the wide ethnic diversity represented in each community.

Classroom Training

The classroom training was rated very positively by project participants, both immediately following the training and with the benefit of hindsight one year later. Moderate positive gains in knowledge were demonstrated over the course of the classroom training. Although participants learned a great deal about bookkeeping, this remained an area of concern to them. Some of the first-year trainees who are now providing child care feel unsure of their bookkeeping system and/or are not keeping adequate records.

Classroom training should continue much as it has to date. An increased emphasis on tax and bookkeeping may be indicated and can be met through classroom learning or follow-up workshops. Program staff should review the extent of participant knowledge change in each topic area and modify the curriculum or curriculum goals as indicated.

Home Visits

Participants and home visitors rated this component of the program very positively. New trainees particularly liked the practical suggestions and ideas generated from the visits and felt the visitors provided important encouragement and support. Some experienced providers felt that home visits could be usefully extended into a follow-up activity that might support retention.

The home visitor portion of the program was strongly endorsed by both the trainees and home visitors. Initial visits focusing on licensing and subsequent visits providing collegial contact, support, and encouragement should be continued.

Resource Lending Center

The resource lending centers were appreciated but underutilized. Some providers find them inconvenient to use, while others would like to see different supplies. Some experienced providers felt follow-up home visits could be combined with borrowing of materials.

The operational procedures of the resource lending center should be reviewed and amended (e.g., make it more mobile, increase flexibility of hours).

Business Start-up Assistance

About 50% of program graduates did not make the transition into the family child care business. Many of the barriers to providing licensed family child care related to difficulties getting started. One such barrier was business start-up costs. Not surprisingly, the financial and human assistance provided in this regard was received very positively and was seen by the evaluators as critical. However, even with this assistance, some providers continued to face financial and other barriers to starting their business.

The provision of business start-up assistance should be continued. The types of assistance provided may vary, but should include license application fees and other small expenses.

Follow-up Activities and Support Services

Projects provided a variety of follow-up support services, such as workshops, support groups, special get-together days and activities, and other individualized supports. However, there was less emphasis on this during the second year of implementation. Overall, these services have not been well utilized. Nevertheless, follow-up support services are seen as important by experienced providers. Follow-up services and advanced training opportunities might increase the likelihood of long-term retention.

Support activities should be continued. Input regarding the kind of activity needed and ways to increase its accessibility should be actively explored with project trainees and graduates.

Make post-graduation follow-up services a standard component. Institute a staged, individualized approach to support activities. Examples of support activities may include workshops, support groups, park play days, a mobile resource lending center, and follow-up phone calls.

Specific Findings and Recommendations Related to Project Outcomes

Characteristics of Trainees and Training Completers

Projects were quite successful in recruiting and then supporting participants so that many would complete the training program. Participants came from a wide variety of backgrounds, including a wide age range, prior educational level, family size and composition, prior household income, and a variety of ethnicities (although Caucasian trainees were over-represented). Of all the trainee characteristics, level of family support is the only consistent factor that might predict successful completion of the training program.

Projects should continue with their highly successful efforts to get participants to complete the formal program. Projects might slightly increase their hit-rate by screening potential participants concerning the level and type of family support they have for participating in and completing the training program. However, without many reliable demographic and attitudinal differences between trainee completers and non-completers, projects will need to identify other mechanisms for screening potential trainees for program participation.

Characteristics of Training Completers Who Become Providers

No consistent demographic or attitudinal/motivational factors differentiated program completers who did and did not quickly become family child care providers. In person and telephone interviews indicated a wide variety of reasons for not completing the training and/or for not becoming a provider.

Given that no demographic or attitudinal characteristics of program completers differentiate those who do or do not become providers, projects should look to other factors (e.g., zoning regulations, home suitability) that might account for provider status. These factors could be addressed on an individual basis.

Characteristics of Training Completers Who Are Providing Child Care One Year Later

No consistent demographic or attitudinal/motivational factors differentiated program completers who were or were not providing family child care one year later. Nevertheless, less than one half of the program graduates can be expected to be providing child care one year later. While this is consistent with findings in other states, this points to the opportunity and need to identify problems unique to each graduate and to develop flexible post-graduation support services to reduce these impediments.

Given the difficulty of *a priori* differentiating who will and will not be providing long-term child care, projects should focus on reconceptualizing the training model and/or work toward providing post-graduation support services to increase the number of long-term providers.

Child Care Skills

Many participants report greater confidence in their child care skills and a much greater understanding of child development, children's needs, abilities, and behaviors, and of how to organize and conduct quality family care. Follow-up interviews with first-year graduates who were providing family child care indicated strong evidence for overall high quality care. Most of these providers' homes were well organized and providers had developed sophisticated ways to enhance the children's development. Virtually all of the providers identified themselves as professionals and were, in fact, providing a professional-level service.

Project staff should continue to provide training that increases participants' understanding of children and child care, and their confidence in providing quality care.

Changes in Trainee Economic Status

Becoming a licensed and trained family child care provider had very little impact on individual or household income of trainees. One-year providers were earning about the same income from their family child care business as they were in prior employment. However, many of these women had young children of their own and, thereby, were able to avoid the expense of child care for these children. Although many of these providers were quite business-like, they reported their primary or only reason for becoming a family child care provider was the opportunity to be home with their children. As such, without further programming, these providers are likely to return to other employment within a few years.

Program planners and project staff need to recognize that, on average, family child care providers are earning about the same income as they had in other prior work. To increase longer-term retention of high quality licensed family child care providers, governmental and/or business income supports and other non-income benefits (e.g., career ladders, additional tax advantages, increased professional status) need to be developed.

Impact on Mentors

Experienced providers who served as mentors brought with them generally positive attitudes and qualities that seemed to be not much impacted by their mentoring experiences. However, trainees and mentors felt the visits to mentors' homes were valuable. Some first-year trainees who were providing child care one year later saw mentoring as an opportunity for further professional growth. The very best of these providers showed a strong need for such professional growth. Developing mentoring and other opportunities will be crucial in long-term retention of the best family child care providers.

It is recommended that mentors be maintained in the child care training program, and that their services be monetarily reimbursed. A track for program graduates to move into mentor positions should be identified. Talented graduates should be encouraged to work toward such positions.

Specific Findings and Recommendations Related to External Factors

Networking

Both projects developed structures and initiatives related to community networking. Recruitment efforts benefitted from this networking. Both projects developed community activities focused on addressing barriers to a successful environment for the family child care business.

Continued networking activities are recommended with a focus on establishing a seamless family child care system.

Licensing

There remain significant barriers external to the projects that may continue to interfere with licensing and the provision of licensed services. Some trainees feel the licensing process is intimidating, yet virtually all long-term providers who graduated from the program felt that licensing was extremely important for maintaining standards. The process at times is cumbersome and bureaucratic, and could be modified. However, standards should be maintained. Some providers and non-providers indicated a need for licensing of two-provider homes (something between the traditional family child care and center-based care). This idea gains merit in light of the finding that some of the best family child care providers indicated a strong desire to have more adult collegial contact in their professional days. Finally, being licensed means paying taxes. Support for doing so needs to be developed.

First, program support activities aimed at assisting trainees through the licensing process (grants, assistance in filling out application forms) should be continued. Second, licensing regulations should be reevaluated and amended to allow for a greater diversity of family child care forms (e.g., two providers in one setting) and settings (e.g., family child care in a home strictly used for this business). Third, a thorough study examining the incremental loss to income secondary to small business taxes should be undertaken. Furthermore, an analysis comparing the net income of licensed providers to unlicensed providers should be performed, based upon Hawaii's tax policies. Finally, a *probono* or affordable accounting service should be made available to licensed family child care providers to assist them in their business record keeping and tax-filing tasks.

Specific Findings and Recommendations Related to Future Directions

Clarifying Goals

Projects successfully recruited and trained family home care providers. However, there was a considerable drop-off in the number of trainees who went on to provide family child care. In part this related to disagreements about the extent to which licensing and the provision of

licensed family child care was a shared goal. Hurricane Iniki also affected trainees' abilities to practice. A clearer focus on placement and retention of providers is needed if increasing the supply of family child care providers is to remain a goal.

It is recommended that project activities are more closely monitored to ensure the consistent targeting of all project goals. Monitoring activities may take the form of regular meetings between project staff and OCY, where alternative strategies are developed for implementation.

Considering Alternative Delivery Models

It has now been demonstrated that projects like these can effectively recruit and train family child care providers. There are a number of alternative models for creating a seamless family child care development system. Developing and implementing a dynamic model will likely increase placement and retention rates and provide access to licensed and trained family child care providers.

The model of choice for Hawaii must be carefully determined by weighing a number of factors including the project's goals, community resources, provider needs, and other systemic factors. If resource efficiency and project effectiveness are to be maximized, however, we believe that the ideal model should focus on increasing the number and stability of licensed child care spaces. Using this as a guiding premise, the following recommendations are offered:

1. Adopt models that will increase the number of licensed graduates. The models most likely to accomplish this goal with the greatest efficiency are the "stage" or "optional" models. This conclusion is partially supported by figures generated by the California Child Care Initiative (Lawrence, 1987). In a one-year evaluation of their collaborative training program, it was observed that both the "Linear" and "Optional" models generated comparable numbers of recruits and trainees. However, the "Linear" model reported a higher percentage of recruits receiving training while the "Optional" model produced a higher number of newly licensed homes.

2. Increase the number of trainees in the program. Our drop-out and provider status data indicates that a large percentage of initial participants and program graduates fail to become providers. Moreover, an even smaller percentage are actively providing family child care one year later. Our numbers are similar to the reported national one-year provider retention rate of 41% (Kontos, 1991). Given the anticipated attrition during both the training and retention phases, increasing the initial number of program participants may result in an overall increase in program-generated providers.

3. Incorporate ongoing and tiered retention supports into program models. The reader is referred to the discussion under "third level training and supports in stage models" for further elaboration of this recommendation.

4. Future training and retention efforts should actively work to coordinate with existing community resources to provide a seamless family child care recruitment, training and retention system. For example, partnerships with extant family child care resource and referral agencies may be explored. In addition, family child care can be put into the context of early childhood education to solidify its position within this field. An example of this might be modifying community college early childhood education associate degree programs to include a family child care module. Finally, these coordinated efforts need to actively work to educate the general public and other key business and government agents about the variety of family child care options, the advantage of using *licensed* family child care providers, and the additional benefits of having *trained* licensed family child care providers.

Planning and Evaluation Activities

Joint planning activities between the Office of Children and Youth, the two project sites, and the evaluation team proved to be very useful. As projects continue and if additional efforts focus on the family child care development system as a whole, continued joint planning and evaluation activities will prove invaluable.

Joint planning activities between OCY and key project staff should begin again. Program monitoring activities with a focus on explicitly stated goals should be continued. Future evaluation activities can take a variety of directions and should be considered.

INTRODUCTION

A. Background Description of the Projects

Recognizing the importance of family child care to the total child care system, the 1990 Hawaii State Legislature authorized Act 270, specifying the creation of one-year demonstration programs to train family child care providers to become economically self-sufficient small business operators. The Office of Children and Youth (OCY) (under the auspices of the Office of the Governor) was charged with administering the specific components of the legislative act. Contracts, for one-year terms beginning in July 1991, were awarded to two of several local bidding agencies: Kauai Economic Opportunity (KEO) and Department of Labor and Industrial Relations Employment Service, Maui Branch (ES). The two demonstration programs were extended for a second one-year term beginning September 1992. Each agency was to provide training programs with the following components: (1) classroom didactic training with a specified curriculum, (2) follow-up programs offering support services (e.g., home visits, peer support activities), (3) the establishment of a resource lending center to provide equipment and materials for starting up family child care homes, (4) additional incentives and supports (e.g., provision of child care and substitutes designed to enhance program completion and retention in the family child care business), and (5) coordination with appropriate state, county, and community agencies. While both agencies were contracted to provide relatively equivalent programs, the implementation of distinctive program components reflected unique approaches in response to individual community needs.

B. Background Description of the Evaluation

The Social Welfare Evaluation and Research Unit (SWERU) of the School of Social Work, University of Hawaii, was contracted by OCY to provide evaluation services for the Family Child Care Demonstration Project. An initial 15-month contract (for the period spanning July 1, 1991, to October 31, 1992) and a second 9-month contract (for the period spanning November 1, 1992 to June 30, 1993) included the following activities: (1) the identification and development of specific data collection strategies, (2) an evaluation and modification of year one data collection strategies for the second project year, (3) the monitoring of data collection activities by project coordinators, (4) the analysis of evaluation data provided by the individual projects, (5) the preparation and submission of six quarterly reports describing evaluation efforts and preliminary data analyses, and (6) the preparation and submission of two summary evaluation reports. Findings and recommendations described in this report supersede those presented in any prior report. (See Mueller and Orimoto [1992] for the summary evaluation of the first year.)

From its inception, the evaluation process has been a collaborative effort between project staff (KEO and ES), the evaluation team (SWERU), and OCY. At the beginning of the first year, specific evaluation questions were identified by OCY, and later finalized by OCY and

SWERU staff. OCY and SWERU staff generated possible data collection strategies and selected the most promising approaches. These data collection approaches were presented to key staff from the two projects for feedback. Concurrently, data collection instruments were being developed by SWERU staff, reviewed by OCY staff and pilot-tested by project staff. During the second year, all data collection strategies were reviewed by SWERU staff and evaluated for their informative value. Combined with feedback solicited from OCY and project staff, select data collection approaches were modified or dropped altogether. In addition, a new evaluation instrument was created to conduct follow-up interviews with a sample of year one program trainees. Exact copies of all finalized data collection forms are available in Appendix A.

With the exception of interviews with first year trainees, all data collection was conducted by KEO and ES staff. Completed data collection forms were sent weekly to SWERU for data compilation and analysis.

C. Description of Evaluation Methods

The evaluation methods used were comprised of three key characteristics. First, all data collection methods and instruments were tied to identified evaluation questions. Second, whenever possible multiple methods were used to examine each question (e.g., closed and open-ended questions; perceptions of trainers and trainees; individual, group, and community data). Third, most of the data were collected by project staff.

Most data collection was tied to a specific trainee (or potential trainee). Data were first collected when any potential trainee/provider made an initial contact with the project (Data Collection Form 1 in Appendix A). Initial respondents who qualified for the program and remained interested then completed an initial assessment instrument (Data Form 2). Participants in the program completed pretest and posttest measures of knowledge about curriculum materials while participating in the program (Data Forms 3K, 5K, 3M, and 5M). Trainees and trainers were also asked to rate the value of home visits that were conducted during the training period (Data Forms 8 and V8). During the first project year, approximately one half of the participants who completed the program were interviewed between two and three months after graduation (Data Form 7). During the second project year, all program graduates were asked to complete this same interview instrument by mail. Participants who participated in, but did not complete the training program were interviewed by telephone (Data Form 9).

Trainee participation in the structured program and the instructors' judgments of curriculum integrity were recorded during the first year (Data Form 4). Utilization of the Resource Training Center was recorded (Data Form 11). Potential changes in mentors, as a function of participation in the program, were assessed via a pre-post design (Data Form 12). Follow-up interviews were conducted with one third of the program completers from the first project year approximately 10-16 months after training completion (Data Form 13).

Finally, SWERU staff conducted critical literature reviews, attended various community meetings, and conducted other informal interviews so that the formal results could be placed in an appropriate context.

D. Strengths and Limitations of this Evaluation Approach

The evaluation approach taken for this report had a number of strengths. It relied on a multi-method approach, using a variety of data collection strategies and getting information from a diversity of sources. Second, it was relatively inexpensive and was tied to specific evaluation goals and objectives. Third, the approach allowed for the examination of a large number of evaluation questions.

Two limitations of this evaluation approach need to be identified. First, much of the data were collected by program staff or consultants. Although this introduces a possible bias, significant efforts were made to protect against this. Nevertheless, some data (such as comments about the projects) may have been influenced by these procedures. As such, we have exercised caution when interpreting such results.

The short time span of the evaluation is its second limitation. Some of the evaluation questions are best thought of as addressing longer-ranged objectives (e.g., retention, drop-out). The follow-up data collected for this report extended only 10-16 months after a participant completed formal classroom training. Longer term follow-up data (four years or more) are needed for a more complete account of factors influencing the longevity of family child care businesses.

E. The Effects of Hurricane Iniki

The findings contained within this evaluation report need to be viewed within the context of the effects of Hurricane Iniki on the island of Kauai. Iniki devastated most of the garden island midway between the program's first and second years. While the exact impact of the hurricane on the program cannot be fully established, it is presumed that its effect was substantial. This report has been prepared with careful attention to this factor.

F. Organization of Findings

The substantive findings of this report are organized by evaluation questions. Each evaluation question is stated, followed by a brief description of the methods used to address this question. The analytic results stemming from the data are then presented, wherever appropriate in table or figure format. These results are then interpreted and followed by specific recommendations that have been generated from these results. All recommendations listed in the text are also listed in the Executive Summary.

EVALUATION QUESTIONS

Question: *How many trainees entered the program, completed the program, began providing family child care, and continued to provide family child care one year later?*

Methods

Program staff provided records of trainee participation and follow-up assessments of provider status. The year two follow-up provider status estimate is based on extrapolations from the first-year trainee data. Number of completers and number of providers for year two are likely underestimates, as some of these trainees are likely to complete training or begin to provide care within the next few months.

Results

Table 1 indicates the number of trainees who entered the programs, who completed the programs, who immediately (within 1-2 months) began providing family child care, and who were providing family child care approximately one year (10-16 months) after completion of the program. Year two and total estimates of number of trainees, completers, and providers include participants who were still in training at the time of this writing. The number of second-year providers who will be providing child care one year from now are estimates based on year one projections (43% of training completers).

The year two and total estimates of completers and providers were adversely influenced by Hurricane Iniki. One cycle of trainees was directly disrupted by Iniki and all plans for providing family care needed to be re-evaluated after the hurricane. As such, these data underestimate projections for similar future programs. However, given cross-island and cross-year comparisons, an increase along the range of 5 to 10% seems to be the upper limit of any adjustment.

Overall, the training programs met targets for number of trainees enrolled. No targets for number of completers, providers, or long-term providers were known to these evaluators. However, these data indicate that about 70% of initial trainees completed the program, about 36% of initial trainees became family child care providers, and about 30% of initial trainees will be providing family child care one year later.

Table 1

**ESTIMATED NUMBER OF PROGRAM TRAINEES,
COMPLETERS, PROVIDERS, AND LONG-TERM PROVIDERS**

	No. of Trainees	No. of Completers	No. of Providers	No. of Providers One Year Later
Year One	75	60	37	26
Year Two (est.)	65	37	14	16
Total (est.)	140	97	51	42

Question: *How effective were recruitment activities?*

Methods

This general evaluation question has been broken down into three more specific questions allowing for a more detailed analysis of recruitment activities and outcomes. Analyses are based upon data gathered with the Initial Contact Form as collected by project staff throughout the length of the contracts (Data Form 1).

The three specific questions addressed were:

1. Which recruitment activities: (a) generated the most inquiries, (b) were most highly correlated with program admittance, and (c) were most highly correlated with program matriculation?
2. Were there any meaningful trends in referrals over the course of the two years?
3. Were there any meaningful geographical trends in referral patterns?

Results

Table 1 illustrates the number of recorded inquiries by referral source (reported as absolute numbers and percentages), the number of trainees admitted by referral source, and the number of trainees graduating from the program by referral source by the end of the contract period. (Referral source was not known for all trainees, thereby reducing the *n*-size in these categories.)

As can be seen, a wide variety of referral sources generated inquiries. About 40% of all referrals came from PATCH, with the remainder distributed across the other referral sources.

Although few in number, referrals from program graduates or mentors were most likely to lead to admission and completion of the program. All other referral sources were about equally efficient in developing trainees from initial inquiries.

Table 1

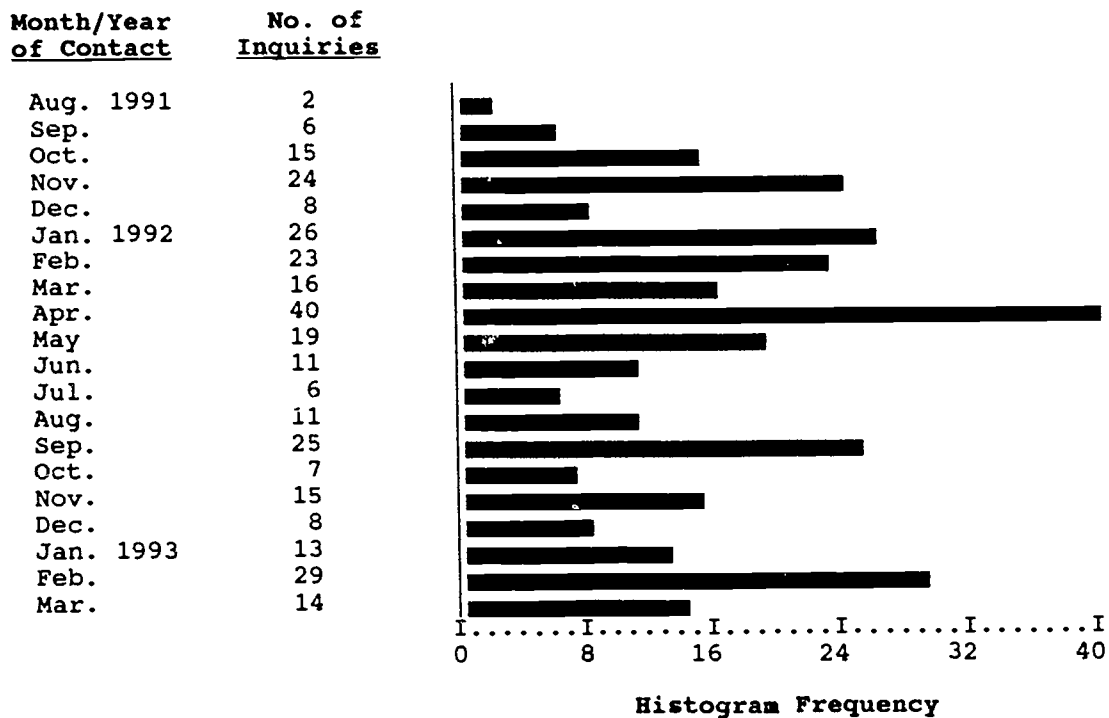
RECRUITMENT SOURCES

Referral Source	No. of Inquiries (%)	No. of Trainees (%)	No. Completed (%)
PATCH	128 (39.8)	45 (41.3)	35 (42.7)
Flyers	8 (2.5)	1 (0.9)	1 (1.2)
Media (radio, TV, local newspapers, and periodicals)	42 (13.0)	9 (8.3)	6 (7.3)
JTPA (Kauai only)	17 (5.3)	2 (1.8)	0 (0.0)
Other	88 (27.3)	38 (34.9)	28 (34.1)
Newspaper Article (Maui only)	18 (5.6)	5 (4.6)	5 (6.1)
FCC Graduate or Mentor	13 (4.0)	9 (8.3)	7 (8.5)
Friend or Word-of-mouth	8 (2.5)	0 (0.0)	0 (0.0)
Unknown	34	16	10
Total	356	125	92

Figure 1 illustrates the number of known inquiries over time (in one-month intervals, beginning with the first month of the contract and ending March 31, 1993). The number of inquiries varied cyclically over the 20 months of the recording period. As expected, referrals began slowly then rose and maintained a fairly high level. Except for two December (holiday) dips, referrals stayed steady throughout the spring and fall. In the summer of 1992, referrals dropped when project continuation was unknown. However, referrals picked up again and remained fairly steady. In general, these inquiry patterns suggest a stable active interest in such programs.

Figure 1

RECRUITMENT ACTIVITIES OVER TIME



Initial inquirers came from many different towns on each island. Tables 2 and 3 list the geographical location of inquirers and of trainees (based on telephone records on a sample of all inquiries). On Maui, most inquiries came from Kihei, Central, or Up-country Maui. Up-country Maui produced the highest percent of trainees per inquiry.

The majority of Kauai inquiries and trainees came from East Kauai (from Hanamaulu to Anahola). The North (Kilauea and beyond) and South shores (Poipu area) produced the fewest inquiries and very few trainees.

Table 2

MAUI GEOGRAPHICAL AREA OF INITIAL INQUIRIES (SELECTED SAMPLE)

Geographical Area	No. of Inquiries	No. of Trainees	Percent of Inquiries that Led to Training
Kihei	38	9	23.68
Central Maui	33	10	30.30
Up-country Maui	26	12	46.15
West Maui	7	2	28.57

Table 3

KAUAI GEOGRAPHICAL AREA OF INITIAL INQUIRIES (SELECTED SAMPLE)

Geographical Area	No. of Inquiries	No. of Trainees	Percent of Inquiries that Led to Training
East Kauai	61	23	37.70
Lihue	16	4	25.00
South Kauai	13	1	7.69
West Kauai	9	4	44.44
North Kauai	8	1	12.50

Recommendations

The projects should continue these effective recruitment activities and maintain a diverse referral base. Recruitment strategies might effectively use prior program participants to solicit new trainees. Needs assessments in low-response geographical areas would inform future programs about feasibility of program extension to these areas. Efforts should be made to recruit and train providers from the wide ethnic diversity represented in each community (see next section).

Question: *What characteristics of program trainees differentiate those who did and did not complete the training?*

Methods

Project staff were unable to collect detailed information on initial respondents who did not begin the program. Therefore, data addressing this question are limited to participants who entered the training program. Demographic characteristics of participants were derived from the Initial Background Information Form (Data Form 2) completed by most participants prior to training. Demographic variables measured were sex, age, ethnicity, education, marital status, number of children, and number of siblings.

Attitudes and motivations toward family-based child care were also measured on the Initial Background Information Form. Nine different attitudinal and motivational domains were identified that may differentiate providers who "persist" in the business of family child care from those who do not. Questionnaire items were generated to tap the following domains:

1. Self-fulfillment: How much self-fulfillment would the trainee/provider anticipate getting from being a child care provider?
2. Independence: Is being a child care provider appealing because it allows the individual to work at home and enables him/her to work independently?
3. Altruism: Does being a child care provider fulfill some altruistic need or desire?
4. Status: Is being a child care provider appealing because it'll provide some status for the trainee/provider?
5. Money: Are financial contingencies a factor in the appeal of being a child care provider?
6. Relief from other types of employment: Does this type of work provide a welcomed relief from other types of employment?
7. Attitudes about children and child care: What are the attitudes and values about children and child care that characterize home child care providers?
8. Family support: What are the potential sources of support or conflict within the providers' families as a result of home-based child care?
9. Self-efficacy expectations: How confident are the trainee/providers in their ability to work as child care providers? How committed are they to this line of work?

Results

Demographic and attitudinal/motivational characteristics of program completers and non-completers were compared at the end of the project. Overall, we have background data on 77 of 97 completers and 24 of the 43 non-completers, for an overall *n*-size of 101.

Tables 4, 5, 6, and 7 describe the demographic characteristics of program completers and non-completers. The vast majority of participants were women (Table 4). The most common ethnic self-description used by participants was Caucasian (Table 5), and most of the participants were married (Table 6). As can be seen in Table 7, participants ranged in age from 19 to 65; had from 9 to 20 years of formal education; had zero to seven children of their own; and came from families with none to many siblings.

Gender, ethnicity, marital status, age, prior education, and number of own children did not distinguish successful completers from non-completers. There was a possible trend that participants with fewer siblings were more likely to complete the program. No program planning should be based on any apparent demographic difference among completers and non-completers. However, there is a disproportionate representation of Caucasians in the programs.

Table 4

GENDER OF TRAINEES

Sex	Completers (%)	Non-Completers (%)	Overall (%)
Male	3 (3.9)	1 (4.2)	4 (4.0)
Female	74 (96.1)	23 (95.8)	97 (96.0)

Table 5

ETHNICITY OF TRAINEES

Ethnicity	Completers (%)	Non-Completers (%)	Overall (%)
Caucasian	37 (48.7)	10 (41.7)	47 (47.0)
Filipino	7 (9.2)	1 (4.2)	8 (8.0)
Hawaiian	14 (18.4)	4 (16.7)	18 (18.0)
Japanese	5 (6.6)	3 (12.5)	8 (8.0)
Portuguese	2 (2.6)	0 (0.0)	2 (2.0)
Other	11 (14.5)	6 (25.0)	16 (16.0)
Unknown	1	0	1

Table 6

MARITAL STATUS OF TRAINEES

Marital Status	Completers (%)	Non-Completers (%)	Overall (%)
Single	13 (17.1)	3 (12.5)	16 (16.0)
Married	52 (68.4)	12 (50.0)	64 (64.0)
Separated	3 (3.9)	1 (4.2)	4 (4.0)
Divorced	4 (5.3)	5 (20.8)	9 (9.0)
Together/Unmarried	4 (5.3)	3 (12.5)	7 (7.0)
Unknown	1	0	1

Table 7

OTHER DEMOGRAPHIC INFORMATION OF TRAINEES

Variable	Completers Mean	Non-Completers Mean	Overall Mean	Standard Deviation	Range
Age	31.82	33.66	32.28	9.04	19 - 65
Years of Education	13.09	12.83	13.03	1.99	9 - 20
No. of Children	2.17	2.20	2.18	1.55	0 - 7
No. of Siblings	3.29	4.67	3.61	2.12	0 - 10

Table 8 provides information about attitudinal and motivational characteristics of completers and non-completers. All participants reported very high levels of positive attitudinal and motivational factors. In part, this might relate to providers feeling pressure to respond in a socially desirable manner, thinking that their answers could influence their acceptance into the program. However, these results might also indicate generally strong positive attitudes and motivations to become a family-based child care provider.

Only one attitudinal or motivational characteristic assessed reliably predicted completion status. Consistent with earlier findings, completers indicated having greater family support for their work than did the non-completers.

If one characteristic of providers was identified as related to program completion, these data argue for consideration of family support. Completers report feeling more family support and are more likely to be married than are non-completers.

Table 8

ATTITUDINAL AND MOTIVATIONAL CHARACTERISTICS OF TRAINEES

Variable	Completers Mean	Non-Completers Mean	Overall Mean
Self-fulfillment	4.43	4.27	4.40
Independence	4.78	4.48	4.71
Altruism	5.38	5.48	5.40
Status	4.73	4.43	4.66
Money	4.72	4.65	4.70
Relief	3.81	3.55	3.75
Attitudes	5.55	5.43	5.52
Family Support	3.80	3.43	3.72*
Self-efficacy	5.35	5.20	5.32
Other	4.44	4.38	4.42

* $p < .05$.

Recommendations

Projects should continue with their highly successful efforts to get participants to complete the formal program. They might slightly increase their hit-rate by screening potential participants concerning the level and type of family support they have for participating in and completing the training program. However, without many reliable demographic and attitudinal differences between trainee completers and non-completers, projects will need to identify other mechanisms for screening potential trainees for program participation.

Question: *What characteristics of program graduates differentiate those who began in the family child care business and those who did not?*

Methods

Provider status was assessed at a specified time near the end of each training year (ranging from immediately following to six months following program completion). All program graduates were determined to be providing licensed child care, license-exempt child care, or not providing child care at that time. Licensed and license-exempt providers were combined in these analyses.

This information was then compared to the demographic and attitudinal/motivational data collected at the beginning of training (see prior section for details of these latter measures). Overall, we have background data on 36 of 51 providers and 41 of the 57 non-providers who completed training.

Results

Tables 9 to 13 describe the demographic characteristics of program completers who were or were not providing family child care at the time of the short-term assessment. Providers and non-providers did not reliably differ on any of these demographic or attitudinal and motivational characteristics.

Table 9

GENDER OF TRAINING COMPLETERS

Sex	Providers (%)	Non-Providers (%)	Overall (%)
Male	1 (2.9)	2 (4.9)	3 (3.9)
Female	35 (97.1)	39 (95.1)	74 (96.1)

Table 10

ETHNICITY OF TRAINING COMPLETERS

Ethnicity	Providers (%)	Non-Providers (%)	Overall (%)
Caucasian	21 (57.1)	16 (40.0)	37 (48.7)
Filipino	4 (11.4)	3 (7.5)	7 (9.2)
Hawaiian	5 (14.3)	9 (22.5)	14 (18.4)
Japanese	3 (8.6)	2 (5.0)	5 (6.6)
Portuguese	0 (0.0)	2 (5.0)	2 (2.6)
Other	3 (8.6)	8 (20.0)	11 (14.5)

Table 11

MARITAL STATUS OF TRAINING COMPLETERS

Marital Status	Providers	Non-Providers	Overall (%)
Single	8 (22.9)	5 (12.5)	13 (17.1)
Married	23 (62.9)	29 (72.5)	52 (68.4)
Separated	3 (8.6)	0 (0.0)	3 (3.9)
Divorced	1 (2.9)	3 (7.5)	4 (5.3)
Together/Unmarried	1 (2.9)	3 (7.5)	4 (5.3)

Table 12

OTHER DEMOGRAPHIC INFORMATION OF TRAINING COMPLETERS

Variable	Providers Mean	Non-Providers Mean	Overall Mean	Standard Deviation	Range
Age	31.51	32.10	31.82	8.95	19 - 65
Years of Education	13.16	13.02	13.09	1.99	10 - 20
No. of Children	2.06	2.26	2.17	1.58	0 - 7
No. of Siblings	3.17	3.39	3.29	1.97	0 - 9

Table 13

ATTITUDINAL AND MOTIVATIONAL CHARACTERISTICS OF TRAINING COMPLETERS

Variable	Providers Mean	Non-Providers Mean	Overall Mean
Self-fulfillment	4.46	4.42	4.44
Independence	4.75	4.83	4.79
Altruism	5.51	5.25	5.37
Status	4.68	4.76	4.72
Money	4.75	4.68	4.72
Relief	3.70	3.90	3.81
Attitudes	5.52	5.55	5.54
Family Support	3.69	3.92	3.81
Self-efficacy	5.33	5.39	5.36
Other	4.47	4.43	4.45

Recommendations

Given that no demographic or attitudinal characteristics of program completers differentiate those who do or do not become providers, projects should look to other factors (e.g., zoning regulations, home suitability) that might account for provider status. These factors could be addressed on an individual basis.

Question: *What characteristics of first-year program graduates differentiate those who were providing family child care one year later and those who were not?*

Methods

Long-term provider status of first-year graduates was determined in the spring of the second year. Length since program graduation ranged from 10 to 16 months and is roughly considered a one-year follow-up. All first-year graduates were determined to be providing licensed child care, license-exempt child care, or not providing child care at that time. This information was then compared to the demographic and attitudinal/motivational data collected at the beginning of training (see prior two sections). In addition, information gathered from the face-to-face follow-up interviews of a sample of first-year graduates has been used to compliment the numerical data.

Results

Tables 14 to 18 describe the demographic characteristics of first-year program completers who were or were not providing family child care one year later. Long-term providers and non-providers did not reliably differ on any of the demographic or attitudinal and motivational characteristics.

Interview responses from the one-year follow-up did not demonstrate consistent differences between long-term providers and non-providers. Providers and non-providers reported the same household income and reported no differences in their beliefs or attitudes about the family child care business or the quality of program support services. On Kauai, provider status was impacted by Hurricane Iniki. Many respondents point to the hurricane's destruction as the primary or only reason for not providing child care. Indeed, some of these women were actively rebuilding with an eye on entering or re-entering the business.

Table 14

GENDER OF ONE-YEAR FOLLOW-UP PARTICIPANTS

Sex	Long-term Providers (%)	Long-term Non-Providers (%)	Overall (%)
Male	1 (5.3)	1 (3.6)	2 (4.3)
Female	18 (94.7)	27 (96.4)	45 (95.7)

Table 15

ETHNICITY OF ONE-YEAR FOLLOW-UP PARTICIPANTS

Ethnicity	Long-term Providers (%)	Long-term Non-Providers (%)	Overall (%)
Caucasian	8 (44.4)	16 (57.1)	24 (52.2)
Filipino	2 (11.1)	0 (0.0)	2 (4.3)
Hawaiian	4 (22.2)	5 (17.9)	9 (19.6)
Japanese	0 (0.0)	2 (7.1)	2 (4.3)
Portuguese	1 (5.6)	1 (3.6)	2 (4.3)
Other	3 (16.7)	4 (14.3)	7 (15.2)

Table 16

MARITAL STATUS OF ONE-YEAR FOLLOW-UP PARTICIPANTS

Marital Status	Long-term Providers (%)	Long-term Non-Providers (%)	Overall (%)
Single	1 (5.3)	2 (7.4)	3 (6.5)
Married	15 (78.9)	21 (77.8)	36 (78.3)
Separated	1 (5.3)	0 (0.0)	1 (2.2)
Divorced	2 (10.5)	2 (7.4)	4 (8.7)
Together/Unmarried	0 (0.0)	2 (7.4)	2 (4.3)

Table 17

**OTHER DEMOGRAPHIC INFORMATION OF
ONE-YEAR FOLLOW-UP PARTICIPANTS**

Variable	Long-term Providers Mean	Long-term Non-Providers Mean	Overall Mean	Standard Deviation	Range
Age	31.23	33.74	32.77	8.79	21 - 62
Year of Education	13.63	12.57	13.00	2.05	10 - 19
No. of Children	2.37	2.57	2.49	1.72	0 - 7
No. of Siblings	3.16	3.71	3.49	1.95	1 - 9

Table 18

**ATTITUDINAL AND MOTIVATIONAL CHARACTERISTICS OF
ONE-YEAR FOLLOW-UP PARTICIPANTS**

Variable	Long-term Providers Mean	Long-term Non-Providers Mean	Overall Mean
Self-fulfillment	4.44	4.40	4.42
Independence	4.89	4.83	4.85
Altruism	5.34	5.39	5.37
Status	4.63	4.73	4.69
Money	4.86	4.63	4.72
Relief	3.95	4.10	4.04
Attitudes	5.44	5.65	5.57
Family Support	3.80	4.02	3.94
Self-efficacy	5.37	5.31	5.33
Other	4.46	4.36	4.39

Recommendations

Given the difficulty of *a priori* differentiating who will and will not be providing long-term child care, projects should focus on reconceptualizing the training model and/or work toward providing post-graduation support services to increase the number of long-term providers.

Question: *Why did some trainees not complete the program? Why did some program graduates choose not to provide family child care?*

Methods

Program non-completers were defined by both projects as trainees who did not complete the classroom instruction component of the training. They were contacted by telephone and asked about reasons and barriers that may have prevented them from completing the training (Data Form 9). Program graduates who were not providing family child care at the time the one-year follow-up interview were defined by the evaluators as "non-providers." A subsample of them were interviewed 10 to 16 months post-graduation (Data Form 13). These interviews served as the sole data source for the second question.

Results

A definitive answer to the above questions is valuable as it would enable a more informed approach to participant recruitment and selection. However, the collective data fail to identify a salient variable for either group. While general classes of variables can be distinguished for program attriters (e.g., personal or family illness, conflicting work schedule, not as committed as originally thought) and non-providers (e.g., adverse reaction of own children to family child care business, temperamentally unsuited, economically unfeasible, landlord unwilling to permit child care on the premises) alike, it is uncertain whether these factors could have predicted differential training outcome in advance. On the other hand, it seems reasonable that those variables that can be proactively addressed (such as conflicting work schedule, landlord not permitting child care) should be considered when screening potential candidates for program inclusion.

Recommendations

The programs should continue without major modifications to currently implemented screening procedures.

Question: *How useful were the various training components in preparing trainees to become family child care providers?*

This general evaluation question focuses on the assessment of the utility and utilization of the numerous training components. Questions contained within this general category address a wide range of program elements. Each question is addressed separately. Unless otherwise specified, all data contained in this section represent cumulative findings over the projects' two years.

- *To what extent did the training programs increase project participants' knowledge in the curriculum areas?*

Methods

Drawing from the curricula text, *The Creative Curriculum for Family Child Care* (Dodge & Colker, 1991), test items were generated to assess participants' knowledge in specific content areas. Seven different areas were identified, including: (1) Schedules and Routines, (2) Health & Safety, (3) Room Arrangement, (4) Group Guidance and Management, (5) Building a Partnership with Parents, (6) Bookkeeping and Taxes, and (7) Child Development. Project staff input was actively solicited, resulting in site-specific exam items and test-taking formats. As such, each project's results are described separately.

To assess the extent of change in knowledge in the curriculum areas, a repeated measures design (pre-post format) was employed. Trainees were asked to answer the pretest items prior to classroom didactic training in each curriculum area. They were then asked to answer the same items (posttest) after receiving all classroom instruction. The difference score (posttest minus pretest) reflects change in participants' knowledge over the course of classroom training. Recommendations were based on these data and data collected in interviews of selected trainees after program completion and in the one-year follow-up interviews.

Results

As can be seen in Table 19, Maui participants demonstrated statistically significant moderate positive change in overall knowledge (total score) and in four of the seven specific subtests. Naturally topics with lower pretest scores were more likely to show increases and this was the case here. The three subtests with the highest pretest scores were the topics where no reliable change was demonstrated.

Table 19
MAUI PROJECT

Topic	% Correct on Pretest	% Correct on Posttest	% Difference
Schedules and Routines	54.73	64.74	10.01*
Health and Safety	83.89	87.78	3.89
Room Arrangement	82.10	86.84	4.74
Group Guidance and Management	71.79	77.24	5.45*
Building a Partnership with Parents	87.84	85.13	-2.71
Bookkeeping and Taxes	61.26	72.97	11.71*
Child Development	63.63	72.63	9.00*
Total Score	70.73	76.98	6.25*

Note: Significant differences between pretest and posttest scores are indicated by an asterisk ($p < .05$).

Table 20
KAUAI PROJECT

Topic	% Correct on Pretest	% Correct on Posttest	% Difference
Schedules and Routines	55.79	60.53	4.74*
Health and Safety	87.18	90.77	3.59
Room Arrangement	86.50	87.00	.50
Group Guidance and Management	65.13	72.04	6.91*
Building a Partnership with Parents	86.91	86.31	-.60
Bookkeeping and Taxes	56.01	73.26	17.25*
Child Development	45.00	72.00	27.00*
Total Score	60.86	66.84	5.98*

Note: Significant differences between pretest and posttest scores are indicated by an asterisk ($p < .05$).

A very similar pattern was observed in the Kauai project (see Table 20). Again, participants demonstrated a statistically significant moderate positive gain in overall knowledge (total score) and in four subtests. The three subtests with the lowest pretest scores were also the topics where significant change was found.

It is not really possible to analyze across subtests because differences may reflect differences in the test items per se rather than real differences in participants' knowledge level. Nevertheless, program staff can analyze these results and consider whether participants are entering the program with different levels of knowledge in different areas. If so, the curriculum can be modified to meet these better identified needs. Another way to utilize these data could be to look at posttest scores and determine how well educational goals were accomplished in each topic area.

In open-ended questions posed to selected completers at 1-to-2-month and 10-to-16-month follow-up, participants very strongly endorsed the classroom curriculum. Participants rated the instructors very positively, felt the material was easy to understand, and felt that the curriculum was well organized. There was a feeling that the tax classes were difficult and that more time could be productively spent on these issues. Even in the one-year follow-up, many providers remained anxious and reluctant about applying the taxes and bookkeeping knowledge.

Participants also made recommendations for improvements in the classroom curriculum. While no clear consensus about specific changes occurred, there was a sense of wanting more training, although individual respondents wanted more training in widely different content areas. Some of the suggestions were more material on early childhood development, more on taxes and bookkeeping, more on risk management, more on creative discipline and creative curriculum, and more on single parent needs and on handling one's own children.

Overall, participants are very positive about the classroom curriculum and seem to show moderate gains in knowledge. Often, where knowledge gains were not seen, pretraining knowledge (at least as assessed) was already high.

Recommendations

Classroom training should continue much as it has to date. An increased emphasis on tax and bookkeeping may be indicated and can be met through classroom learning or follow-up workshops. Program staff should review the extent of participant knowledge change in each topic area and modify the curriculum or curriculum goals as indicated.

- *To what extent did the training program improve project participants' child care skills?*

Methods

Competency-based ratings were not targeted for this evaluation. Therefore, an objective measure of skills competency was not included in the evaluation. However, subjective evaluations of skills competency (e.g., trainees' perception of how their skills or level of competency has changed as a result of training) were elicited by a number of items in the Provider Interview (Data Form 7). Answers to open-ended questions from the one-year follow-up interviews provided additional information (Data Form 13).

Results

Participants consistently reported significant increases in their confidence in providing quality child care. Using a 1-6 (disagree-agree) scale, select participants completing an interview survey at 1-2 months following program completion indicated increased confidence in their abilities (Q35), positive feelings about what was learned (Q37), and a high level of confidence in their child care skills (Q38) (see Table 21). Relatedly, participants report feeling very committed to the child care profession (Q36), are interested in joining a child care professional organization (Q39) in taking more training (Q40) and in reading more about child care and child development (Q41).

Table 21

RESPONSES TO DISAGREE-AGREE (1-6) STATEMENTS

Statement	Mean	Standard Deviation
35. I feel more confident in my ability to take care of children.	5.71	.56
36. I feel very committed to the child care profession.	5.47	.90
37. I feel good about the things which I have learned and the skills which I've received.	5.90	.37
38. I feel confident that I will make a good child care provider.	5.78	.53
39. I feel more interested in joining child care professional organizations.	5.29	1.19
40. I feel challenged to take more child care training courses if offered.	5.67	.57
41. I want to read more about child care and child development.	5.66	.69

Participants' answers to open-ended questions also indicated confidence in their child care abilities, an increase in patience with children, and a better awareness of children's abilities and needs. Moreover, impressed by the amount of knowledge and skills training they received, many graduates spontaneously recommended that such training opportunities be made available to all parents of young children. When asked "if you had to do it all over again, would you have participated in this training?" all 22 trainees who participated in the one-year follow-up interview answered in the affirmative. Long-term providers felt extremely confident and proud of their child care abilities and felt they provided a much higher quality service than is normally obtained.

Recommendations

Project staff should continue to provide training that increases participants' understanding of children and child care and their confidence in providing quality care. A more thorough evaluation of actual child care skills might be considered. However, such an evaluation would likely be expensive.

- *What kind of business start-up assistance was provided by the training program to the participants?*

Methods

This question was addressed by soliciting the following information from project staff: (1) What kinds of follow-up training or support activities focusing on the business aspect of child care did they provide? (2) Were project staff available to field any inquiries from trainees concerning the business of child care? (3) What other kinds of business start-up assistance was provided? Similar questions were also posed to a sample of trainees via the Provider Interview (Data Form 7) and the One-year Follow-up Interview (Data Form 13).

Results

Trainees received business start-up assistance from the program in various forms. First, renovation monies were available to graduate trainees during the first year to enable them to meet licensing regulations for their residence. A total of 15 trainees received funds ranging from \$640 to \$1,500. Most of the trainees used this money to fence their yards.

Second, trainees received money to assist them in the licensing process. For example, first aid training was provided at no cost (\$35 per trainee), money for fingerprinting was made available (\$23 per trainee and \$23 for their spouse), money for child care during the classroom training was provided (on Maui on-site child care was provided at no cost), a fire extinguisher was provided to graduate trainees at no cost, and gas reimbursement was provided for the mentoring portion of the program.

Third, licensing and tax workshops were provided for the trainees.

Fourth, project staff located a national insurance company offering liability insurance for family child care and made that information available to their graduates.

Fifth, project staff were available to field any questions a trainee may have had regarding the business aspect of child care.

It is clear that start-up costs may become prohibitive and may prevent providers from opening a family child care business. The kinds of assistance provided by the program thus far have helped to defer costs ranging from \$80 to \$1,580. However, not all participants received this level of financial assistance, and project staff see this as a continuing barrier. If funds are not available to support these would-be providers in the manner specified above, other avenues need to be explored (e.g., low interest small business loans).

Recommendations

The provision of business start-up assistance should be continued. The types of assistance provided may vary, but should include license application fees and other small expenses.

- *How effective and/or beneficial were the home visits from the perspective of the trainee/providers and home visitors?*

Methods

The home visit component of the training program was assessed from both the perspective of the trainee/provider and the home visitor. Each was asked to complete surveys designed to elicit an evaluation of the usefulness of the home visits (Data Forms 8 and V8). These surveys were completed at the end of each home visit. In addition, selected providers at 1-to-2-month and one-year follow-up provided qualitative responses and suggestions regarding home visits.

Results

Home visits were rated as highly valuable overall. Tables 22 and 23 summarize the ratings of how well each objective of home visits was rated by the project participants and by the home visitors for first, second, and third visits. In general, the visits were rated very positively across both islands and across all three visits. Both participants and home visitors rated two objectives the highest (across all three visits). Participants and home visitors felt the home visits especially helped provide an opportunity for individualized feedback, encouragement, and support.

Results from the follow-up interview of a sample of participants support these results. On a scale of 1-6 (not at all helpful to extremely helpful), participants provided an average rating of 5.62 (standard deviation = .88). On the open-ended questions, participants felt the home visits were valuable and particularly liked the specific concrete suggestions made by the visitors. Although two providers would have liked more initial home visits, this was not generally reported. In addition, some providers at one-year follow-up indicated a desire for further contact with program staff, including home visits. This seemed particularly related to a desire for collegial contact, encouragement, and support.

Table 22

HOME VISITS - PROVIDERS' PERCEPTIONS

Objective	Visit No. 1 (N = 79)		Visit No. 2 (N = 49)		Visit No. 3 (N = 16)	
	Mean	SD	Mean	SD	Mean	SD
1. Helped reinforce class learning.	5.37	(.90)	5.55	(.94)	5.31	(1.08)
2. Helped me get individual feedback.	5.73	(.59)	5.80	(.79)	5.88	(.34)
3. Felt encouraged and supported.	5.86	(.64)	5.84	(.75)	6.00	(.00)
4. Helped with materials and ideas.	5.71	(.70)	5.73	(.84)	5.63	(.81)
5. Generally valuable.	5.85	(.64)	5.79	(.77)	5.88	(.34)

Table 23

HOME VISITS - VISITORS' PERCEPTIONS

Objective	Visit No. 1 (N = 81)		Visit No. 2 (N = 44)		Visit No. 3 (N = 13)	
	Mean	SD	Mean	SD	Mean	SD
1. Able to reinforce class learning.	4.99	(.96)	5.39	(.62)	5.46	(.66)
2. Able to identify and meet specific provider needs.	5.81	(.48)	5.93	(.25)	6.00	(.00)
3. Able to provide emotional support.	5.83	(.44)	5.95	(.21)	6.00	(.00)
4. Able to provide material support.	5.16	(1.07)	5.75	(.49)	5.73	(.65)
5. Generally valuable visits.	5.94	(.29)	6.00	(.00)	5.91	(.30)

Recommendations

The home visitor portion of the program was strongly endorsed by both the trainees and home visitors. Initial visits focusing on licensing and subsequent visits providing collegial contact, support, and encouragement should be continued.

- *To what extent was the resource lending center utilized by the trainee/providers? How useful is such a center in providing materials and support for child care providers?*

Methods

To evaluate the utility of the resource lending center, three data sources were examined, the resource lending center Utilization Log (Data Form 11), the Provider Interview (Data Form 7), and the One-year Follow-up Interview (Data Form 13). Together, these data sources provide information regarding the extent to which the Center was utilized and the subjective evaluation of its usefulness in providing materials and support for the trainee/providers.

Results

In general, the resource lending center was underutilized by project trainees. A review of the resource lending center logs over two years revealed a utilization rate that ranged from 2 to 11 trainee visits per month (average of 6.46), with a small number of trainees accounting for most of the visits. For example, although one center logged 10 trainee visits during one month, four trainees accounted for 80% of the total number of visits recorded.

The low utilization rate of the resource lending center can be attributed to several factors. First, the total number of trainees that were eligible to use the center was small. Trainees had to be licensed providers in order to utilize the center, and this represented only a minority of the entire trainee sample. It is not clear however, whether an increase in utilization rate would have been observed with an increase in eligible users. Second, the physical location and hours of operation of the center were not always convenient for center users. Finally, of the trainees who had been interviewed for Data Point 7 and who had used the resource lending center, several of them indicated that the resource lending center was only marginally useful. Paradoxically however, providers interviewed between 10 to 16 months after program completion indicated that a lending library of toys and other resources would be extremely useful in helping them to remain in the child care business. This plus the observation that a few providers frequented the center regularly suggests that this resource is a valuable support service for some providers.

Recommendations

The operational procedures of the resource lending center should be reviewed and amended (e.g., make it more mobile, increase flexibility of hours).

- *What follow-up activities were offered to the graduate trainees? How effective were these activities in retaining trainees as child care providers?*

Methods

The Provider Interviews (Data Form 7), One-year Follow-up Interviews (Data Form 13), and project coordinator interviews provided the major source of information for the assessment of follow-up activities. Providers were asked to detail the number of activities that they had attended and to describe in what ways these activities had been helpful to them. Long-term providers reflected on what services might be useful to them. Project coordinators were interviewed to solicit information regarding the kinds of support activities offered and their evaluation of the efficacy of these activities.

Results

Various support activities were provided for graduates of the training program including tax and business-related workshops, provider support groups, and Park Play Days. Many of these activities were sponsored by PATCH and made available to program graduates. Furthermore, project staff were available to field questions and/or to provide guidance whenever requested.

Attendance at provider support groups was low. Of the 41 trainees interviewed on Data Point 7, 27 (69.2%) indicated they had attended no support groups, 5 (12.8%) attended one group, 3 (7.7%) attended two group sessions, and 3 (7.7%) attended three group sessions. However, when asked how helpful these activities were, 53% of the respondents ($N = 15$) indicated that they were extremely helpful. Additional evidence for the value of support groups was obtained from the one year follow-up interviews. Many trainees, especially those from Kauai for whom support groups were unavailable after Hurricane Iniki, spontaneously indicated that support groups would be valued. Taken together, these data suggest that while poorly attended, support groups were viewed as beneficial by those providers who did participate in these activities. It seems that providers want and need support and encouragement, yet many find it difficult to attend activities. In general, the project coordinators concurred with this finding (i.e., low attendance, high benefit).

Recommendations

Support activities should be continued. Input regarding the kind of activity needed and ways to increase its accessibility should be actively explored with project trainees and graduates.

- *In general, how effective were the support services in assisting trainees to get started and remain in the family child care business?*

Method

General statements regarding the utility of the programs' support services and activities were derived from a combined review of the evaluation questions relating to business start-up assistance, home visits, the resource lending center, and other retention activities. Select first-year program graduates (Data Form 13) were also queried about the perceived usefulness of these activities.

Results

In general, support services aimed at assisting providers in starting and remaining in the family child care business was viewed as an indispensable component. However, the benefit and utilization of such services for individual providers was more variable. Some of the factors determining this variability include the specific needs of the provider, and the availability and accessibility of the service.

Since providers differ in their need and use of such services, a reasonable strategy in planning and implementing this program component might take a stage approach. In the initial start-up stage, supports in the form of small business loans or grants and assistance in preparation for site licensing visits should be made available. In the later stage, support activities should be geared toward the retention of providers. During this phase, currently instituted supports (such as park play days, support groups, and workshops) may be supplemented by more innovative approaches such as a mobile resource person and lending library. This mobile resource service may complement existing home visits, or replace them. It was our definite impression that some one-year providers felt isolated and burned-out. This seemed especially true on Kauai where Hurricane Iniki and project staffing changes may have further contributed to these feelings. Planned and effectively implemented post-training support services might lessen this provider stress and increase retention rates.

It should also be emphasized that periodic telephone follow-up calls of program trainees should be a priority at all stages of the program. This individualized approach would ensure that the support services provided were meeting the needs of program trainees and would give providers a sense of connection with the program and the profession.

Recommendations

Make post-graduation follow-up services a standard component. Institute a staged, individualized approach to support activities. Examples of support activities may include workshops, support groups, park play days, a mobile resource lending center, and follow-up phone calls.

- *What kind of impact did project participation have on the mentors?*

Methods

To investigate this evaluation question, questionnaires tapping attitudes, assessment of personal skills, and future goals were developed. The two questionnaires (Mentor Pre-Questionnaire and Mentor Post-Questionnaire) were administered before and after program participation (Data Form 12). Mentors were asked to rate these statements on a scale of 1-6

(strongly disagree to strongly agree). "Impact" upon the mentors as a result of project participation was defined as changes in scores obtained on these questionnaires. This evaluation question was also answered by asking project coordinators to provide their opinion regarding the impact of project participation on the mentors.

Results

Change scores were not available during the first year due to poor response on the mentor questionnaires. During the second year, data was obtained from eight Maui mentors.

No significant pre-post difference scores were observed. Closer inspection of the data indicates that the mentors reported positive expectations regarding their role in the training project (pre-questionnaire averages ranging from 4.87 to 5.87) which were largely confirmed by their participation (post-questionnaire averages ranging from 4.71 to 5.86).

Table 24

PROJECT IMPACT ON MAUI MENTORS

Statement	Pre-Questionnaire Mean	Post-Questionnaire Mean
I think that I have the skills necessary to be a mentor.	5.13	5.25
I feel confident that I can teach other people how to be a good child care provider.	5.25	5.37
I feel comfortable showing other people how to care for young children.	5.25	5.37
Being a mentor is a logical next step in my professional growth.	5.13	4.87
I welcome the opportunity to have trainees in my home.	4.87	4.87
I feel prepared to take a leadership role in this profession.	4.87	4.87
I support efforts toward accreditation in the child care profession.	5.63	5.00

Statement	Pre-Questionnaire Mean	Post-Questionnaire Mean
I would support legislation to improve the quality of child care.	5.87	5.57
I would seek further training in family child care if it were available.	5.25	5.43
I feel confident in my ability to clearly communicate my ideas to others.	5.25	5.57
I think that I will benefit from being a mentor in this program.	5.25	4.71
I think that I will enjoy being a mentor in this program.	5.63	5.57
I am personally committed to this profession.	5.75	5.86
I would feel comfortable leading support groups for child care providers.	5.00	4.86
I think child care providers should work toward being recognized as professionals.	5.87	5.43

In general, the project coordinators and program instructors thought that the mentoring experience was extremely beneficial for their mentors. Feedback from the mentors revealed that they felt reaffirmed in their ability to provide quality child care, felt an increase in their self-esteem, and changed their self-perception from "babysitters" to professionals. Kauai mentors also received monetary reimbursement (\$50/trainee visit), thereby reaffirming the belief that mentors had obtained a professional status. Maui trainers also felt that their mentors should be financially compensated for their services. In addition, some graduates who were providing child care one year later saw mentoring as a way to "move up" the family child care career ladder.

Recommendations

It is recommended that mentors be maintained in a child care training program, and that their services be monetarily reimbursed. A track for program graduates to move into mentor positions should be identified. Talented graduates should be encouraged to work toward such positions.

- *To what extent did the project sponsors network with other community agencies?*

Methods

During the first year, each project's advisory committee served as the major source of information for this evaluation question. The advisory committee was asked to enumerate the various ways in which the projects attempted to network with other community agencies, as well as their evaluation of the effectiveness of such efforts. During the second year, the project coordinators were asked to detail and evaluate their attempts to network with other community agencies. The project coordinators also served as a secondary source of information during the first year evaluation.

Results

Both project sites made considerable strides in their efforts to network with other community agencies and organizations. An initial inertia was noted stemming from the need to focus on start-up activities. A reluctance to expend scarce project resources on this component was also detected, and can be attributed to the uncertainty of the projects' longevity. However, even from the outset, efforts were made to connect with and engage other community agencies as is reflected by the diverse membership of the advisory boards, which included people from key child care agencies (e.g., PATCH, DHS family child care licensing, early childhood faculty from the local community college).

Ensuing activities included project-sponsored conferences focusing on salient issues of family child care (Kauai and Maui), jointly sponsored efforts to redress zoning codes impeding the establishment of family child care businesses (Kauai), a collaborative endeavor to provide on-site child care at a private business facility (KEO and Kukui Coconut Grove), and the conjointly sponsored circulation of a child care newsletter among the business sector (Maui).

Community networking activities that were initiated during the first year were disrupted by Hurricane Iniki on Kauai. During the majority of the second year, project resources were directed primarily at recruitment and training. However, networking in the form of child care referrals continued as the demand for child care dramatically increased. Government subsidized child care for Iniki survivors, a decrease in the availability of licensed providers, and an anticipated increased need for infant child care contributed to the mounting demand for child care on Kauai.

Recommendations

Continued networking activities are recommended with a focus on establishing a seamless family child care system (see section on "alternative models" for further discussion).

Question: *How did the economic status of the providers change as a consequence of project participation?*

Methods

Change in economic status was assessed via responses to questions from the one-year follow-up interviews (Data Form 13). As such, these impressions are based on a very small sample ($n = 22$).

Results

Trainees who were providing family child care one year later charge an average of \$350 per month for each full-time child in their care. On average, these providers each cared for three children at any given time. As such, their anticipated monthly income from family child care is \$1,050 which is approximately equal to their reported actual monthly income of \$1,031. Providers who maintain an average of three children for a full year can expect an annual gross income of \$12,600.

Median monthly expenses of providers was \$150 (range of \$00 to \$1,000). (Note: The average monthly expense was \$252, which is significantly biased by some providers including business start-up costs. Nevertheless, there remain some unspecified monthly business costs which will affect net income).

One-year providers were asked to indicate their annual household income prior to entering the family child care business and their own personal contribution to that household income. Prior to entering the business, the median household income of providers was \$26,200 (range of \$9,000 to \$64,000; mean = \$31,950). These providers contributed a median of \$12,200 (range of \$00 to \$33,000; mean = \$13,750) of their own income to this household total in the year prior to entering the child care business. Prior household income and prior individual income were no different for one-year non-providers.

These data indicate relatively little income impact of becoming a home care provider. Many of these women were in the work force prior to beginning child care. Indeed, the average annual income from their prior employment and their business are very nearly equal. Other interview data indicate that a major reason for entering the family child care profession relates to the desire to be with their own young children and to provide companionship and learning experiences for these children. These related benefits seem crucially related to retention of family home care providers.

Comparing the family child care business versus staying home with one's own children without any income, there are significant economic benefits. Comparing the family child care business to prior employment indicates no real economic gain. However, these women do avoid the expense of child care of their own children, providing significant financial relief.

Were trainee graduates able to be reimbursed at higher rates for their services, an income advantage would accrue. Charging \$400 per child per month leads to an annual gross income of \$14,400. Charging \$450 per child per month leads to an income of \$16,200. However well deserved such compensation might be, many providers indicated an inability or unwillingness to charge parents these higher rates. They felt that the market could not bear these higher charges and/or that it simply "wouldn't be right" to charge most families so much. Given the significant difficulties of running a small business, providers are likely to stay in the business only as long as they derive other non-income benefits (e.g., avoidance of own child care expenses, opportunity to be with young children). As these other benefits diminish (e.g., children entering school), many providers seem likely to change professions.

Recommendations

Program planners and project staff need to recognize that, on average, family child care providers are earning about the same income as they had in other prior work. To increase longer-term retention of high quality licensed family child care providers, governmental and/or business income supports and other non-income benefits (e.g., career ladders, additional tax advantages, increased professional status) need to be developed.

Question: *What were the short-term cost benefits of the program?*

Methods

The present cost-benefit analysis is based on assumptions about the costs of the projects in general and the potential benefits following from them. Concerning costs, we have made no attempt to examine specific expenditures within either project, nor have we tried to identify alternative ways monies might be expended. Rather, we have based our analysis on the overall expenditure of \$250,000 allocated in Section 5 of Act 270, Session Laws Hawaii 1990, less the \$15,000 expenditure from this fund for this evaluation and the \$150,000 allocated for the second year. This procedure eliminates the \$25,000 allocated through Section 11 of Act 270 dedicated to the establishment of resource lending centers. As such, total costs for the two-year period were \$385,000.

Potential benefits of this project are shared by the providers, those involved in the training of providers, the parents who eventually utilize the services of the providers, the children who are eventually cared for by these providers, and the funding source (in this case the State of Hawaii and its people). Provider benefits include increased earning opportunities, enhanced professionalism, entry into other employment opportunities, enhanced self-esteem and self-confidence, and an opportunity to work and care for one's own children simultaneously.

Benefits to the parents who utilize the services of the participants include a higher confidence in the quality of care provided to their children, a potential lessening of stress in their own families, and an opportunity to join or increase one's own involvement in the work force.

The children who are cared for by these providers should experience a higher quality of child care, where their social-emotional development, school readiness, and general health status is improved or better guaranteed.

The potential benefits to the State as a whole include an increased number of available home care providers, an increase in the number of high quality and licensed home care providers, an increased tax base (derived from both the taxes paid by the home care providers and by newly working parents who send their children to these homes), and a decreased reliance on other state-funded programs (such as family assistance programs) on the part of providers and parents who utilize these services.

Many of these benefits are difficult to measure, and their measurement is beyond the scope of this evaluation. Since it is the state legislature that provided the monies for these demonstration projects, we have chosen to focus specifically on the State's fiscal costs and benefits related to this project. (Note: By doing so, we caution the reader to not ignore the very important other potential benefits. These other benefits should be added onto whatever potential fiscal benefits may arise.)

Results

Table 25 indicates the total cost of training per admitted trainee, per program completer, and per licensed or license-exempt provider at the end of the contract period. Subsequent analyses are based on the estimated number of trainees expected to be long-term family child care providers ($n = 41$). This is likely an underestimate of the final number of participants who will become licensed and provide child care. Hurricane Iniki kept a number of first-year training completers from providing care, lowering the estimates for the total number of long-term providers by 5 to 10%.

Costs have been prorated across these 41 providers and all cost-benefit figures are based upon this number unless otherwise specified. Table 26 describes the State's cost per month per child for the funding of these projects. It is based on data indicating providers are caring for an average of three children at any one time. (Note: The maximum allowable is five children at any given time.) The State's cost for each child per month is calculated three times, based on an anticipated 2-, 3-, or 4-year tenure of these long-term providers in the family child care business. As can be seen the State's costs per child per month range from \$63.66 to \$127.32, based on the anticipated longevity of service provision. Using a 5% adjustment for Hurricane Iniki effects produces a per child per month range from \$60.48 to \$121.96. Using a 10% adjustment produces a cost range from \$57.29 to \$114.58 per child per month.

The potential fiscal benefits to the State's revenue base is depicted in Tables 27 and 28. First, we have estimated that on average either two or three families (parents) will be able to join or increase involvement in the work force as a function of the availability of this child care. In addition, the providers either become tax contributors themselves or open an employment slot for someone else to fill when they resign their prior positions. As such, between 126 and 168 adults will join the work force. We then make an assumption that each of these working adults will contribute an additional \$1,000 to the tax revenue and/or lessen the expenses of the State. Based on these assumptions, Table 28 depicts a range of fiscal benefits derived from these programs. Using these assumptions and rough estimates, the State's fiscal benefit begins to exceed the program costs when providers average between two and three years of child care services. Of course, the costs are fixed and the benefits may continue on indefinitely, although with diminishing returns.

If these analyses were calculated on number of program completers, rather than anticipated long-term providers, the cost-benefit ratios would dramatically improve. However, we feel the best estimate is based on long-term providers. This last point illustrates the advantage of developing more effective retention strategies.

Table 25

COSTS PER PROVIDER

	Trainees	Completers	Providers	Long-term Providers*
Number of Participants	140	97	51	42
Costs/Participant	\$2,750	\$3,969	\$7,549	\$9,167

*Projection based on 43% of first-year completers now providing family child care one year later. Adjusting for estimated Iniki-related losses of long-term providers reduces this costs/participant figure to between \$8,250 and \$8,709.

Table 26

COSTS PER CHILD PER MONTH

	Years of Provider Service		
	2	3	4
Number of Child-Months of Care	72	108	144
Program Costs Per Child-Month of Care	\$127.32	\$84.88	\$63.66

Note: Based on average of three children per provider throughout the year (as found in one-year follow-up). Adjusting for estimated Iniki-related losses of long-term providers would reduce these cost estimates 5 to 10% (see text).

Table 27

ANTICIPATED WORK INCREASE BENEFITS OF PROGRAMS

	No. of Providers Added to Work Force	No. of Parents Added to Work Force	Total Addition to Work Force
Two Parents for Each Provider	42	84	126
Three Parents for Each Provider	42	126	168

Table 28

POTENTIAL FISCAL BENEFIT TO STATE (IN DOLLARS)

Number of New Tax Contributors	Years of Provider Service		
	2	3	4
126	\$252,000	\$378,000	\$504,000
168	\$336,000	\$504,000	\$672,000

Note: Assumed increase in tax revenue and/or decrease in State expenditure equals \$1,000 per person each year.

Recommendations

The demonstration projects should be continued. Cost-benefit analyses are generally supportive. An increased focus on retention of family child care providers would improve the cost-benefit ratio. Such a focus should be considered.

Question: *Does the licensing process impede program participants from becoming family child care providers? What are some of the negative consequences of licensing?*

Method

Select program participants were asked about perceived barriers to and consequences of licensing between 2 to 16 months after training completion (Data Forms 7 and 13).

Results

Most participants viewed the regulation and licensing of family child care as a necessary means to ensure the safety of the children. Furthermore, the majority of those interviewed did not consider the licensing process as unduly arduous, with some calling for even more stringent requirements. A number of trainees however, commented on the "intimidating" language of the family child care regulation document, and strongly believed that it had the potential to prevent some unlicensed underground providers from becoming licensed. They further believed that a simpler document outlining regulation requirements in layman's language would be more effective.

Other instances in which licensing requirements may have prevented individuals from starting a family child care business were also identified. The cost of fencing and other application fees (supplied to select first-year trainees only) were perceived as barriers. Current licensing regulations also proved to be hindrances for individuals interested in opening group homes, who wanted to operate their business outside of their place of residence, or who wanted to provide family child care with another provider.

Finally, a perceived lack of tax benefits and potential increased tax liabilities (e.g., increase in property tax) may have prompted family child care providers to operate on an unlicensed basis (underground) to realize 100% profit from earnings. This may have also caused licensed providers to increase their fees (relative to unlicensed providers) to offset lost income, in turn producing an unfair marketing advantage for unlicensed providers. These tax-related problems are further exacerbated by the "hassles" accompanying tax-related bookkeeping that licensed providers perceive.

Recommendations

First, program support activities aimed at assisting trainees through the licensing process (grants, assistance in filling out application forms) should be continued. Second, licensing regulations should be reevaluated and amended to allow for a greater diversity of family child care forms (e.g., two providers in one setting) and settings (e.g., family child care in a home strictly used for this business). Third, a thorough study examining the incremental loss to

income secondary to small business taxes should be undertaken. Furthermore, an analysis comparing the net income of licensed providers to unlicensed providers should be performed, based upon Hawaii's tax policies. Finally, a *probono* or affordable accounting service should be made available to licensed family child care providers to assist them in their business record keeping and tax-filing tasks.

Question: *What effect did multiple program goals have on the implementation and evaluation of program components?*

Method

This question is answered by examining the overall project outcome, integrating the results of various evaluation questions.

Results

The Family Child Care Demonstration Project targeted three discrete program goals: "recruiting, training, and retaining family child care providers as economically self-sufficient small business operators" (Office of Children and Youth, 1991, p. 2). Numerous non-overlapping goals pose significant challenges in program implementation. Specifically, particular goals may be singled out as focal program activities while others assume subordinate roles. Such was the case in this project.

In appraising the success of recruitment activities, the general finding is a positive one (see evaluation question pertaining to "recruitment"). The same conclusion can also be drawn for training, with both projects meeting projected goals for number of participants trained. In addition, the quality and effectiveness of the training seems very positive. On the other hand, evaluation of the number of trainees licensed and retained is not as favorable. While this is partially related to external factors affecting licensing, the projects themselves were less focused on the goal of entering and retaining trainees in the family child care business. As such, there was a great effort to train participants even though less than one third of initial participants and less than one half of program graduates are likely to be providing care one year later.

To summarize, differential attention to multiple program goals adversely affected this project's outcome by diverting attention and resources away from a key program goal. In turn, the inconsistent implementation of licensing and retention goals contributed to the relatively low number of program-generated and retained regulated providers.

Recommendations

It is recommended that project activities are more closely monitored to ensure the consistent targeting of all project goals. Monitoring activities may take the form of regular meetings between project staff and OCY, where alternative strategies are developed for implementation.

Question: *What other models should be considered for programs focusing on training and retaining family child care providers?*

The two-year implementation of this demonstration project has supplied a wealth of information regarding recruiting, training, and retaining family child care providers in Hawaii. In this section, alternative program models with the potential for increasing the efficiency and effectiveness of this demonstration project's stated goals shall be reviewed. Recommendations regarding viable alternatives specific to Hawaii shall also be discussed.

Linear Model

Both Maui and Kauai instituted a "Linear" training model (Lawrence, 1987). The model is so named because all participants proceed through a linear sequence of program activities including classroom training, home visits, mentoring, and other support services. This model proposes that training is the means by which to expand the supply of trained providers; as such, classroom training is required of all participants. Licensing may be an explicit end-goal, but the majority of program activities and incentives are not contingent upon it.

Optional Model

An alternative "Optional" model has been developed by the California Child Care Initiative (Lawrence, 1987). In this model, participants are allowed to select from a buffet of services offered by the training program. Training is preferred (but is optional) and technical assistance and incentives offered toward licensure are emphasized. This model views recruitment and start-up assistance as the means by which to expand the supply of licensed providers.

Stage Model

A third model, the "Stage training model," was proposed by a consultant to the OCY demonstration project (Morgan, 1991). The initial basic orientation stage (stage one) would have as its focus the expansion of the legal supply of child care. Extensive training and mentoring would be deferred to a time after the person has applied and is likely to become registered (or licensed). However, an orientation training would be provided covering a variety of topics essential to the start-up of a family child care business. While Ms. Morgan does not specify how many sessions such an orientation training might entail, it is evident that it is less extensive than the training provided by the linear model.

In stage two, competency training (paralleling training in the linear model) would be offered to licensed providers or to providers awaiting licensure. Restricting extensive training to these groups of trainees ensures that project resources are less likely to be expended on those individuals who are going to drop out, or who do not become licensed family child care providers.

In the third stage, providers who have been family child care operators for more than three years would be eligible for third level training including (but not limited to) mentor or other leadership training, and advanced skills training (e.g., providing care for children with special needs). We view all the activities in this stage as retention strategies. We further believe that they should be accompanied by tangible rewards conferring financial and professional benefits, and endorse a tiered system with benefits increasing as a function of number of years in the business. For example, these master practitioners (3-year providers) may be on a preferred referral list for private businesses ensuring a steady stream of referrals, may become eligible for government-business subsidized wage increases, and may earn certification through national accreditation agencies. We believe that these types of incentives are especially important as they may offset the natural tendency for providers to re-enter the work force when their primary motivation for operating a family child care business (staying at home with their own children) is no longer applicable. We also endorse vocational counseling and supports for training in other child care related fields (e.g., center-based care, primary or secondary education) for long-term providers as an incentive to increase their longevity in the child care profession.

Recommendations

The model of choice for Hawaii must be carefully determined by weighing a number of factors including the project's goals, community resources, provider needs, and other systemic factors. If resource efficiency and project effectiveness are to be maximized, however, we believe that the ideal model should focus on increasing the number and stability of licensed child care spaces. Using this as a guiding premise, the following recommendations are offered:

1. Adopt models that will increase the number of licensed graduates. The models most likely to accomplish this goal with the greatest efficiency are the "stage" or "optional" models. This conclusion is partially supported by figures generated by the California Child Care Initiative (Lawrence, 1987). In a one-year evaluation of their collaborative training program, it was observed that both the "Linear" and "Optional" models generated comparable numbers of recruits and trainees. However, the "Linear" model reported a higher percentage of recruits receiving training while the "Optional" model produced a higher number of newly licensed homes.

2. Increase the number of trainees in the program. Our drop-out and provider status data indicate that a large percentage of initial participants and program graduates fail to become providers. Moreover, an even smaller percentage are actively providing family child care one year later. Furthermore, these numbers are similar to the reported national one-year provider retention rate of 41% (Kontos, 1991). Given the anticipated attrition during both the training and retention phases, increasing the initial number of program participants may result in an overall increase in program-generated providers.

3. Incorporate ongoing and tiered retention supports into program models. The reader is referred to the discussion under "third level training and supports in stage models" for further elaboration of this recommendation.

4. Future training and retention efforts should actively work to coordinate with existing community resources to provide a seamless family child care recruitment, training and retention system. For example, partnerships with extant family child care resource and referral agencies may be explored. In addition, family child care can be put into the context of early childhood education to solidify its position within this field. An example of this might be modifying community college early childhood education associate degree programs to include a family child care module. Finally, these coordinated efforts need to actively work to educate the general public and other key business and government agents about the variety of family child care options, the advantage of using *licensed* family child care providers, and the additional benefits of having *trained* licensed family child care providers.

Question: *What factors external to the programs are likely to influence the successful implementation of program goals?*

Other findings, not directly assessed by the evaluation questions, deserve mentioning. Many of these issues characterize the child care field in general, while others represent issues specific to the child care climate in Hawaii. An evaluation of the Family Child Care Demonstration project would not be complete without viewing it within the context of this background environment.

Lack of Fringe Benefits

One of the most apparent deficits in the family child care business is the lack of fringe benefits (e.g., health insurance, paid sick and vacation, etc.) for providers and their families. While this deficiency may be a reality for other small business operators, it is compounded by low wages and long hours characterizing this field. The unavailability of fringe benefits may discourage some would-be providers (especially single parents) from entering the business. Alternatively, it may drive other providers out of the business prematurely.

Solutions to the benefits problem can take several forms. For example, group health insurance can be made available to licensed providers and their families. To further offset the cost of insurance premiums, government or private business agencies may be solicited to underwrite a portion of premium costs.

Remediating the lack of paid sick leave and vacations may be more complex. All of the first-year program graduates interviewed said they do not take paid sick days, and a sizeable majority said they do not take paid vacations. A few also noted that they were criticized or "made to feel guilty" about taking off select holidays. The majority of these graduates felt that it would be unfair to charge for these benefits since alternative child care would need to be secured in their absence. While many acknowledged that they "should" have this benefit, most were disinclined to incorporate it into their business contracts. Possible solutions to this problem may be general education of child care consumers validating provider rights to these benefits and the availability of a substitute provider pool.

Lack of Liability Insurance

Insurance for family child care business is limited. Premiums may be high and the coverage is small. While this problem has not prevented many from operating family child care businesses, they do so at personal risk.

There is no easy solution for this problem, especially given the current climate of dwindling insurance coverage for more conventional (e.g., home, car) items. However, national organizations (e.g., NAEYC) may be asked to provide guidance and assistance in solving this problem.

Lack of Networking Between the Government and Business Communities

It has been argued elsewhere (Bellm, 1989) that the child care crisis is both a government and business concern. The scope of the problem necessitates a shared community responsibility. Extensive and sustained networking between the government and business community supporting the recruitment, training, and retention of family child care systems can be a powerful means for achieving a stable supply of licensed child care spaces.

Possible future directions include expanding the scope of the project to include a collaborative partnership among key community agents. This in turn may improve program goals by: (1) creating a stable consortium dedicated to meeting program goals, (2) securing more stable funding sources, (3) assembling a body of expert advisers able to address statutory and tax-related obstacles, and (4) increasing visibility, public awareness, and legitimacy. Enlisting key agents from both public and private agencies also enables more ready access to a greater pool of potential future collaborators.

Question: *What future planning and evaluation activities seem likely to increase subsequent program success?*

Joint planning sessions conducted during the first year of operation between OCY and key project staff were extremely useful. These meetings helped clarify project goals and objectives, helped create a cooperative spirit among the projects, OCY, and the evaluation team, and encouraged a beneficial exchange of ideas across the demonstration sites. Less joint planning occurred during the second year. In part this was due to the natural evolution of programs, but also related to changes in staff assignments both in OCY and in one of the demonstration projects. The absence of joint sessions diminished the abilities of the projects to make useful modifications in programming based on prior experiences and the unexpected Hurricane Iniki.

Future joint planning sessions may contribute to an earlier stated recommendation where we called for efforts to provide a better integrated family child care development system. Such meetings might help renew a focus on retention and help develop creative ways to increase long-term retention of trained family child care providers.

The last two-year evaluation efforts were greatly enhanced by the coordinated planning and implementation of the evaluation by OCY, the projects, and SWERU. In our opinion, and within the practical limits of the evaluation scope, the evaluation questions posed two years ago have been reasonably well answered. Program successes have been identified as have areas needing further attention. Although there remain some ambiguities, we do not recommend continuing the present evaluation strategies. However, the "accountability" influence inherent in such an evaluation may be missed. OCY might provide or contract for a scaled back monitoring of specific program outcomes.

Future evaluation activities may be fruitfully conducted either directly related to the training programs or more focused on factors external to the programs. Pertinent to the training programs themselves, future evaluation activities may focus on comparing the training program graduates to those who become licensed in the more traditional manner. Do these more highly trained professionals provide a different quality of service, is their business perceived differently by their clientele, does their business provide a higher or more stable income (gross or net), do they feel differently about the profession, are they more likely to remain in the child care field, do they influence state tax collection differently, and/or do cost-benefit analyses support one approach over another? These and other related questions could be addressed in an evaluation design that includes one or more comparison groups.

A second evaluation strategy could focus on external factors that are likely to affect success of future family child care development efforts in Hawaii. Such activities might focus on geographically based needs assessments, barriers to successful development of a state-wide family child care development system and strategies to overcome such barriers, analysis of public attitudes, beliefs and behavioral intentions concerning unlicensed, licensed and specially

trained family child care providers, analysis of employer interests and intentions to support licensed and specially trained family child care providers, and/or an analysis of alternative delivery models for family child care development in Hawaii.

Recommendations

Joint planning activities between OCY and key project staff should begin again. Program monitoring activities with a focus on explicitly stated goals should be continued. Future evaluation activities can take a variety of directions and should be considered.

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INITIAL CONTACT FORM

NAME _____

DATE/TIME OF CALL/CONTACT _____

TELEPHONE NUMBER _____

ADDRESS _____

LENGTH OF CALL/CONTACT _____

HEARD ABOUT THE PROGRAM VIA (circle one):

- a. PATCH
- b. flyers
- c. advertisement on radio or TV
- d. JTPA
- e. other (please specify): _____

CALL TAKEN BY _____

COMMENTS:



INITIAL BACKGROUND INFORMATION

We are interested in finding out some background information about you. In this first section, we will be asking you some questions about your family, ethnicity, and education. In the second section, we will be asking you some questions about why you want to become a child care provider. In the final section, we will be asking you questions about things that may relate to your becoming a child care provider. Your answers are important because they will help us to evaluate this family day care training program. Therefore, please be as honest as you can in answering the questions.

1. Name: _____
2. Date: _____
3. Sex: _____ male _____ female
4. Age: _____ years
5. What is your residence address?

Number Street

Town/City Zip Code

6. Circle the highest grade in school that you have completed.
1 23456789101112
13 14151617181920>20
7. With which ethnic group do you identify with? (check one only)

Caucasian Chinese

Filipino Hawaiian

Korean Japanese

Portuguese Other Asian

Other (please specify) _____

8. I am currently:
____ single
____ married
____ separated
____ divorced
____ living with someone, but not married
9. How many children do you have? _____
10. How many of these children are currently living with
you? _____
11. How many brothers and sisters do you have? _____

We are interested in finding out your thoughts and attitudes about being a child care provider. The following items are possible answers to the question, "The reason I want to be a child care provider is because..." Please read each item carefully, and circle the number that best matches your thoughts and feelings about being a child care provider.

The reason I want to be a child care provider is because.....

		strongly disagree			strongly agree		
1.	I prefer to work by myself.	1	2	3	4	5	6
2.	I think children are our greatest resource.	1	2	3	4	5	6
3.	It will give me greater flexibility in doing what I want to do.	1	2	3	4	5	6
4.	It will allow me to do things for other people.	1	2	3	4	5	6
5.	It will make an important difference in children's lives.	1	2	3	4	5	6
6.	It will allow me to keep busy all the time.	1	2	3	4	5	6
7.	I can be my own boss.	1	2	3	4	5	6
8.	It will provide me with steady employment.	1	2	3	4	5	6
9.	It'll give me the chance to be "somebody" in the community.	1	2	3	4	5	6
10.	I will get praised for doing a good job.	1	2	3	4	5	6
11.	The work that I will be doing is stimulating and challenging.	1	2	3	4	5	6

	strongly disagree			strongly agree		
	1	2	3	4	5	6
12. I feel this job is more important than previous jobs I've done.	1	2	3	4	5	6
13. I will be respected by the parents of my "students."	1	2	3	4	5	6
14. There will be a sense of accomplishment from doing a good job.	1	2	3	4	5	6
15. I believe that children are the most important members of society.	1	2	3	4	5	6
16. I want to make money.	1	2	3	4	5	6
17. It will allow me to be creative in the work that I do.	1	2	3	4	5	6
18. I don't enjoy the petty competition and backstabbing that goes on at other jobs.	1	2	3	4	5	6
19. I don't enjoy working outside of the home.	1	2	3	4	5	6
20. Caring for children is the most important profession.	1	2	3	4	5	6
21. I think the early years of childhood are the most critical years for learning.	1	2	3	4	5	6
22. It will allow me to earn money while caring for my own children.	1	2	3	4	5	6
23. I would enjoy talking to parents about their children and our day together.	1	2	3	4	5	6

	strongly disagree				strongly agree	
	1	2	3	4	5	6
24. I feel a deep commitment to children and their parents.						
25. Other reasons (please list):	_____					

We are also interested in finding out about other issues that may pertain to your becoming a child care provider. For each of the statements listed below, please circle the number that best describes how you feel.

	strongly disagree				strongly agree	
	1	2	3	4	5	6
1. My family supports my decision to work in this area.						
2. My family members will assist me in watching the children.						
3. My family sees this work as a hassle for them.						
4. I intend to provide child care services for at least 2 years.						
5. I am committed to this type of work.						
6. I would be proud to be known as a home care provider.						

	strongly disagree			strongly agree		
	1	2	3	4	5	6
7. I believe that I can handle disagreements between myself and the parents.	1	2	3	4	5	6
8. I have lots of energy, and will be able to handle this job.	1	2	3	4	5	6
9. I feel confident that I can make money doing this type of work.	1	2	3	4	5	6
10. I see this job as a stepping stone to an even better job.	1	2	3	4	5	6
11. I enjoy children very much, and I think I could work with them hour after hour.	1	2	3	4	5	6
12. I am a flexible person who can usually figure a way out of a problem.	1	2	3	4	5	6
13. I have good common sense, and handle emergencies well.	1	2	3	4	5	6
14. I am fairly organized, and able to keep financial records.	1	2	3	4	5	6
15. I will be able to arrange substitute care when needed.	1	2	3	4	5	6
16. It's hard for me to appreciate my own accomplishments when other's do not.	1	2	3	4	5	6
17. I am generally warm and affectionate.	1	2	3	4	5	6

	strongly disagree				strongly agree	
	1	2	3	4	5	6
18. I like my house orderly and neat. It would bother me to live in a messy environment.	1	2	3	4	5	6
19. I am a serious person and do not like to joke around much.	1	2	3	4	5	6
20. I am in good health and have lots of energy.	1	2	3	4	5	6
21. When I have a problem with someone, I usually speak to them directly about it.	1	2	3	4	5	6
22. I can handle financially difficult times, or I have financial security to fall back on for a few months while I get started.	1	2	3	4	5	6
23. I accept children as they they are.	1	2	3	4	5	6
24. I would find it challenging to keep financial records of my home day care business.	1	2	3	4	5	6
25. Filling out tax forms would be easy for me.	1	2	3	4	5	6
26. Keeping track of all my business expenses would be too much of a hassle.	1	2	3	4	5	6

NAME _____

DATA 3M, 3K, 5M, 5K
SWERU

DATE _____

SCHEDULES AND ROUTINES

For each of the items below, there is only one "best" answer. Please circle the letter that you think is the best answer to each of the questions or statements. Do not be concerned if you do not know the correct answer, as you will be learning about these things during your training.

1. Why should you have a daily schedule?
 - a. help the children learn the order of the day.
 - b. young children like to know they can depend on routines.
 - c. a schedule provides a way to get a good balance between activities and experiences.
 - d. all of the above.

2. What makes up a balanced day?
 - a. good mix of activities.
 - b. a set schedule.
 - c. a full day of activities.
 - d. all of the above.

3. What are "teachable moments"?
 - a. moments when children are listening.
 - b. times after a child has been disciplined.
 - c. unexpected learning opportunities.
 - d. none of the above.

4. What kinds of learning opportunities exist during mealtimes?
 - a. none at all, mealtimes should be spent quietly.
 - b. children can learn how to be neat and tidy.
 - c. children can learn how to serve and feed themselves.
 - d. none of the above.

5. How can you help children to get to sleep during nap times?
 - a. if they begin crying, they should be ignored.
 - b. have each child sleep in the same place and with the same things everyday.
 - c. you can pat them on the back.
 - d. nothing special needs to be done; children will be tired and will fall asleep naturally.

NAME _____

DATA 3M, 3K, 5M, 5K
SWERU

DATE _____

HEALTH AND SAFETY

For each of the items below, there is only one "best" answer. Please circle the letter that you think is the best answer to each of the questions or statements. Do not be concerned if you do not know the correct answer, as you will be learning about these things during your training.

1. Why is it important to "childproof" the environment?
 - a. a safe environment allows children to learn through play, to explore, and satisfy their curiosity.
 - b. a safe environment allows you to focus on the children rather than worrying about possible injuries.
 - c. it eliminates dangerous and potential accidents.
 - d. all of the above.

2. How do you create a safe environment?
 - a. by anticipating possible problems.
 - b. by the choices of materials and equipment as well as the way the space is organized.
 - c. by telling the children to "be careful."
 - d. by placing safety posters throughout the playroom.

3. You can prevent the spreading of germs by
 - a. encouraging the children to wash their hands.
 - b. cleaning the toys on a daily basis in hot soap and water or chlorox and water.
 - c. throwing used tissues away in covered trash cans.
 - d. all of the above.

4. What should you do with children who become ill?
 - a. insist that parents keep them at home.
 - b. nothing special, all children will get colds.
 - c. set up arrangements in advance with the parents regarding the care of their sick children.
 - d. none of the above.

5. What can you do if you are ill?
 - a. make arrangements in advance with parents so they can take their children elsewhere or provide substitute care.
 - b. call the parents early in the morning and hope they can watch their children.
 - c. nothing, you have an obligation to watch the children.

NAME _____

DATA 3M, 3K, 5M, 5K
SWERU

DATE _____

ROOM ARRANGEMENTS INDOOR AND OUTDOOR ENVIRONMENTS

For each of the items below, there is only one "best" answer. Please circle the letter that you think is the best answer to each of the questions or statements. Do not be concerned if you do not know the correct answer, as you will be learning about these things during your training.

1. How should you set up the learning materials in your home?
 - a. on high shelves out of the childrens' reach so that you can control their activities.
 - b. in tight containers so that it will prevent spillage.
 - c. at their level for easy access.
 - d. none of the above.

2. How should you arrange the day care room to give children the best learning environment?
 - a. separate noisy from quiet areas.
 - b. have clearly marked areas for active play.
 - c. set aside a place for older children to keep their games and special materials.
 - d. all of the above.

3. It is important to time planning your day care environment because
 - a. a well organized environment with adequate space and lighting promotes physical and emotional well-being in children.
 - b. it will help you to feel more organized.
 - c. it's a good way to show the parents that you are a good home care provider.
 - d. it is not necessary to change your home environment...if it is o.k. for your children and family, it should be o.k. for your day care children.

4. Which of the following are important outdoor furnishings?
 - a. Playskool brand equipment.
 - b. a tree house.
 - c. a well-kept yard.
 - d. climbing spaces and riding equipment.

5. What should you consider in buying materials?
 - a. items should be well-made so that they will last long.
 - b. they should be brand-name items.
 - c. they should have black and white stripes.
 - d. they should be expensive.

NAME _____

DATA 3M, 5M
SWERU

DATE _____

GUIDANCE/GROUP MANAGEMENT

For each of the items below, there is only one "best" answer. Please circle the letter that you think is the best answer to each of the questions or statements. Do not be concerned if you do not know the correct answer, as you will be learning about these things during your training.

1. Why is it important to regularly observe what your children do?
 - a. it helps you to determine their level of development so that you know what materials and experiences the child is ready to tackle.
 - b. it makes them feel secure to know that you're paying attention to them.
 - c. it allows you to enjoy your children on a daily basis.
 - d. all of the above.

2. What are the different ways that you can help your children learn through their play?
 - a. describe to your child what you see them doing.
 - b. ask your children what they're doing.
 - c. ask questions that will make them think about what they're doing.
 - d. ask questions that encourage children to explore their feelings and emotions.
 - e. all of the above.

3. What is "individualized learning"?
 - a. learning how to be an individual.
 - b. planning for each child's individual needs and interests.
 - c. helping each child to be his/her own person.
 - d. none of the above.

4. In what ways can you help children develop self-discipline and help them feel good about themselves?
 - a. by making very clear your expectations for their behaviors.
 - b. by developing a caring relationship with your children.
 - c. by providing age-appropriate activities that are meaningful to them.
 - d. all of the above.

5. The most effective way(s) to guide an infant's behavior is by
 - a. placing them on a strict schedule.
 - b. including them in all of the children's activities.
 - c. being responsive to their needs.
 - d. allowing them to have plenty of rest.

6. An effective way of guiding a toddler's behavior is
 - a. using angry and loud words when they are misbehaving.
 - b. ignoring their bad behaviors in every situation.
 - c. anticipating dangerous situations and setting up a safe environment to prevent problems.

7. The best way to teach sharing in young children is
 - a. to insist that they give up a toy as soon as another child shows an interest in that same toy.
 - b. to place the toy "off-limits" if too many children are fighting over it.
 - c. to place a child in time-out if they do not want to share.
 - d. to allow a child to play with a toy until they are finished with it.

8. What is a possible way of observing children?
 - a. setting up a mirror in the corner of your room and watching their reflections in the mirror.
 - b. observing all the children in your care doing a group activity, noting how each child approaches this same activity.
 - c. asking each of the children to "keep an eye on each other."

NAME _____

DATA 3K, 5K
SWERU

DATE _____

GUIDANCE/GROUP MANAGEMENT

For each of the items below, there is only one "best" answer. Please circle the letter that you think is the best answer to each of the questions or statements. Do not be concerned if you do not know the correct answer, as you will be learning about these things during your training.

1. A two year old who is having a tantrum should
 - a. Be told that he is a big boy and big boys don't cry.
 - b. Be told that he should stop crying because everyone is looking at him.
 - c. Be ignored.
 - d. Should be put into a room and told he can come out when he stops.

2. As a good family provider
 - a. You should try to keep the children from getting their clothes dirty, be sure they nap daily and be sure they eat all of their food.
 - b. Plan activities which allow the children to play in water, sand and even dirt.
 - c. Plan activities for boys which are rougher and more masculine than those planned for the girls.
 - d. Do everything for the children so that they feel well taken care of.

3. What is "individualized learning"?
 - a. learning how to be an individual.
 - b. planning for each child's individual needs and interests.
 - c. helping each child to be his/her own person.
 - d. none of the above.

4. In what ways can you help children develop self-discipline and help them feel good about themselves?
 - a. by making very clear your expectations for their behaviors.
 - b. by developing a caring relationship with your children.
 - c. by providing age-appropriate activities that are meaningful to them.
 - d. all of the above.

5. Infants should
 - a. Be kept in playpens or cribs so that they won't get hurt.
 - b. Be allowed to cry so that they won't get spoiled and expect to be carried all the time.
 - c. Be put on a feeding schedule so that they will eat regularly.
 - d. Be given immediate response when they cry.
6. An effective way of guiding a toddler's behavior is
 - a. using angry and loud words when they are misbehaving.
 - b. ignoring their bad behaviors in every situation.
 - c. anticipating dangerous situations and setting up a safe environment to prevent problems.
7. The best way to teach sharing in young children is
 - a. to insist that they give up a toy as soon as another child shows an interest in that same toy.
 - b. to place the toy "off-limits" if too many children are fighting over it.
 - c. to place a child in time-out if they do not want to share.
 - d. to allow a child to play with a toy until they are finished with it.
8. At lunch and snack
 - a. Children should be required to eat all of their food.
 - b. The provider should put the food on the children's plate to be sure that they eat the right things and get enough vitamins.
 - c. Children should serve themselves and take care of as many of their own needs as possible.
 - d. Milk should always be served and all children required to drink it.

NAME _____

DATA 3M, 3K, 5M, 5K
SWERU

DATE _____

BUILDING A PARTNERSHIP WITH PARENTS

For each of the items below, there is only one "best" answer. Please circle the letter that you think is the best answer to each of the questions or statements. Do not be concerned if you do not know the correct answer, as you will be learning about these things during your training.

1. Why is it important to communicate with parents and involve them in your program?
 - a. it will help reduce some of their concerns and will develop a partnership that will benefit everyone.
 - b. it will prevent them from checking up on you all the time.
 - c. it will make you feel better about your work.
 - d. it will decrease complaints.

2. Why is it important to put in writing what your policies and procedures are?
 - a. it can prevent possible misunderstandings in the future.
 - b. it is not a good idea. If you are vague, you can make sure that they do not take advantage of you.
 - c. it may not be a good idea because people in Hawaii might think that you are being too "formal".

3. Which of the following is not a recommended way for you to keep in regular contact with the parents?
 - a. by encouraging parents to write you notes.
 - b. by encouraging them to call you at prearranged times when you can spend focused time with them.
 - c. by encouraging them to call or visit anytime they want, including weekends.

4. Why is it important to share your program with the parents?
 - a. parents will wonder what they are spending their money for if you don't tell them.
 - b. as parents learn more about what you do each day to help their children's grow and develop, they will be better able to support and use this learning at home.
 - c. parents will be less prone to questioning your methods.

NAME _____

DATA 3M, 3K, 5M, 5K
SWERU

DATE _____

BOOKKEEPING AND TAXES

For each of the items below, there is only one "best" answer. Please circle the letter that you think is the best answer to each of the questions or statements. Do not be concerned if you do not know the correct answer, as you will be learning about these things during your training.

1. Good record keeping is an important function of the family child care provider because
 - a. it helps track your earnings.
 - b. it provides you with the necessary information to file your business tax returns.
 - c. it provides parents with information filed on Form W-10
 - d. all of the above.

2. A typical 100% deductible expense of a family child care provider would be:
 - a. utilities
 - b. activity supplies
 - c. lawn maintenance
 - d. rent

3. Shared expenses are expenses that:
 - a. are shared between the provider and the parents
 - b. are shared between the provider and the children
 - c. are incurred for both personal use and business use
 - d. the child care provider pays for but is reimbursed by the parents

4. A typical shared expense of a family child care provider would be:
 - a. mortgage interest
 - b. household supplies
 - c. insurance
 - d. all of the above

5. The time-space percentage calculation is important because:
 - a. it shows you how much time you spend providing child care.
 - b. it helps you decide how much to charge for child care services.
 - c. it shows you how much time and space it takes to cook meals.
 - d. it allows you to allocate expenses between your business and family.

6. The general excise tax is calculated by multiplying 0.04 times
 - a. your net taxable income
 - b. your gross income
 - c. your gross income less your food reimbursement income
 - d. your gross income less shared expenses

7. In order to deduct auto expenses you must
 - a. have insurance on your car
 - b. have a good driving record
 - c. keep track of business miles and total miles driven each year.
 - d. keep every receipt for your car.

8. The standard mileage rate is
 - a. the maximum amount of miles the IRS will allow you to drive for your business.
 - b. a rate of \$0.26 per business miles that you are allowed as an auto deduction in lieu of actual expenses.
 - c. the number of miles per gallon divided by total miles driven
 - d. not allowed as a tax deduction anymore

9. The self-employment tax rate is
 - a. 10%
 - b. 7.65%
 - c. 28%
 - d. 15.3%

10. The tax forms that a licensed family child care provider must file in conjunction with their annual form 1040 is(are):
 - a. schedule A and schedule C
 - b. schedule C and schedule SE
 - c. form 1120
 - d. none of the above

11. The family child care provider has a tax advantage over the typical small business proprietor because
 - a. you get to play all day
 - b. you pay less taxes
 - c. you have many more deductions available to you that no one else can deduct
 - d. your record keeping requirements are easier

12. The tax payments that should be made on a quarterly basis are
 - a. general excise taxes, federal estimated tax payments, state estimated tax payments
 - b. payroll taxes, general excise taxes
 - c. general excise taxes only
 - d. none, tax payments are only due at the end of the year.

NAME _____

DATA 3M, 5M
SWERU

DATE _____

CHILD DEVELOPMENT

For each of the items below, there is only one "best" answer. Please circle the letter that you think is the best answer to each of the questions or statements. Do not be concerned if you do not know the correct answer, as you will be learning about these things during your training.

1. A high-quality program for young children should be based on a knowledge of child development because
 - a. knowing what these developmental stages are will help you to care for children and guide their growth.
 - b. it will appear more attractive to prospective parents.
 - c. it will make you less frustrated when you care for children.

2. Toilet training should be started by the time a child is
 - a. 12 months old.
 - b. 18 months old.
 - c. 24 months old.
 - d. anytime you think they are ready.

3. At what age do children usually exhibit "stranger anxiety?"
 - a. as soon as they are born
 - b. between 6 to 9 months old
 - c. at all ages

4. All children develop at the same rate and in the same order. Is this statement true or false?
 - a. true
 - b. false

5. Toddlers say "no" a lot because
 - a. they like to give their parents a hard time.
 - b. they like to imitate what they hear other people saying.
 - c. they are going through the "autonomy" stage, and are trying hard to gain control over themselves and others.
 - d. it's their favorite word.

NAME _____

DATA 3K, 5K
SWERU

DATE _____

CHILD DEVELOPMENT

For each of the items below, there is only one "best" answer. Please circle the letter that you think is the best answer to each of the questions or statements. Do not be concerned if you do not know the correct answer, as you will be learning about these things during your training.

1. A high-quality program for young children should be based on a knowledge of child development because
 - a. knowing what these developmental stages are will help you to care for children and guide their growth.
 - b. it will appear more attractive to prospective parents.
 - c. it will make you less frustrated when you care for children.

2. Toilet training should be started by the time a child is
 - a. 12 months old.
 - b. 18 months old.
 - c. 24 months old.
 - d. anytime you think they are ready.

3. At what age do children usually exhibit "stranger anxiety?"
 - a. as soon as they are born
 - b. between 6 to 9 months old
 - c. at all ages

4. Cephalocaudal development describes
 - a. A developmental problem resulting from lack of stimulation.
 - b. The sequence of development beginning from the head to the feet.
 - c. Describes a medical problem involving the amount of fluid around the brain which can cause retardation.
 - d. Advance development resulting from proper stimulation and developmentally appropriate activities.

5. Toddlers say "no" a lot because
 - a. they like to give their parents a hard time.
 - b. they like to imitate what they hear other people saying.
 - c. they are going through the "autonomy" stage, and are trying hard to gain control over themselves and others.
 - d. it's their favorite word.

TRAINEE ATTENDANCE RECORD
& CURRICULUM INTEGRITY

DATE THAT YOU TAUGHT: _____

NAME OF INSTRUCTOR COMPLETING THIS FORM: _____

Overall, how satisfied were you with
how well the trainees grasped the
material?

Session Topic	strongly dissatisfied			strongly satisfied		
	1	2	3	4	5	6
1. _____	1	2	3	4	5	6
2. _____	1	2	3	4	5	6
3. _____	1	2	3	4	5	6
4. _____	1	2	3	4	5	6
5. _____	1	2	3	4	5	6
6. _____	1	2	3	4	5	6
7. _____	1	2	3	4	5	6
8. _____	1	2	3	4	5	6
9. _____	1	2	3	4	5	6
10. _____	1	2	3	4	5	6
11. _____	1	2	3	4	5	6
12. _____	1	2	3	4	5	6
13. _____	1	2	3	4	5	6
14. _____	1	2	3	4	5	6
15. _____	1	2	3	4	5	6

LICENSING

This is a log of the dates when project trainees receive their provider license. Please fill out the following information as the trainees become licensed, and then forward it to SWERTU. Please don't wait until all trainees have been licensed. Send this to us as soon as one or two are licensed, and then send updates as others get licensed.

Island: _____ Date: _____

TRAINEE'S NAME

DATE OF LICENSING

_____	_____
_____	_____
_____	_____
_____	_____

PROVIDER INTERVIEW

NAME OF TRAINEE/PROVIDER _____

NAME OF INTERVIEWER _____

We are interested in finding out about your experience in the Family Child Care training program. Your responses will help us to evaluate how successful we were in planning and carrying out our goals for this program, and will also help us to change those parts of the program that were not as helpful to you. I will now be asking you a series of questions about various aspects of the program. Please be as honest as you can in your responses.

First I'd like to ask you about how you heard about the training program, and for suggestions on how we might make this opportunity available to more people.

1. How did you hear about this training program? _____

2. What are some ways that we could recruit more people for this program? _____

Next I'd like to ask you about the classroom instruction portion of the training program.

3. In general, how easy was it to understand the information that was being taught? _____

Provider Interview
Page 2

4. Do you think that you had enough classroom instruction?

_____ Yes _____ No

If no, what do you think should be added, shortened or dropped? _____

5. What did you like about the classroom training portion? _____

6. How do you think this portion could have been improved? _____

7. On a scale of 1 to 6, where 1 is "not at all helpful" and 6 is "extremely helpful", how helpful was the classroom training portion of the program in preparing you to be a home care provider? (Circle the appropriate number)

Not at all helpful _____ **Extremely helpful**
1 2 3 4 5 6

Next I would like to ask you about the mentor portion of the training program.

8. How many times were you able to observe a "mentor" in his/her home? _____



Provider Interview

Page 3

9. In what ways was the mentor portion of the program helpful to you during your training? _____

10. How do you think this portion could have been improved? _____

11. On a scale of 1 to 6, where 1 is "not at all helpful" and 6 is "extremely helpful", how helpful was the mentor portion of the program in preparing you to be a family day care provider? (Circle the appropriate number)

Not at all helpful

Extremely helpful

1

2

3

4

5

6

Next I would like to ask you about the home visit portion of the training program, when a project staff came to visit your home.

12. How many home visits did you receive? _____
(note: not including the initial home visit)

13. On a scale of 1 to 6, where 1 is "not at all helpful" and 6 is "extremely helpful", how helpful were these home visits in preparing you to be a home care provider? (Circle the appropriate number)

Not helpful at all

Extremely helpful

1

2

3

4

5

6

14. In what ways were they helpful? _____

15. In what ways could these visits have been more helpful or useful to you? _____

These next questions are about the Resource Lending Center.

16. Have you ever used the Resource Lending Center? ___Yes ___No

17a. If yes, how often did you use the Resource Lending Center in the last month? _____

17b. If no, why not? _____

18. How useful were the materials that were available to you? _____

19a. Were the Resource Lending Center's hours of operation convenient for you? _____ 19b. How could it have been made more convenient for you? _____

20. Was the Resource Lending Center located in a convenient place? _____



21. What kinds of changes can you suggest to make the Resource Lending Center more useful for you? _____

22. On a scale of 1 to 6, where 1 is "not at all helpful" and 6 is "extremely helpful", how helpful was the Resource Lending Center in preparing you to be a family day care provider? (Circle the appropriate number)

<u>Not at all helpful</u>						<u>Extremely helpful</u>
1	2	3	4	5	6	

In this next section, I will be asking you questions about various **activities** which may have been available to you since you completed your training.

23. How many support groups have you attended? _____

24. In what ways have these groups been helpful to you? _____

25. On a scale of 1 to 6, where 1 is "not at all helpful" and 6 is "extremely helpful", how helpful were these support groups to you? (Circle the appropriate number)

<u>Not at all helpful</u>						<u>Extremely helpful</u>
1	2	3	4	5	6	

26. What kinds of support activities are available to you to help you with the business-related aspect of child care? _____



Provider Interview

Page 6

27. On a scale of 1 to 6, where 1 is "not at all helpful" and 6 is "extremely helpful", how helpful were these support activities in assisting you to be a family day care provider? (Circle the appropriate number)

Not at all helpful

Extremely helpful

1

2

3

4

5

6

In this last section, I will be asking you some general questions about your experience in this program.

28. Overall, what do you think were the strengths of the training program? _____

29. What are some of the things which should be changed? _____

30. What are some of the barriers to completing a program such as this? _____

31. What are some of the barriers preventing people from getting a family day care license? _____

32. Were there any barriers after getting licensed that interfered with you being able to be a family day care provider?

_____ Yes _____ No 32a. If yes, what were they? _____

33. Are you currently watching children? _____ Yes _____ No

33a. If no, why not? _____

34. In what ways do you think you've changed as a result of this training program? _____



Provider Interview

Page 8

On a scale of 1 to 6, how strongly do you agree with the following statements?

	strongly disagree			strongly agree		
	1	2	3	4	5	6
35. I feel more confident in my ability to take care of children.	1	2	3	4	5	6
36. I feel very committed to the child care profession.	1	2	3	4	5	6
37. I feel good about the things which I have learned and the skills which I've received.	1	2	3	4	5	6
38. I feel confident that I will make a good child care provider.	1	2	3	4	5	6
39. I feel more interested in joining child care professional organizations.	1	2	3	4	5	6
40. I feel challenged to take more child care training courses if offered.	1	2	3	4	5	6
41. I want to read more about child care and child development.	1	2	3	4	5	6

PROVIDER EVALUATION OF HOME VISITS

DATE: _____ VISIT NUMBER: _____

NAME OF TRAINEE: _____

NAME OF VISITOR: _____

We are interested in what you think the benefits of today's home visit are. Please circle the number that matches what you think about the home visit. For example, if you strongly agree with the statement, mark "6". Your answers are confidential, so please be as honest as you can.

- | | strongly disagree | | | | strongly agree | |
|--|-------------------|---|---|---|----------------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1. The home visit helped me to practice what I learned in the classroom. | | | | | | |
| 2. The home visitor was able to get a feel for how I was doing; this made it easier for them to know how to help me. | | | | | | |
| 3. I felt supported and encouraged by the home visitor. | | | | | | |
| 4. The home visitor provided me with ideas or materials that were helpful. | | | | | | |
| 5. In general, I think home visits are a valuable part of the training curriculum. | | | | | | |

List one way that home visits could be improved or how they could be made more useful.

HOME VISITOR EVALUATION OF HOME VISITS

DATE: _____ VISIT NUMBER: _____

NAME OF TRAINEE: _____

NAME OF VISITOR: _____

Any of the following can be an outcome of the home visit. We are interested in your perceptions of the benefit of this home visit. Please mark the number that most accurately reflects your assessment of today's home visit.

	strongly disagree				strongly agree	
	1	2	3	4	5	6
1. I was able to help the provider implement what they had learned in class.						
2. I was able to learn about the special needs of the provider so that I could customize their support and training.						
3. I was able to provide emotional support (e.g. encouragement, positive reinforcement, etc.).						
4. I was able to provide instrumental support (e.g. bring materials and/or resources).						
5. In general, I think home visits are a valuable part of the training curriculum.						

List one way that home visits could be improved or how they could be made more useful.

DROP-OUT ASSESSMENT

The following information should be solicited from each trainee who has "dropped out" from the training program. A trainee qualifies as a "drop out" if he or she makes a commitment to participate in training, does not complete training, and is not committed to completing the program.

Island: _____ Date: _____

Name of Trainee: _____

What made you decide to discontinue the training program? _____

What were some of the specific barriers which prevented you from completing the program? _____

What were some of the things which you liked about the program?

NAME _____ DATE _____

MENTOR PRE- AND POST-QUESTIONNAIRE

We are interested in finding out your thoughts and attitudes about being a mentor in this family child care training program. For each of the statements listed below, please circle the number that best describes how you feel.

		strongly disagree					strongly agree
1.	I think that I have the skills necessary to be a mentor.	1	2	3	4	5	6
2.	I feel confident that I can teach other people how to be a good child care provider.	1	2	3	4	5	6
3.	I feel comfortable showing other people how to care for young children.	1	2	3	4	5	6
4.	Being a mentor is a logical next step in my professional growth.	1	2	3	4	5	6
5.	I welcome the opportunity to have trainees in my home.	1	2	3	4	5	6
6.	I feel prepared to take a leadership role in this profession.	1	2	3	4	5	6
7.	I support efforts toward accreditation in the child care profession.	1	2	3	4	5	6

Mentor Pre- and Post-Questionnaire
Page 2

		strongly disagree				strongly agree	
		1	2	3	4	5	6
8.	I would support legislation to improve the quality of child care.	1	2	3	4	5	6
9.	I would seek further training in family child care if it were available.	1	2	3	4	5	6
10.	I feel confident in my ability to clearly communicate my ideas to others.	1	2	3	4	5	6
11.	I think that I will benefit from being a mentor in this program.	1	2	3	4	5	6
12.	I think that I am fully equipped to be a mentor in this program.	1	2	3	4	5	6
13.	I think that I will enjoy being a mentor in this program.	1	2	3	4	5	6
14.	I am personally committed to this profession.	1	2	3	4	5	6
15.	I would feel comfortable leading support groups for child care providers.	1	2	3	4	5	6
16.	I think child care providers should work toward being recognized as professionals.	1	2	3	4	5	6

Trainee's Name _____ Date _____

Thank you for allowing us to talk with you today. The reason that we are conducting this interview is because we are interested in learning more about your experience as a child care provider. The questions that we will be asking you will help us understand what encourages or discourages people from being in the family child care business. We also want to find out more about your experience in the child care training program. All of your answers will be confidential, so please be as honest as you can. If you have any questions or concerns about things that we are asking you, please do not hesitate to ask me to clarify anything you do not understand.

First I'd like to find out whether you are currently watching children. I will also be asking you some specific questions about your *child care business*.

Children Characteristics

- *1. Are you currently watching children for money? ___ Yes ___ No

If no, did you watch children at any time since you completed training?

___ Yes ___ No

(If yes, then continue on with the following questions, if no then skip the rest of this section and go on to Fees. Thereafter, ask only the questions that are preceded by an asterisk.)

2. How many full-time (35 hours or more) children are you currently/did you provid(ing) care for? _____
3. How many part-time (less than 35 hours) children are you currently/did you provid(ing) care for? _____

Can you tell me more about these part-time children?

4. What was the largest number of children that you had in your care on a regular basis? _____
5. What was the lowest number of children that you had in your care? _____

6. On the average day, how many children do/did you watch? _____
7. How many of these children are/were under 2 years old? _____
8. How many of these children are/were 2 through 5 years old? _____
9. On the average, how long do/did the children stay in your care?
(in years and months) _____
10. How many openings do you currently have? _____

Fees

- *11. How much do/would you charge per child? (full-time, part-time, hourly).
 _____ full-time _____ part-time
 _____ per hour _____ daily
- *12. Are/would your fees be above, below, or the same as what the average child care provider charges? _____
- *13. What do you think the average fee is? _____
- *14. Taking into account your background and skills, do you feel that your fees are/would be appropriate? ____ Yes ____ No

Why or why not? _____

- *15. What do you think you should be earning? (in \$\$\$/month/child)

Number of hours worked/fringe benefits

- *16. How many hours of child care do/would you provide in a day? _____
- *17. What are your child care hours? _____

*18. Do/would you take paid vacation and/or sick leave? Yes No
_____ days/year vacation _____ days/year sick

Client Source

*19. How do/would people hear about your business? _____

*20. Do you feel that you (would) need more support in filling your child care slots?
 Yes No

If yes, what kind(s) of assistance would be helpful?

Parent/caregiver relationship

21. In general, how would you describe your relationship with the parents of the children that you watched? (Want to probe for examples when provider's responses are unclear)

*22. What are some of the problems that you've encountered (or, you think you would encounter) with parents of the children in your care?

*23. Are/would these problems (be) serious enough to make you want to stop doing child care? ___ Yes ___ No

24. Do you feel that they take advantage of you? ___ Yes ___ No.
If yes, what do they say or do that makes you feel that they are taking advantage of you? (If no response, probe for the following examples - they don't pay on time, come to pick up their children late, bring sick children, get angry when I am sick and can't watch their children)

* Do you think that the parents of the children you watch would take advantage of you? ___ Yes ___ No
If yes, what would they say or do to make you feel that they were taking advantage of you?

Job Satisfaction

*26. What are/would be the three most satisfying aspects of your job?

*27. What are/would be the three least satisfying aspects of your job?

*28. Given what you know now, would you choose a career in early childhood education? ____ Yes ____ No
Why or why not?

Now I'm going to be asking you some questions about *how you view family child care.*

*28. Do you view this business as a temporary (less than two years) job, or a career that you intend to continue? (more than two years)

*29. Do you belong to any professional child care organizations?

____ Yes ____ No
If so, which ones?

30. If someone you just met asked you what you did for a living, how would you describe the work that you do? (want to get a sense here of their professional identity)

* If you were currently watching children and someone you just met asked you what you did for a living, how would you describe the work that you do?

Now I am going to ask you some questions about the *licensing* process.

*31. Are you a licensed child care provider? Yes No

*32. Are you a legal exempt (i.e. registered) child care provider?

Yes No

*33. How difficult was it/would it be to get licensed?

*34. What sorts of things did/would you have to do to meet licensing standards that were (are) a hassle for you?

*35. How much did you have to spend (\$\$\$) to get licensed?

*36. How long did it take for you to receive your license?

37. Did this slow you down from getting started in your business in any way?

*38. What other things affected (or, might affect) your ability to get started in the business? (e.g. zoning ordinances, etc.)

*39. How can licensing be made easier?

*40. Do you think that a family child care business needs to be licensed and regulated?

Yes No

Why or why not? _____

*41. All things considered, do you think that you could make more money being an unlicensed provider?

*42. Did/would your home easily meet the requirements for licensure? Why or why not?
 Yes No

What did/would you have to do to meet these requirements?

*43. Why do you think people don't get licensed? Is this a good reason?

Now I'm going to be asking you some questions about the *training program* that you participated in?

*44. Do you feel that the training was adequate (i.e. too much or too little)?

Yes No

In what ways would you have changed the training to better suit your needs?

*45. Knowing what you know now (about licensing, how much money you'd make, liabilities, etc.) Were you given enough information about being a caregiver at the beginning of training to determine whether or not this would be a viable business for you?

Yes No

Verify information about (with the exception of the questions related to number of children, you do not need to ask the trainee these questions again if we have that information on the Initial Background Information)

- a. highest educational level completed
- b. ethnicity
- c. marital status
- d. number of children

*48. What are the ages of your own children?

*49. How many of these children are currently living with you?

*50. What types of jobs did you do prior to becoming a family child care provider?

Job title/description	Number of years in this position
_____	_____
_____	_____
_____	_____

*51. How long have you worked in the field of early childhood? _____
(in number of years and months)

*52. How long have you had this family child care business? _____

Now I'm going to be asking you some questions about your annual income that may seem very personal to you. However, this information is important as it will help us understand whether or not being in family child care business is a practical way to earn an income.

*53. What was your annual household income before you started in the family child care business (gross income, i.e. before taxes). _____

*54. Of this amount, how much did you earn? _____

55. What was your annual household income last year before taxes? _____

56. Of this amount, how much is from your child care business? _____



57. What is the average gross income/month from your family child care business?

*58. Have you received any monies from the government (for example from DSH) to help you with household expenses or insurance coverage?

___ Yes ___ No

If yes, what kind? _____

When were you receiving this? _____

*59. What tax benefits do/would you get from being in the child care business?

60. In general, how much do you spend on supplies and other expenses to run the child care business per month?

*61. Why did you want to become a family child care provider?

*62. Why did you choose to participate in the training program at this point of your life?

*63. If you had to do it all over again, would you have participated in this training?
___ Yes ___ No Why or why not?

64. Are you claiming your income from the family child care business on your federal and state taxes?

___ Yes ___ No

Conclusion

Thank you very much for taking the time to answer these questions. This information will help us know how helpful the recruitment and training project has been. It will also help us to understand what things make it difficult for people to start or stay in the family child care business. Do you have anything more that you'd like to add?

Impressions

Name: _____

Date: _____

You will be reading sentences describing how you may feel about your work. Please check "yes" if the statement applies to you and "no" if it does not.

1. I take pride in my business. Yes No
2. In general, people don't respect the work that child care providers do. Yes No
3. Being a child care provider is much more difficult than I thought it would be. Yes No
4. I feel very committed to this business. Yes No
5. There is too much paperwork and record keeping. Yes No
6. I put a lot of extra effort into my work. Yes No
7. I constantly worry that something bad will happen. Yes No
8. I have control over most things that directly affect my satisfaction. Yes No
9. The work I do is stimulating and challenging. Yes No
10. There is not enough variety in what I do. Yes No
11. If a child got hurt, I would be extremely upset. Yes No
12. This job is not very creative. Yes No
13. Working with children is more enjoyable than I thought it would be. Yes No
14. I am respected by the parents of my children. Yes No
15. The work I do makes an important difference in my students' lives. Yes No
16. I'm in a dead-end job. Yes No
17. The work I do gives me a sense of accomplishment. Yes No
18. The work I do provides me with the independence I enjoy. Yes No
19. I don't have enough time off for holidays and vacations. Yes No

- | | | |
|---|------------------------------|-----------------------------|
| 20. The business aspect of child care is a lot more difficult than I thought it would be. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. I don't have to put up with the hassles of coworkers. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Opportunities for me to advance are limited. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. The income is not stable. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. There is too little time to do all there is to do. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Although this job has some drawbacks, it fits my present circumstances. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. This job does not match my training and skills. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. I miss not interacting with adults. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. The work is mundane and boring. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. The workday is long. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. My work schedule is flexible. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. I constantly worry about the liabilities involved with the business. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. I feel burned out by the end of the day. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. I often think of quitting. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. It would be difficult for me to find another job as good as this one. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35. I sometimes feel trapped in this job. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 36. There are lots of opportunities for personal growth. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 37. I need to care for too many children. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 38. I need some new equipment and materials to do my job well. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 39. I am proud to be a child care provider. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 40. I like being able to set my own policies and procedures. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

You will be reading sentences describing how you may feel about different kinds of support that would help you remain in the business. Although many of the things listed may be good ideas, we are interested in finding out which things would be most helpful to you. Please tell us how helpful you consider each of the following types of assistance to be by drawing a circle around the number that best describes how you feel.

	Not at all helpful	Not very helpful	Somewhat helpful	Very helpful
41. Availability of fringe benefits (insurance, paid sick and vacation, etc.)	1	2	3	4
42. Having a provider substitute pool (for when you're sick, etc.)	1	2	3	4
43. More tax breaks	1	2	3	4
44. More accessible insurance	1	2	3	4
45. Having access to living situations in which a child care business can be operated	1	2	3	4
46. Having organized children's activities that you could take the children to	1	2	3	4
47. Being able to apply for low-interest loans to help you with start-up costs	1	2	3	4
48. Having grant money to help you with start-up costs	1	2	3	4
49. Some kind of financial support to help you meet your living expenses when all of your child care spaces are not filled	1	2	3	4
50. Better control over unlicensed providers who drive the market price for child care below what you need to charge	1	2	3	4
51. Resource library of books, training manuals, and films or videos	1	2	3	4
52. Lending library of toys and equipment	1	2	3	4
53. Discount buying arrangement for supplies, materials, and toys	1	2	3	4
54. Person to call for help with problems or questions	1	2	3	4
55. Person to come to your home to help with problems and questions	1	2	3	4
56. Person to come to your home to do special activities with the children	1	2	3	4
57. Opportunities to meet and discuss ideas with other providers	1	2	3	4

Name: _____

Date: _____

You will be reading sentences describing how you may feel about being a family child care provider. Please check "yes" if the statement applies to you and "no" if it does not.

1. I would take pride in my business. Yes No
2. In general, people don't respect the work that child care providers do. Yes No
3. Being a child care provider is much more difficult than I thought it would be. Yes No
4. I would feel very committed to this business. Yes No
5. There is too much paperwork and record keeping. Yes No
6. I would put a lot of extra effort into my work. Yes No
7. I would constantly worry that something bad would happen. Yes No
8. I would have control over most things that directly affect my satisfaction. Yes No
9. The work I do would be stimulating and challenging. Yes No
10. There would not be enough variety in what I do. Yes No
11. If a child got hurt, I would be extremely upset. Yes No
12. The job would not be very creative. Yes No
13. Working with children would be more enjoyable than I thought it would be. Yes No
14. I would be respected by the parents of my children. Yes No
15. The work I do would make an important difference in my students' lives. Yes No
16. I would be in a dead-end job. Yes No
17. The work I do would give me a sense of accomplishment. Yes No
18. The work I do would provide me with the independence I enjoy. Yes No

- | | | |
|---|---------|--------|
| 19. I wouldn't have enough time off for holidays and vacations. | ___ Yes | ___ No |
| 20. The business aspect of child care is a lot more difficult than I thought it would be. | ___ Yes | ___ No |
| 21. I wouldn't have to put up with the hassles of coworkers. | ___ Yes | ___ No |
| 22. Opportunities for me to advance would be limited. | ___ Yes | ___ No |
| 23. The income would not be stable. | ___ Yes | ___ No |
| 24. There would be too little time to do all there is to do. | ___ Yes | ___ No |
| 25. Although this job has some drawbacks, it would fit my present circumstances. | ___ Yes | ___ No |
| 26. This job would not match my training and skills. | ___ Yes | ___ No |
| 27. I would miss not interacting with adults. | ___ Yes | ___ No |
| 28. The work would be mundane and boring. | ___ Yes | ___ No |
| 29. The workday would be long. | ___ Yes | ___ No |
| 30. My work schedule would be flexible. | ___ Yes | ___ No |
| 31. I would constantly worry about the liabilities involved with the business. | ___ Yes | ___ No |
| 32. I would feel burned out by the end of the day. | ___ Yes | ___ No |
| 33. I would often think of quitting. | ___ Yes | ___ No |
| 34. It would be difficult for me to find another job as good as this one. | ___ Yes | ___ No |
| 35. I would sometimes feel trapped in this job. | ___ Yes | ___ No |
| 36. There would be lots of opportunities for personal growth. | ___ Yes | ___ No |
| 37. I would need to care for too many children. | ___ Yes | ___ No |
| 38. I would need some new equipment and materials to do my job well. | ___ Yes | ___ No |
| 39. I would be proud to be a child care provider. | ___ Yes | ___ No |
| 40. I would like being able to set my own policies and procedures. | ___ Yes | ___ No |

You will be reading sentences describing how you may feel about different kinds of support that would help you remain in the business. Although many of the things listed may be good ideas, we are interested in finding out which things would be most helpful to you. Please tell us how helpful you consider each of the following types of assistance to be by drawing a circle around the number that best describes how you feel.

	Not at all helpful	Not very helpful	Somewhat helpful	Very helpful
41. Availability of fringe benefits (insurance, paid sick and vacation, etc.)	1	2	3	4
42. Having a provider substitute pool (for when you're sick, etc.)	1	2	3	4
43. More tax breaks	1	2	3	4
44. More accessible insurance	1	2	3	4
45. Having access to living situations in which a child care business can be operated	1	2	3	4
46. Having organized children's activities that you could take the children to	1	2	3	4
47. Being able to apply for low-interest loans to help you with start-up costs	1	2	3	4
48. Having grant money to help you with start-up costs	1	2	3	4
49. Some kind of financial support to help you meet your living expenses when all of your child care spaces are not filled	1	2	3	4
50. Better control over unlicensed providers who drive the market price for child care below what you need to charge	1	2	3	4
51. Resource library of books, training manuals, and films or videos	1	2	3	4
52. Lending library of toys and equipment	1	2	3	4
53. Discount buying arrangement for supplies, materials, and toys	1	2	3	4
54. Person to call for help with problems or questions	1	2	3	4
55. Person to come to your home to help with problems and questions	1	2	3	4
56. Person to come to your home to do special activities with the children	1	2	3	4
57. Opportunities to meet and discuss ideas with other providers	1	2	3	4