



NM HV FCC OUTREACH INITIATIVE

Phase 2 Final Report
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Center for Education Policy Research

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This is a review copy. All findings and statements within are tentative and non-binding.

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Introduction

Nationwide, in 2011, the U.S. Census Bureau estimated that 32.7 million families relied on some form of regular child care arrangement outside the home. Of this number, the Bureau estimated that some 12.5 million children were between birth and 4 years. The Bureau estimated that 13% of young children were in settings denoted as “Other nonrelative,” that include in-home babysitters, neighbors, friends and family day care homes. Child Care Aware of America (CCAA), drawing on data provided through the Bureau’s American Community Survey (ACS), reports that in New Mexico during 2014 there were 64,310 working mothers with children under the age of six. To maintain their employment these women need to locate safe, affordable child care and many turn to home based child care settings. Based on ACS figures published by CCAA, the estimated number of Family Child Care (FCC) homes in New Mexico in 2014 was 3,347. As this number reflects only those FCC settings that have registered with New Mexico Children, Youth and Families Department (CYFD), it is likely that the number of family child care providers outside of CYFD awareness is much larger.

Recognizing that family child care providers have often been bypassed by other early childhood professional development efforts, CYFD proposed an innovative model for supporting home-based child care providers through professional development facilitated by home visiting providers. CYFD received a grant from the Maternal, Infant, Early Childhood, Home Visiting (MIECHV) Program of the Health Resources and Services Administration (HRSA) within the US Department of Health and Human Services as a pilot program for supporting family child care providers. Originally proposed to serve 4 communities the initiative ultimately focused on two—Albuquerque’s South Valley and Luna County, located on the US-Mexico border. The remaining two communities did not participate due to the lack of readiness in one and a sparse population base along with an inadequate number of providers in the other.

Implementation Evaluation

One of the stipulations made by MIECHV for funding the initiative would be that a program evaluation occur. In spring 2014, the CYFD program manager for the initiative approached the University of New Mexico’s Center for Education Policy Research (CEPR) to conduct that evaluation. To that end, CEPR approached Child Trends, a nationally known and recognized early childhood advocacy group, to assist in the development of an evaluation plan that would meet the requirements spelled out by MIECHV and the realities found in the state of New Mexico. Originally conceived as a randomized control study, the evaluation plan was eventually modified to be implementation evaluation of the initiative. The number of providers that was required for a randomized control study made this goal unattainable for the study to move forward. Hence, this change received the approval of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) group. CEPR submitted the plan in early October and received approval from MIECHV in early November.

The approved plan detailed various aims the evaluation would consider. Among these included:

1. Assess key features of implementation (training of FCC visitors, developing a data system, monitoring of services, supervising FCC visitors) and identify factors that facilitate or impede successful implementation
2. Identify the successes and challenges of strategies used to recruit and engage family child care providers for the Home Visiting Family Child Care Outreach initiative
3. Examine variations in the use of available tools and delivery of curriculum content to understand how FCC visitors are individualizing the approach based on the needs of family child care providers and to identify challenges or deviations from the intended approach
4. Assess how the Home Visiting Family Child Care Outreach initiative supports the development of family

child care providers' knowledge, practices with children, engagement with families and participation in quality improvement activities and professional opportunities

5. Assess stakeholders' perceptions of the successes, challenges and lessons learned from the Home Visiting Family Child Care Outreach initiative

Summary of Evaluation Activities

Using the evaluation plan for guidance, CEPR worked with members of the NM implementation team to focus activities. As the aims above point out, much of the evaluation effort is directed to assessing the effects of participation of the initiative on the providers. CEPR solicited team input on the use of an observation instrument that could serve to look at the provider and the care environment she offered. We selected the Quality of Early Childhood Care Settings (QUEST) that provides separate instruments known as a caregiver rating system and an environmental checklist. The QUEST is the product of a team of three early childhood education experts from ABT Associates of Boston, MA. Based on input from the CYFD initiative program manager that addressed some areas of overlap with information already being collected for the initiative, the developers of the tool modified the environmental checklist for application in New Mexico. The CEPR team also developed a survey for the providers that asked various questions related to their background and related childcare skills as well as various questions on demographics.

In order to get a wider perspective on implementation activities, the CEPR team developed protocols to guide semi-structured interviews with members of the implementation team and informed consents for both these informants and the providers.

In early November 2014, CEPR staff submitted an application to the UNM Office of Institutional Research Board (OIRB) for approval to conduct the study. The OIRB granted approval in early December. The CEPR submitted an annual review application in late October 2015 and this was approved in early December.

During the period that the OIRB was processing its initial IRB approval, CEPR staff hired and trained a set of eight observers who would be responsible for the actual conduct of field operations related to the evaluation. These observers also served as the point of contact for the FCC providers who agreed to participate in the evaluation. To be hired, CEPR required observers to pass both components of the training—the classroom and the trial observation—be CITI-certified, and pass a background check. CEPR also required individuals to be bi-lingual (Spanish/ English), have a background as early childhood educators, be able to travel, and possess cultural competency. CEPR also determined that because a FCC home care provider was likely to be female that members of the observation team would need to be female. All observers who attended the training met the requirements described above and were subsequently hired. By January 2016, two members of the observation team resigned and the remaining team members were provided a review of the QUEST and the updated provider survey.

As had been the process followed during the first year of the evaluation, the next steps included assigning a CEPR observer to the provider and having them coordinate with a local agency staff member to set up a preliminary meeting. At this initial meeting, the local agency staff would provide introductions then leave to ensure a private exchange between the observer and provider. Over the course of the initial meeting, conducted in Spanish if necessary, the observer reviewed the evaluation with the provider. The observer then supplied a copy of a survey to the provider that could be completed at that initial visit or be collected prior to the start of the observation, usually scheduled for a week in the future. Observers also supplied an informational letter and a waiver of consent form to providers for distribution to parents/caregivers. The waiver of consent was included to provide to parents/caregivers who could complete the waiver if they *did not want* their child present during the time of the observation. They also provided a copy of the end-of-program survey for distribution to parents/caregivers to help the CEPR team discern how the parents saw the impact of the Initiative. For their effort, they received a \$10 gift card after they had mailed the

completed survey back to CEPR. This weeklong delay was stipulated in the research protocol to allow adequate time for the parent/caregiver to make this decision. This option was not exercised by parent/caregivers except on one occasion which necessitated the withdrawal of the provider from the evaluation but not the initiative.

A total of 37 providers originally agreed to participate in the initiative evaluation—24 from the South Valley of Albuquerque and 13 from Luna County. As indicated earlier, the observation visits began the second week of January and continued through the end of April. For phase two of the evaluation, the numbers of providers had been reduced to 20 in the South Valley and 8 in Luna County.

To ensure quality assurance (QA) for the evaluation, CEPR staff required that each of the observers have a reliability observation in which another observer would be present during a visit to a provider home and conduct a simultaneous observation to verify score compatibility. These reliability observations occurred early in the evaluation process. The stated target in the MIECHV application for this QA compliance was 10 percent of the visits, which is aligned with generally accepted practice. Since CEPR included all 5 of the remaining observers in this process, we achieved a compliance level of 18 percent (5 of 28 observations), proximate to the count we achieved the previous year. In addition, the reliability score achieved between the two observations was 79 percent, which was extremely close to the project target of 80 percent.

Other QA measures included a requirement that each observer spend time reviewing their notes and data entries soon after they completed the observation to verify and correct entries if necessary. Observers shipped the completed surveys and observation instruments to CEPR via Fed Ex or hand delivered them. CEPR staff reviewed all the materials for completeness, a process that occasionally necessitated calls to and clarification from observers. CEPR staff team members entered data from the completed surveys and QUEST instruments into a data base and later analyzed these. The findings are presented as part of this report.

Observers participated in an initial intensive training that occurred in November 2014 and which two developers of the QUEST instruments provided. The training included both classroom and field-based applied experience with the instruments. The developers certified all 8 of the observers who participated and which CEPR subsequently hired based in part of achieving this milestone. As a refresher and to ensure that any looming questions or issues could be addressed, observers were required to participate in a second session conducted by phone conference with the Abt staff that occurred in early January 2015. The remaining six observers completed refresher training in early January 2016 with one of the QUEST developers. In both trainings, the observers asked various clarifying questions and were then cleared to begin the formal visits that commenced during the second week of that month. Observers were assigned to providers as CEPR received information from the local agency staff members that provided the FCC visiting services and conducted the recruitment into the initiative.

The team members conducted the two visits to each provider home. The first included an explanatory discussion between the observer and provider that included a discussion of the study and the expected provider responsibilities. Once a provider decided to enroll into the study the observer would have the provider sign an informed consent and complete a survey designed to answer a set of baseline questions among which related to the provider skills, background and demographics. The observations using the QUEST instruments occurred during a second visit generally scheduled a week after the provider had been apprised of the project and consented. It must be stressed that local agency staff only enrolled providers into Initiative and informed them of the evaluation, which they could agree to participate in or not. Participation in the Initiative was not contingent upon agreement to participate in the evaluation. The week delay was incorporated into the evaluation design to allow parents/caregivers of children the opportunity to decide whether or not to have their child present during the time of the observation even though no direct assessment of children occurred within the scope of the study. There was one instance that parents/caregivers of children located at one home chose this option. Otherwise, there were no other instances where this choice was invoked.

Interviews

Another component of the evaluation included the conduct of semi-structured interviews of various members of the FCC HV Initiative coordination team. A total of five interview protocols were developed by CEPR staff and the CYFD initiative manager. Although generally structured similarly, each of the five protocols included some elements specific to the functions of the targeted team member based on their job and initiative responsibilities. A total of 15 interviews took place with each taking anywhere from approximately 45 minutes to 2 hours to complete. Each interviewee also completed consent forms and release to allow audio recording. When finished, CEPR staff sent the audio recordings to a professional transcription service for processing. These transcriptions were analyzed using NVIVO, which is a qualitative analytical software, and have been synthesized with summary findings presented as described below.

The Findings

The findings from the second phase of the FCCHV Initiative implementation evaluation provide important information on providers and family child care homes after a year of participation and provide insight on the successes and challenges of the initiative at project end. These findings are provided in five sections:

1. A picture of providers and their sense of their capacities as FCC givers along with demographic information drawn from the surveys they completed
2. An aggregate picture of observation data derived from the QUEST caregiver rating scale and environmental checklist conducted near the end point of provider participation in the initiative and which give comparative summary findings across the two points of observation
3. An aggregate picture of HV FCC Outreach Initiative visitation data collected by the two agencies and compiled by UNM Continuing Education Early Childhood Services
4. Summary findings from the 13 interviews conducted with members of the Initiative implementation team
5. Summary findings from the parent/caregiver survey compiled from thirty-seven copies returned by mail to CEPR.

Executive Summary

The following provides a summary of findings of the implementation evaluation of the New Mexico Home Visiting Family Childcare Outreach Initiative (NMHV FCC) conducted by the University of New Mexico (UNM) Center for Education Policy Research (CEPR) over a period of eighteen months between January 2015 and June 2016. The study was made possible through a grant made to the New Mexico Children, Youth and Families Department (CYFD) through the federal Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program of the Health Resources and Services Administration (HRSA). The CYFD contracted with CEPR to conduct the study.

A total of 37 providers in two communities in New Mexico started out in the initiative, of which 28 completed the full year of engagement. These included a total of 13 enrolled and 8 completed in Luna County and 24 in South Valley Albuquerque where 20 completed.

Various instruments and means were used in the collection of data for the implementation study. These included: a survey of enrolled providers; the QUEST observation tool, comprised of a Caregiver Rating Scale and an Environmental Checklist; interviews of New Mexico NMHV FCC Initiative implementation team members; an analysis of data submitted from the two local agency personnel to the UNM Continuing Education Early Childhood Services; and a survey of participating parents. The items that follow provide a high level selection of key findings from each of these.

Provider Survey

Of the 28 providers who completed the full year of engagement:

- 53% had been in the profession five or more years.
- 53% expect to be in the profession for at least five more years.
- 82% participated in the initiative in order to improve their skills as FCC providers.
- 54% said that the FCC initiative recruited them either through friend or family referral or through their participation in the local food program.

Providers indicated improved outcomes over time, related to:

- Their confidence in working with children
- Their provision of enrichment activities to children
- Their confidence in sharing information with parents
- Their knowledge about local resources to support families and children

A large percentage of these changes in provider-reported outcomes achieved statistical significance.

Thirteen providers indicated they were licensed at the start of their enrollment of the initiative and another seven expressed a desire to become licensed. While it is possible that understanding of what “licensure” means varied across providers, if these figures are accurate and the seven actually pursue licensure to completion, it would mean a total of 71% had achieved this professional milestone.

82% responded that participation in the initiative had “very much so” or “mostly” increased their personal identification as professionals.

57% reported that participation had “very much so” or “mostly” increased their personal identification as small business owner.

82% had participated in some form of professional development during their year of participation.

75% indicated they distributed a visitor provided informational/activity handout to parents on either a weekly, biweekly, or monthly basis.

86% indicated that they shared stories with parents about their child's day on a daily basis.

68% indicated they shared stories with parents on a daily basis about their child's achievement.

One-third of providers reported distributing informational handouts about community resources to parents at least monthly.

100% of the providers were female, 86% were Hispanic, and 100% of them cared for Hispanic children. 50% of the providers indicated that they also cared for their own children and 43% indicated they provided care for a child of a relative.

78% indicated that they either spoke Spanish (16/57% solely) or Spanish and English (6/22%) during the work day. 68% of the providers were 46 years or older.

A total of 68% indicated they had achieved less than a high school education, a high school diploma, or a GED.

Between 96 and 100% of the providers offered care during the regular Monday through Friday work week, and upwards of 89% offered this care between the hours of 6:00 AM and 6:00 PM.

50% of the providers indicated they worked more than 40 hours/week. Providers reported a range of income between \$0 to \$4,300 per month that averaged out to \$1,367/month.

The QUEST Observation Instrument

Observations of each provider setting using the QUEST observation tool found evidence of impact of the initiative in improving both the resources and safety provisions found and caregiving behavior of providers.

Mean scores for the Caregiver Rating Scale showed improvements in all domains addressed in the instrument, including caregiving with children, supporting cognitive development, supporting language development and early literacy, and supporting social-emotional development. Several of these achieved various levels of statistical significance of between $P < .001$ and $P < .05$.

Mean scores for the Environmental Checklist showed improvements in all domains addressed in the instrument, including adequacy of materials to support developmental play and to support language and literacy development. Several of these achieved various levels of statistical significance of between $P < .001$ and $P < .05$.

NM HVFCC Outreach Initiative Database Records

The late implementation of a database used for the collection of program data was a shortcoming of the initiative. Further, each agency used a separately designed data collection instrument that impaired the ability of CEPR to conduct in-depth comparative analysis of the data provided by the UNM Continuing Education Childcare Services, the agency contracted by CYFD to build and maintain the database.

Interviews of NM HVFCC Outreach Initiative Team Members

Summary thematic highlights from thirteen interviews are:

- The collaborative nature of the team and partner dynamics undergirded effort
- Local context is critical for effective recruitment

- **Trainings were highly effective because** grounded in relationship-based, strengths-based, reflective approach, and because they were based on building practical and pragmatic skills
- The PAT and CDD curriculum proved highly useful for visitors, providers & parents alike
- Internal monitoring processes were highly effective, except where hampered by the lack of database
- **Supervision was successfully grounded in relationship-based, strengths-based, and reflective approaches, and facilitated use of those approaches in visitor-provider interactions**
- **Provision of learning materials aided recruitment, made providers feel valued, and** foundational aspects for effective visitor activities with providers.
- **Networking was a** positive experience for those who attended, but attendance was impaired by logistical barriers (transportation, other commitments, timing)
- **The absence of a timely and functioning data system** impaired the overall effectiveness of the initiative

Parent Survey

28 questions total (6 were open response)

56 estimated as distributed (2/provider)

35 completed returns / ~63% response rate

- 8 – Luna County
- 27 – South Valley Albuquerque

Key Summary Highlights

Section 1: Satisfaction of parents with the experience their child is receiving with the care provider. A majority of questions came back with an average ranking of 4.7, suggesting that parents are happy with the care their child is receiving.

Section 2: Ability of care provider to provide information about the child and their experience with the care provider. Averages varied from as low as a 2.7 to as high as a 4.6. The data suggests that while parents were not frequently receiving information from providers regarding the child's time in childcare, when providers shared information, parents found it very useful.

Section 3: Usefulness of materials provided to parents for continued learning at home for the child. This section of questions has an average range between 2.6 and 4.3. The data suggests that the information and activities that providers gave to the parents for at home completion were not used frequently. However, when the activities were completed, parents said that the information and activities were very helpful.

Section 4: Resources in the community provided to the parents by the caregiver. Section scores range from a low of 2.6 to a high of 3.6, indicating a relatively mid-range average. The data suggests that information on community resources were given to families by providers fairly often, and though parents used that information less often, they found it quite helpful when used.

Section 5: Child's preparedness for schooling after childcare. Based on the data of score of 4 for each question, parents are both very satisfied with the care provided, and believe that their child will be very well-prepared for school entry.

Section 1

Introduction and Complete Write-Up for Provider Survey

A central instrument of the evaluation used to collect data on the efficacy of the FCC HV initiative was the provider survey. The following summarizes findings collected from remaining 28 of the original 37 providers who continued in the FCC HV initiative for the year. The results presented in this section are an aggregate of both communities, and thus do not provide breakouts between the two that appear in other sections of this report. That said, the results show the responses of twenty providers from South Valley Albuquerque and eight from Luna County. The survey was offered in both English and Spanish, the appropriate version of which a member of the CEPR observation team gave to the provider based on her spoken language. The results offered below are from nineteen Spanish and nine English versions of the survey. The Spanish language version of the survey was prepared by a CEPR staff member who is a native speaker of the language. A CEPR evaluation team member who is fluent in Spanish conducted the translations of responses from the Spanish language providers. The survey was comprised of two main sections with the first comprised of sixty-four prompts for a response and the second asking for sixteen.

The first addressed questions concerning the duration that FCC providers have been in the early care profession; their confidence level across various aspects of the trade, including engagement with children and parents, and their knowledge about or provision of various community-level resources to parents. In addition, they were asked about the amount of time they spent each day with the children in terms of engagement, reading, or exploration. A set of questions surrounded their registration or licensure status. Another group focused on their concept of themselves as professionals and small business owners. The survey moved into assessing the professional development they had engaged in and what type they would be interested in participating. Another group of questions concentrated on their connections with other FCC providers, whether what they were currently engaged in or if they had future plans to pursue. The final set of questions in the first section focused on how often providers shared stories or information about the children in their care with parents or caregivers.

The second section addressed various demographics of the providers. These included gender; ethnicity of themselves, the children in their care, and the families of the children. The next group concentrated on specific aspects of the children they were caring for in terms of how many and their ages, whether they also cared for any of their own children during the day, or if they cared for children of relatives. The survey then addressed their age, the languages they spoke during the work day, and their highest level of educational attainment. The next to final set of questions addressed days of the week they worked, what hours of the day they offered care and how many hours a week they worked as FCC providers. The last question in this section asked about their estimated monthly income.

Providers completed these surveys during a roughly five-month period between late January and mid-June. The evaluation team met with the providers generally within a two-week period of the date that marked the one-year anniversary of when the provider began participation in the initiative. The results therefore reflect the impact and efficacy of local agency staff visits to the FCC provider homes that generally occurred on a bi-monthly basis for an average of 24.

Provider Survey Results

The first question asked of providers was:

How long have you been a family child care provider?

The question was followed by a series of time blocks that moved from months to two-year, then five year and finally 10 plus spans of years. Table 1 provides the distribution of time the twenty-eight providers have spent in the profession.

Table 1

Time In Profession	Providers	Phase 2 %
7 to 12 months	1	3.6%
1 to 2 years	6	21.4%
3 to 4 years	6	21.4%
5 to 10 years	9	32.1%
10 or more years	6	21.4%

As shown in the table, three-fourths of the providers (21/75%) had been in the profession at least three years and a significant number (6/21%) had been providing care for over 10 years. The remaining 7 (25%) indicated they had been providing care for at least one to two years

The next question asked how long they expected to continue to provide home-based early child care:

How much longer do you plan on being a family child care provider?

This was followed by a series of responses that was similar to those provided for the first question. The results shown in table 2 indicate that while a total of five providers indicated they would stay between one to four years, over half (15/54%) expected to stay in the profession for five or more years. Five providers chose not to answer the question and another three gave no answer.

Table 2

Expected Time to Remain in Profession	Number of Providers	%
1 to 2 years	2	7%
3 to 4 years	3	11%
5 or more years	15	54%
I prefer not to answer	5	18%
No answer	3	11%

The large number of providers expected to remain in the profession for five or more years suggest that the investment of time and resources into the project was worthwhile for the state and the MIECHV support that funded the initiative.

The next question was asked only of those providers who planned to leave the profession within the next year:

If you plan to stop being a family child care provider within the next year, why do you plan to stop? (If you plan on being a child care provider for more than a year, then please skip this question.)

The three pertinent open-ended responses received for this question are as follows:

- Because I am an older person and now want to return to the place of my birth in Veracruz, MX.
- Not sure if I will stop or not.
- I plan on opening a day care center next month

The following question sought to determine what interested providers to participate in the FCC visitor program initiative:

Thinking back to when you enrolled in the initiative, why were you interested in participating in the family child care visitor program? (Check all that apply)

Seven responses were offered, with one providing an open-ended choice and another for “don’t know.” The distribution of responses is indicated in table 3.

Table 3

Reason for Participating in FCC HV Initiative	Number	%
Improve your skills as a family child care provider	23	82%
Meet other family child care providers	8	29%
Learn about resources for family child care providers in your community	16	57%
Learn how to become a registered or licensed family child care provider	8	29%
Improve your knowledge as a businessperson	12	43%
Other*	2	7%
Don’t Know	1	4%

***Other Responses:**

- Choice indicated but no response given.
- I like to do studies.

The last question before the survey moved into the confidence and time use scales was designed to gain insight about how the home visiting program found the provider:

Do you recall how the home visiting program found you? (Please answer here)

The responses collected for this question were varied and fell into 10 established categories, which are presented along with the respective number of providers in table 4. As shown, a quarter of the providers (7/25%) indicated that the initiative found them through their participation in the local food program. Another eight (~29%) wrote that either a friend or another FCC provider referred them. A small number (3/11%) explained that participation in a class or a conference was how the initiative located them and two (7%) listed that a parent of a child under their care referred them. One provider each indicated that they were found through: a referral by a relative, through CYFD, or through the FCC HV Initiative. Two could not recall and three provided no answer. What appears to be clear from these results is that participation in the local area food programs (which was a critical link for registration) and the informal networks of friends, relatives and associates the providers engage in served as the means by which they became involved in initiative.

Table 4

How FCC HV Initiative Found Provider	Responses	%
Referral by a Friend	5	18%
Referral by another provider	3	11%
Food Program Participated In	7	25%
At a Class or Conference	3	11%
Parent of A Child Under Provider Care	2	7%
Referral by a Relative	1	4%
Through CYFD	1	4%
Through the FCC HV Initiative	1	4%
Don't Recall	3	11%
No Answer	2	7%

The following section reports results from four series of questions related to the confidence or time that providers have or direct toward different aspects of what might be considered routine aspects of caring for small children. We chose to consider self-confidence levels because of its connection with performance in successfully approaching challenges. The series related to time application was intended to assess how much of their day providers devoted to engagement with children in different domains, for example: talking with them, exploration of the physical environment, or reading and looking at books. Children are encouraged when significant people in their lives devote time to them and getting a sense of how much providers devote to various activities can serve as an important measure of the efficacy of the initiative. The tables below summarize the results across the various question series and in case the column header “DK/NA” indicates don’t know/no answer. Each of the tables is followed by a graph that shows comparative pre/post averages for the providers to each question. As shown, in each instance providers indicated overall increases in the average score for each response. Statistical significance is provided as appropriate.

To get a sense of how confident providers were concerning their abilities in a series of focus areas about engaging children, the survey posed the following question:

How confident do you feel in your ability to do the following? Please mark your level of confidence on the scale from 1 (“not at all confident”) to 4 (“very confident”). If you don’t know, you may mark that option.

In addition to asking about how confident providers felt about each focus area, the survey also requested they respond to whether they believed participation in the initiative had improved their confidence in each area with the following:

Do you think that participation in the FCC initiative has improved your confidence level in this area? ☐ Yes ☐ No

The response count and average score on the scale of 1 to 4 related to the provider’s confidence level, along with whether they agreed that participation in the initiative helped improve their confidence in each of the focus areas appear in table 5.

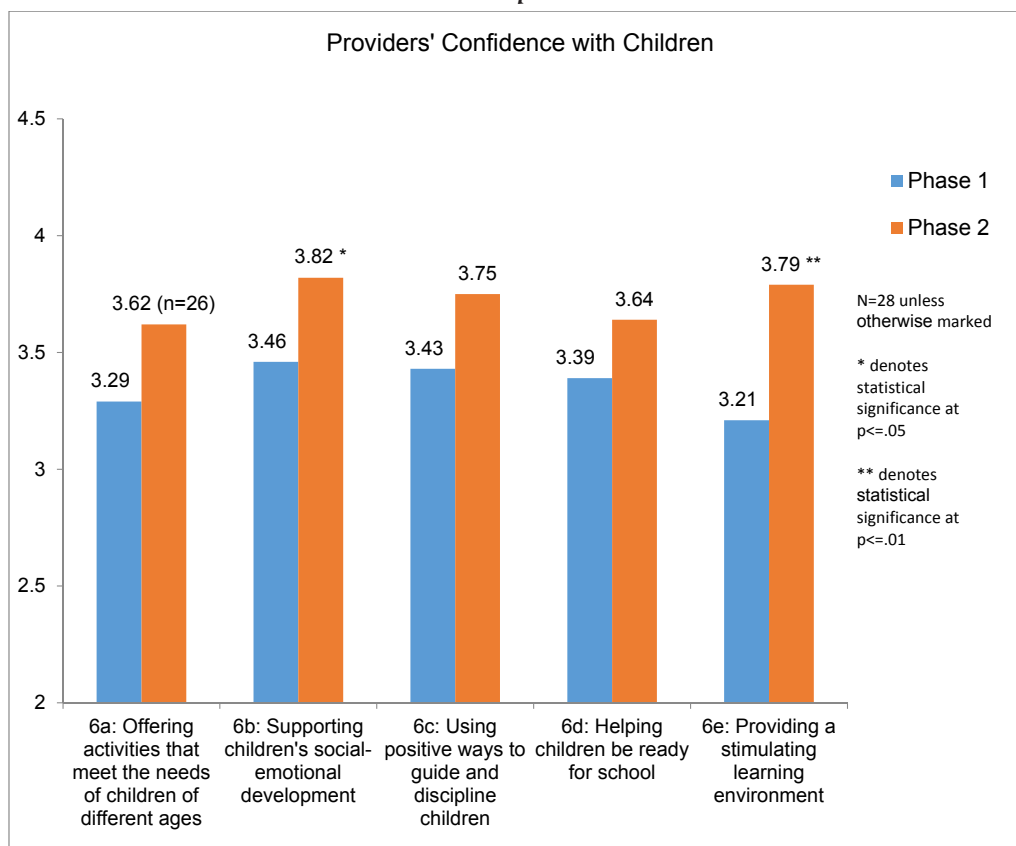
In general, as shown by the range of scores from 3.6 to 3.8, providers expressed high degrees of confidence in each of the focus areas listed in this series. Further, although fairly significant numbers of providers did not respond to the additional question on the effect of participation in their confidence level for each area, most providers typically agreed that participation in the initiative had resulted in improvement.

Table 5

Providers' Confidence with Children Focus Area	Response Count	Average Score	Effect of Participation on Confidence		
			Yes	No	DK/NA
6a. Offer activities that meet the needs of children of different ages	26	3.6	22	1	5
6b. Support children's social-emotional development	28	3.8	21	1	6
6c. Use positive ways to guide and discipline children	28	3.75	19	3	6
6d. Help children be ready for school	28	3.6	20	1	7
6e. Provide a stimulating learning environment	28	3.78	22	1	5

In terms of comparison between the pre- and post-scores for this set of confidence ratings, the CEPR team conducted a comparative analysis of responses, the results of which are provided in graph 1 below. The results in this graph reflect only the pre/post comparison between providers in both communities who persisted in the NM FCC HV Outreach Initiative evaluation for the duration of the year of service. Also note that not all providers provided responses for all questions reflected in the graph. As the graph indicates for responses across the five questions related to provider confidence levels in dealing with children all showed gains for the period. Two of the responses—Supporting Children's Social-Emotional Development, and Providing a Stimulating Learning Environment—show statistical significance of $\leq .05$ and $\leq .01$, respectively, which indicates the effect did not occur randomly.

Graph 1



The amount of time providers spend with the children in their care can be an important measurement of how engaged they are with children throughout the day and the importance they assign to various aspects of their development. To achieve this, the survey provided the following topic question:

During a typical day, about how much time do you spend doing the following activities with the children in your care?

This question was followed by a series of focus areas. Providers were asked to respond to a scale that started with 0 to 15 minutes and followed by three additional choices offered in 15 minute increments, with the final time being “more than one hour.” Providers could also select a “don’t know” answer.

To help determine the efficacy of their participation in the initiative, providers were also asked to respond to the following question as it related to each of the focus areas:

Do you think your participation in the FCC initiative has improved your abilities as a child care provider in this area? ☐ Yes ☐ No

Results from this series appear in table 6 below. Time spent on any particular focus area is varied as indicated in the results. In terms of their assessment of whether participation in the initiative helped to improve their abilities in regards to each focus area addressed, a majority of providers agreed that it had. Although in some instances, significant minorities either disagreed or provided no answer.

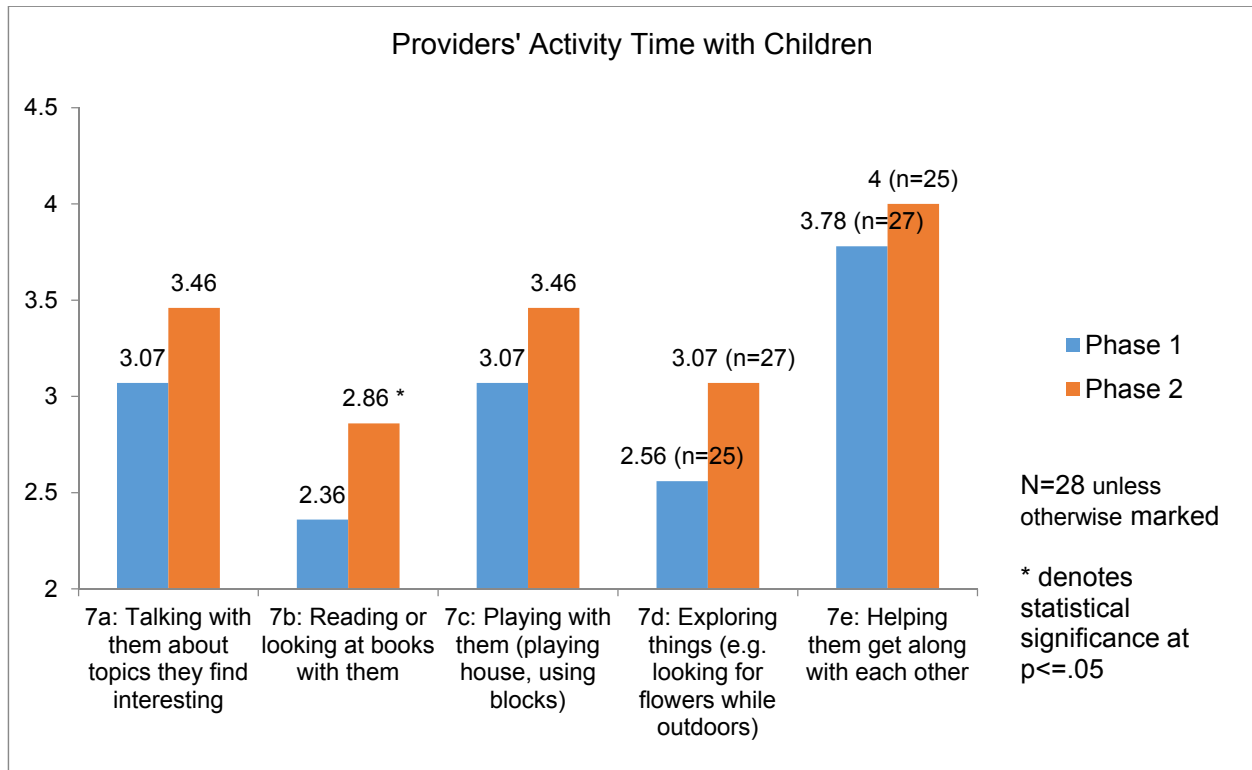
Table 6

Providers' Activity Time with Children Focus Area	Minutes						Participation Improved Abilities		
	0 to 15	16 to 30	31 to 45	46 to 60	Hour +	DK/NA	Yes	No	DK/NA
	1	2	3	4	5	6			
7a. Talking with them about topics they find interesting	2	8	4	3	11	0	20	5	3
7b. Reading or looking at books with them	2	12	7	2	5	0	22	1	5
7c. Playing with them, for example playing house, using blocks	2	3	9	8	6	0	18	3	7
7d. Exploring things, for example looking for flowers while outdoors	3	7	8	4	4	2	16	5	2
7.e Helping them get along with each other	0	3	7	2	13	3	20	2	6

In graph 2 that follows, we provide a pre/post comparison of changes in time that providers reported committing to various aspects of their daily care for children in response to the question series noted in table 6. Here again, we only used responses that providers who completed the year-long enrollment submitted. As illustrated in graph 2, all responses showed an upward trend in the time allotted to the various activities across the two points in time when the provider survey was administered, with one—Reading or Looking at Books with Them—showing a statistical significance at $p \leq .05$

Readers should note that the response numbers used in graph 2 correspond to the numbers that appear below each of the span of minutes. For example, 1 is equal to 0 to 15 minutes, 2 is equal to 16 to 30 minutes, and so forth.

Graph 2



A critical function that child care providers can offer is helping parents engage and support their children in various ways, whether developmentally in general or specific ways, such as their social emotional growth or building skills in early literacy. To achieve a perspective of how confident providers felt about their abilities in different domains, the survey asked the following:

How confident do you feel in your ability to do the following? Please mark your level of confidence on the scale from 1 (“not at all confident”) to 4 (“very confident”). If you don’t know, you may mark that option.

This initial prompt was given a follow-up question concerning whether they believed that participation in the initiative had improved their confidence in their ability in each area. The question was:

Do you think that participation in the FCC initiative has improved your confidence level in this area? ☐ Yes ☐ No

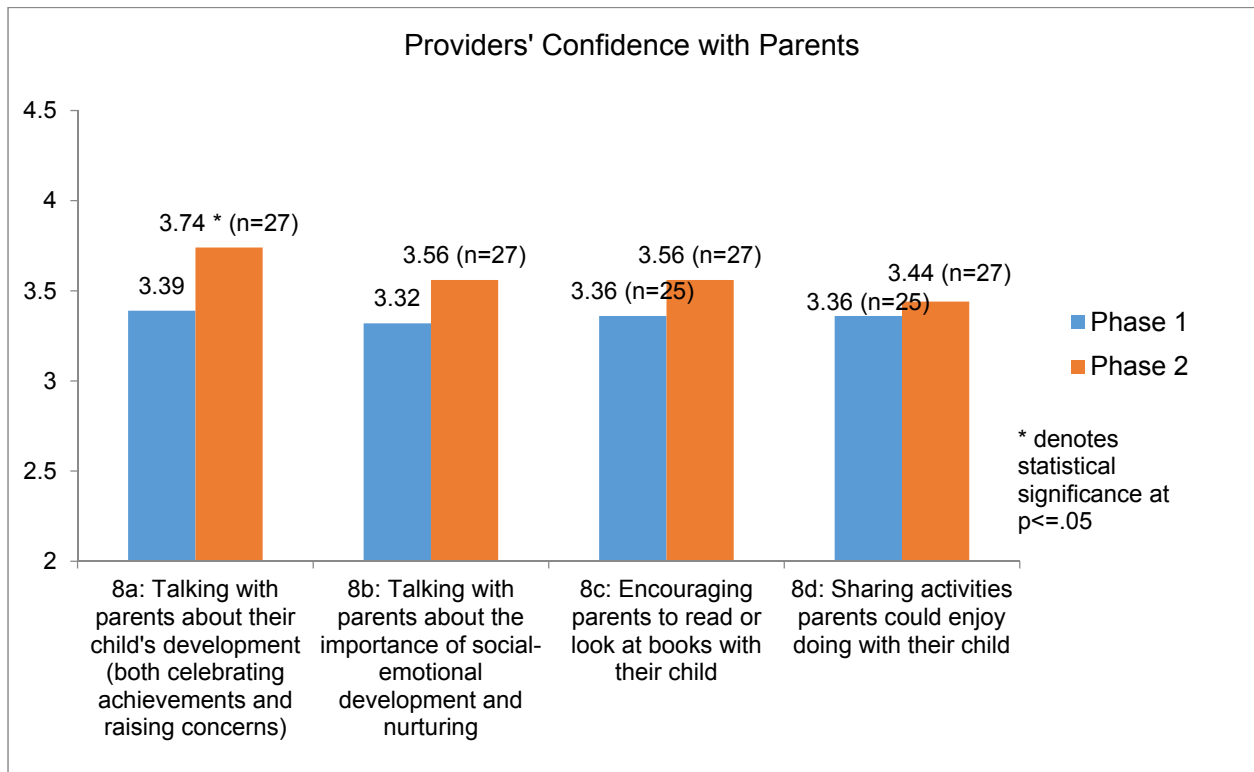
Table 7 provides a summary of the results from this series. As in the previous question series related to how confident providers were in the abilities to work with children, responses to this set indicated a similar high degree of confidence in their ability to engage parents regarding various areas concerning the children with scores from 3.44 to 3.74 on a 4-point scale. While results from this series shows a wider range in the number of positive responses (15 to 22 as opposed to 19 to 22 in question 6) on whether participation had improved provider confidence in their abilities to deal with parents across the various areas, a majority in each case nonetheless agreed that it had.

Table 7

Providers' Confidence with Parents Focus Area	Response Count	Average Score	Effect of Participation on Confidence		
			Yes	No	DK/NA
8a. Talk with parents about their child's development (both to celebrate new development and to raise concerns)	27	3.74	15	7	6
8b. Talk with parents about the importance of social-emotional development and nurturing	27	3.55	16	7	5
8c. Encourage parents to read or look at books with their child	27	3.55	19	3	6
8d. Share activities parents could enjoy doing with their child	27	3.44	22	4	2

The CEPR team conducted a pre/post analysis on this set of questions, which are shown in graph 3. The results with this series of questions also only reflect those providers who completed the year-long enrollment in the Initiative. As displayed in the graph, while all responses showed an upwards trend, the indicated amounts are not as robust as what was seen in the previous two sets of responses. Nonetheless, the increase for “Talking with Parents about their Child’s Development (both celebrating achievements and raising concerns)” indicated having a statistical significance at $P \leq .05$.

Graph 3



Families sometimes need to access resources in their communities for support in dealing with challenges that life may pose. A child care provider who has knowledge of local resources can be a valuable asset for families both in helping them avert unnecessary hardships and empowering them to successfully deal with crises if they emerge. To assess how well the initiative providers understood the array of resources in their local communities, the survey posed the following to gauge confidence levels about this knowledge:

How confident do you feel in your knowledge about the availability of the following types of resources in your community?

Although this question used a similar 1 to 4 rating scale as the other two series on confidence levels that read 1 (“not at all confident”) to 4 (“very confident”), that text was not provided in the initial series prompt. As with the other question series, respondents could choose the “don’t know” response. As with the previous series, the survey asked about the efficacy of provider participation in helping foster this confidence level by posing this question after each focus area prompt:

Do you think that participation in the FCC initiative has improved your confidence about your knowledge in this area? ☐ Yes ☐ No

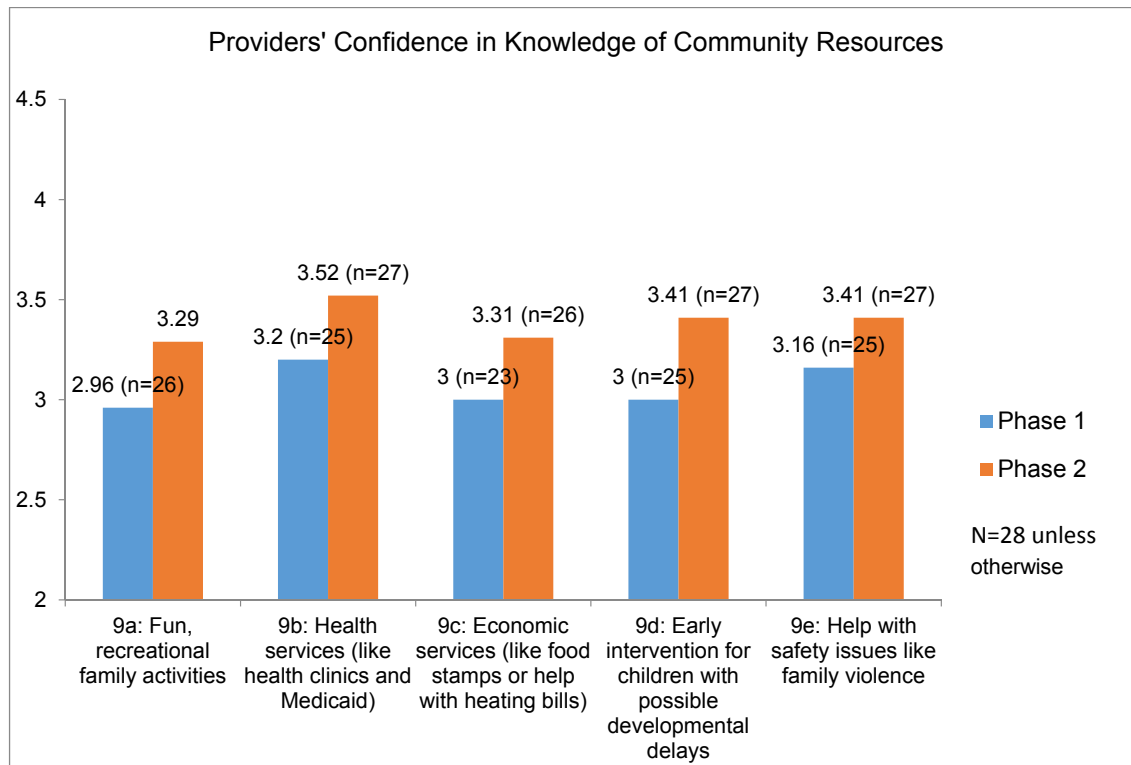
Reviewing results from the summary for the series found in table 8, one can see that the overall results with a range of 3.0 to 3.4 are somewhat lower than the other measurements on the impact of participation in the initiative on provider confidence levels related to knowledge levels in this area. Despite there being less of a range of responses, these scores are nonetheless encouraging that providers believe participation in the initiative has had an effective impact on confidence levels related to their knowledge of local community resources. Of a somewhat troubling note, however, is the count of 14 for yes on confidence levels about provider knowledge about local resources on health and safety, including domestic violence. The count, one-half of the providers surveyed during this phase, may indicate an area that local agencies could enhance outreach to help increase knowledge of this important resource, whether for family child care providers or the community as a whole.

Table 8

Focus Area	Response Count	Average Score	Effect of Participation on Confidence		
			Yes	No	DK/NA
9a. Fun, recreational family activities	28	3.29	22	2	4
9b. Health services (such as health clinics and Medicaid)	25	3.4	20	5	3
9c. Economic services (such as food stamps or help with heating bills)	22	3.0	17	8	3
9d. Early intervention for children with possible developmental delays	27	3.4	19	5	4
9e. Help with safety issues like family violence	24	3.2	14	7	7

As was the case with the other series of questions, CEPR staff completed a pre/post analysis on this set of questions. Graph 4 illustrates the results, which show modest increases in confidence levels across the various responses, none of which achieved a statistical significance of $\leq .05$.

Graph 4



The next set of questions focused on how often providers gave materials to parents or caregivers and the types of services they referred. The first read:

Over the past year, how often did you provide materials or information about resources in your community (such as health care, getting food stamps, income support, safety, etc.) to parents/guardians of children you care for?

The results appear in table 9:

Table 9

Frequency of Providing Materials on Community Resources	Count	%
Never	3	11
1 to 2 Times	4	14%
2 to 3 Times	6	21%
Once a Week	4	14%
Every Other Week	1	4%
Monthly	8	29%
Don't Know	1	4%
No Answer	1	4%

Half of responding providers reported providing materials sporadically, 0-3 times over the course of the year, and half reported doing so regularly (monthly to weekly.)

The immediate follow-up request to the previous question read:

Over the past year, if you did refer families, please describe or list the types of services you have made referrals or recommendations to.

More than half (15/54%) of the providers did not respond to this follow-up. For those who did, the various topic areas along with the recorded number of referrals are listed below.

- Car Seat Safety (1)
- Health Services (2)
- Classes by Parents as Teachers (PAT) (1)
- CYFD (1)
- Day Care (2)
- Food Stamps (3)
- Special Need Child Services (2)
- Domestic Violence (1)
- Income Security (2)
- Housing Services (3)
- Dentist Referrals (2)

As is seen by this list, when providers did make informational referrals on local community resources to parents, they covered several different areas, likely tied to the specific needs of the parent at the time of the referral.

One aspect of the FCC HV initiative included supporting providers in developing their concept of themselves as professionals and a key element involved increasing both registration or licensure status. The survey provided a means to help determine this information by posing the following group of questions. The first subset of questions focused on registration and queried whether:

- providers were registered at the time they enrolled in the initiative;

If not:

- providers became registered during the time they were enrolled in the initiative; and

If not:

- providers wanted to become registered.

The second subset of questions related to licensure and queried whether:

- providers were licensed at the time they enrolled in the initiative;

If not:

- providers became licensed during the time they were enrolled in the initiative; and

If not:

- providers wanted to become licensed.

The question series was preceded by the following explanatory text:

By **Registered** we mean that you have registered with the New Mexico Children, Youth and Families Department to operate as a family child care provider in your home. By **Licensed**, we mean that you have received a license from the New Mexico Children, Youth and Families Department to operate as a family child care provider in your home.

The intention by the use of this text was to help inform the answers providers gave to questions on status.

Table 10 provides a summary breakdown of the responses on registered or licensure status of the FCC providers. As the results seen in the table suggest, there may have been some confusion on the part of providers regarding what the questions were asking and what would be an appropriate response. For example, twenty respondents indicated they were registered and thirteen indicated they were licensed at the time they enrolled in the initiative.

Of this overlap group, a review of the source data revealed that a total of seven providers indicated both registered and licensed status. The specific requirements as issued by CYFD for these two status designations are different, with licensure being much more rigorous than being registered. The question exists whether or not they actually had this dual status. Unfortunately, the question is unexplainable given the limits on what data was collected. Nonetheless, it is encouraging that seven (25%) of the providers indicated a desire to become licensed. If they pursue licensure through completion, when combined with the other thirteen, would indicate that a total of twenty providers (71%) had achieved this professional milestone.

Table 10

Questions on Registered Status	Yes	No
Were you a <i>Registered</i> child care provider when you enrolled in the initiative?	20	7
If you were not a <i>Registered</i> child care provider when you enrolled in the initiative, did you become <i>Registered</i> over the past year?	3	8
If you are not a registered, would you like to become registered?	2	5
Questions on Licensed Status	Yes	No
Were you a <i>Licensed</i> child care provider when you enrolled in the initiative?	13	13
If you were not a <i>Licensed</i> child care provider when you enrolled in the initiative, did you become <i>Licensed</i> over the past year?	2	10
If you are not a <i>Licensed</i> child care provider, would you like to become <i>Licensed</i> ?	7	4

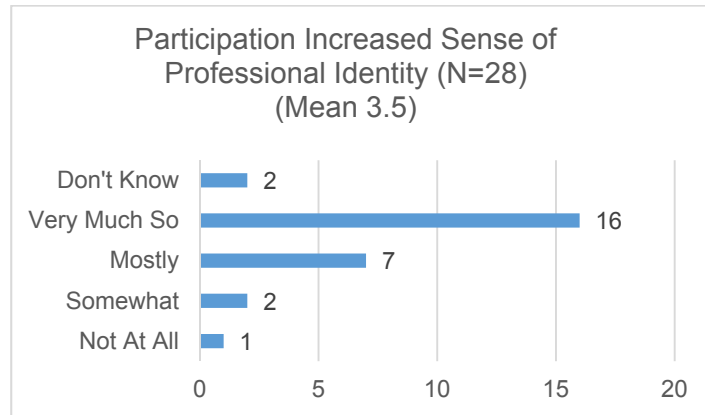
A related set of questions sought to determine how well participation in the initiative had contributed to their sense of being a professional or a small business owner.

One of these read:

As a result of your participation in the FCC initiative has how you think of yourself as an early childhood professional increased?

The survey asked providers to respond to a question whether they thought that participation in the initiative increased their sense of professional identity, where one meant “Not at All” and four was “Very Much So.” They could also choose “Don’t Know.” Graph 5 provides the distribution of results for this question:

Graph 5



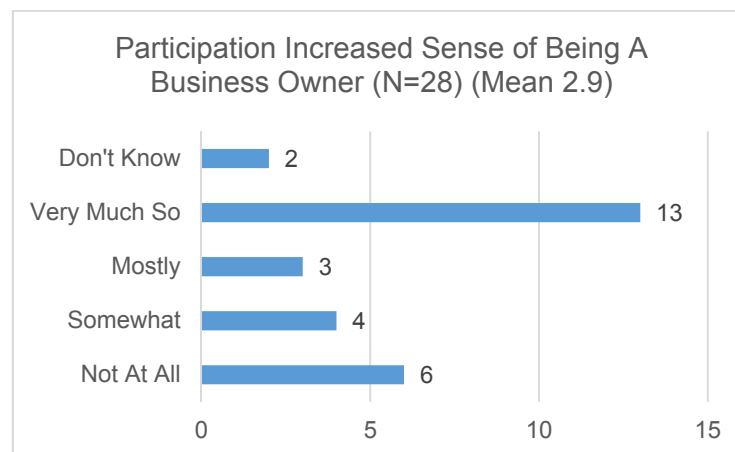
A majority of providers (16/57%) answered “Very Much So” and another seven (25%) indicated “Mostly” concerning whether participation in the initiative had increased their sense of identity as an early childhood professional. Three (11%) answered “Somewhat” or “Not at all.”

The next queried how they felt participation had affected their sense of being a small business owner:

As a result of your participation in the FCC initiative has how you think of yourself as a small business owner changed?

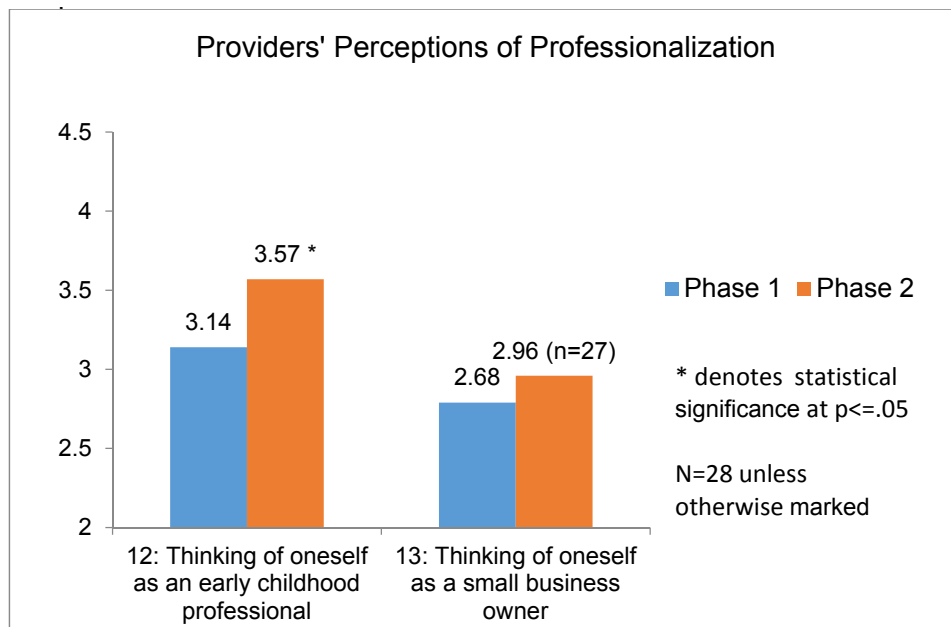
Graph 6 shows the distribution of responses. With this question, less than half (13/46%) responded with “Very Much So” and another three (11%) chose “Mostly.” On the lower half of the scale, ten responded with either “Somewhat” (4/14%) or “Not At All” (6/21%). The responses on the lower end of the end of the scale could suggest a target for further outreach by local agency staff. Two providers selected “Don’t Know.”

Graph 6



Graph 7 provides a pre/post comparison of the means for the previous two questions. The results indicate that participation in the Initiative had a more profound effect on providers’ thinking of themselves as being a professional ($p \leq .05$) than it had on their thinking of themselves as being small business owners.

Graph 7



To improve their skills early child educators will often take advantage of professional development opportunities. The next three questions in the survey addressed different aspects of their professional development activities.

The first in this set posed a yes/no question that read:

Over the past year, have you attended any professional development activities for the early childhood profession?

Table 11 summarizes the answers. As shown, a large majority (23/82%) answered yes, two answered no and the remaining three either did not know or did not answer.

Table 11

Participated in EC PD Over the Past Year		
Answer	Count	%
Yes	23	82%
No	2	7%
DK/NA	3	11%

If they answered yes to the previous question, providers were asked to list what professional development activities they had participated in and when with the following:

If yes, please indicate what types of professional development activities you have attended. These might be early childhood development courses, Food Program trainings, CPR training, or health and safety education classes, for example.

Table 12 provides a breakdown of the categories for the courses that providers included in response to the previous query. Dates are not given because of the inconsistencies in responses for this part of the answer; however, the majority of individuals who did provide a completion date indicated one within the past twelve months.

Table 12

Professional Development Area	Respondents	%
CPR	13	46%
Early Learning, Child Development, Infant Classes, Early Age	10	36%
Nutrition, Food Preparation, Breastfeeding	9	32%
Health & Safety, First Aid, Car Seat Use	5	18%
Carino (UNM Early Learning TTAP)	3	11%
FOCUS	2	7%
Courses Offered Throughout the Year (Non-Specific Source)	2	7%
Effects of Early Trauma	2	7%
General Selections (1 Provider Each): AED, CDC, NAC, FYI, Applebaum, Fun & Fitness: Childhood Obesity, Handling Parents, Western New Mexico University Children's Books, Songs & Games, Music & Play, How to Maintain Roots, REECES Conference (?)	11	39%

The question concerning what professional development providers had been involved in was followed by another that sought to determine the type of activities they would like to participate in:

As a result of your participation in the FCC initiative are there other kinds of professional development you would be interested in attending? (Check all that apply)

Providers were offered a choice of eight fixed selections, an open choice, or “Don’t Know” as their options. Table 13 provides a distribution of responses.

Table 13

Professional Development Area of Interest	Responses	%
Child Development	14	50%
Setting up a learning environment	12	43%
Talking and reading with children	11	40%
Guidance and discipline	12	43%
Working with different aged children	9	32%
Supporting children's social-emotional development	12	43%
Getting parents involved with their child's learning	10	36%
Health and Safety Practices	9	32%
Other*	6	21%
Don't Know	2	7%

*Other Responses:

- Four Did Not Specify
- Autism Training
- Teaching Children

Large minorities of providers indicated interest in each of the areas where a choice was given with highest interest areas being: child development (14/50%), setting up a learning environment (12/43%), supporting children's social-emotional development (12/43%), and taking and reading with children (11/39%). Although six providers chose “Other” only two gave information, which is noted above in the bulleted list.

The survey then shifted focus to whether providers got together as a group. The purpose of this line of questioning was to determine whether a network of FCC providers existed, what they discussed when they got together, and whether they wanted to continue participating into the future. The first question pursuing this line of inquiry read:

Over the past year, did you ever get together with other child care providers to socialize or to talk about your work?

Table 14 presents these responses. As shown, a majority of providers (17/61%) indicated they had gotten together with other providers to socialize about their work. Another ten (36%) noted they had not, and one did not answer.

Table 14

Over Last Year Did Providers Socialize?		
Answer	Count	%
Yes	17	60.7%
No	10	35.7%
No Answer	1	3.6%

The immediate follow-up question requested information on if they had gotten together to provide a brief description of what :

If you did get together, please describe:

The results from this prompt included a total of 16 (57%) who did not given any response and the remaining twelve (43%) who did. Their comments are as follows:

1. When I was registered, I would get together with a licensed home provider and look over her environment
2. We went to meet other children at the center so the other children could see their work.
3. We got together during the PT classes put together for the community.
4. To talk (with others)
5. Support group for Caregivers; Futures for Children
6. Partners got together and talked about their experiences
7. In class
8. I participate once a month in the partnership meeting for providers
9. I belong to the Greater Albuquerque Family Child Care Association
10. How we interact with parents - exchange of crafts
11. Group connections
12. FYI class

The survey also asked whether providers would like to get together with other family child care providers in the future. The question used was as follows:

In the future, would you like to get together with others who share your profession?

As shown in table 15, three fourths (21/75%) of the providers indicated that they would like to get together with other practitioners in the future and presumably continue the network they participate in as a function of the NM FCC HV initiative. However, as noted in the later discussion on the interviews with FCC coordination team

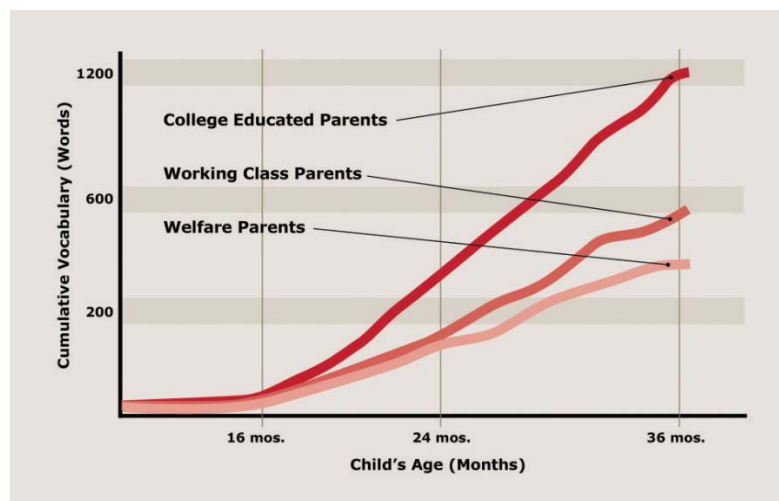
members, lack of transportation, time of day, or other commitments may pose challenges that inhibit enabling providers to take advantage of networking opportunities, whether offered by the initiative or some other group. It needs to be noted that only one of the two local agencies provided ongoing networking opportunities for providers. If providers were given various options or other resources to help them overcome these barriers, the probability they could continue to be involved in their existing networks would likely be enhanced.

Table 15

In the Future, Do Providers Want to Get Together?		
Answer	Count	%
Yes	21	75%
No	3	11%
No Answer	4	14%

Prior to moving into the second section on demographics, the survey shifted its focus to provider outreach to parents. The three-sided triangle of the relationship between child, parent and caregiver seen in early care settings is akin to the one that exists with more formal education in terms of the student, parent and teacher. The role that both early caregivers and teachers alike provide, while critical to the child's development and education, is also limited. For a child to developmentally thrive, the parent plays a basic and fundamental role. Often though, parents simply do not have the experience, background knowledge, or education to support this process in their children. This appears to be especially true in households where parents have lower educational achievement. Research indicates that by as early as 18 months significant differences in verbal development appear in households marked by lower and higher academic achievement and socioeconomic status (i.e. welfare, working class, college-educated) that can have profound and long-term effects in terms of both school readiness and academic achievement. The following graph 8 illustrates this early variance in verbal developmental trajectory.

Graph 8



*Source: Five Numbers to Remember about Early Childhood Development, Center on the Developing Child, Harvard University (2013). Downloaded from web: <http://developingchild.harvard.edu/resources/five-numbers-to-remember-about-early-childhood-development/>; Hart, B. & Risley, T.R. *Meaningful Differences in the Everyday Experience of Young American Children*. (Baltimore, MD: Brookes Publishing, 1995) pg. 234.*

By introducing parents to means by which they can help their children learn at home by engaging in activities that support the development of early literacy, numeracy and social skills it is possible that the divergence noted in graph 8 above could be mitigated. By providing their children with positive early learning experiences and supporting their development of skills, parents are in a position to encourage the successful movement of their children from informal early care to formal education across the PreK to 20 spectrum.

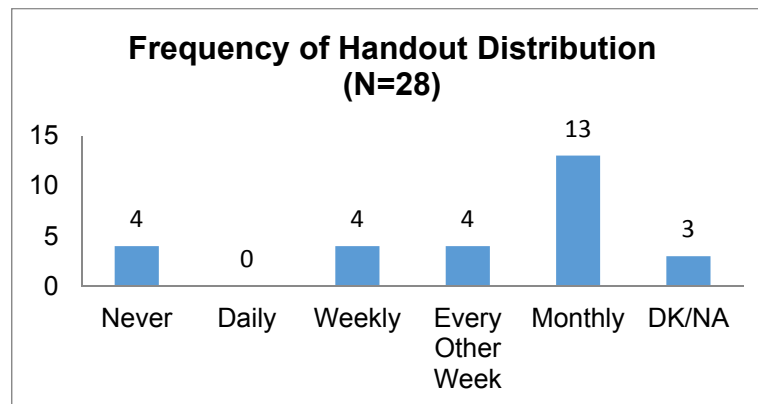
The NM HV FCC initiative through its ongoing home visits in which visitors supplied providers with parent education handouts that were intended to support many aspects of early literacy, early numeracy and social skills development. The responsibility was on the provider to distribute these handouts to parents and engage them in their effective use. Consequently, when this transfer to parents occurs, FCC providers supply an important and critical service that may ultimately improve school readiness and later educational outcomes. To establish how frequent and extensive this distribution and engagement process was, the survey posed a series of four prompts, the results of which follows.

The first question from this series inquired about the frequency that providers distributed handouts to parents/guardians over the past year:

Over the past year, how often did you distribute handouts to parents/guardians about activities they can do with their child at home?

Graph 9 illustrates the distribution of responses. As illustrated four providers (4/14%) indicated they never made handout distributions to parent/caregivers. While another four each either made distributions weekly or every other week. In contrast, nearly one-half (13/46%) said they made these distributions monthly and another 3 chose either “don’t know” or did not answer the question. In discussions with local agency management and visitor staff, the distribution of handouts occurred during each of the biweekly visits.

Graph 9



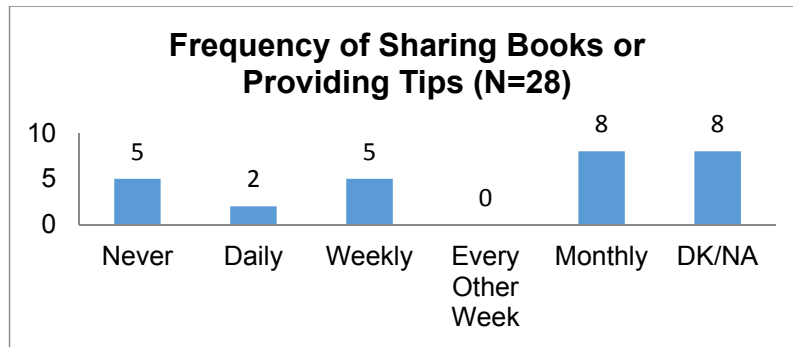
Developing early literacy skills in children serves as a critical step in improving successful school readiness and academic achievement from kindergarten forward. Parents play a foundational role in this process. To get a sense of the extent to which FCC HV initiative providers helped parents in this area the survey inquired how often over the past year they shared books or provided tips on reading with the following:

Over the past year, how often did you share books or provide tips for reading with their child at home with parents/guardians of children you care for?

As illustrated in graph 10, five (18%) providers indicated that they never shared books or provided tips. In contrast another 5 (18%) indicated that they did so weekly. A very small number (2/7%) noted they did so daily. While eight

(29%) selected monthly as the frequency, another 8 (29%) indicated that they did not know or did not answer the question. The results seem to suggest an area that local agencies could focus on in the future as a way to impress upon providers the importance of offering these types of supports to parents/caregivers in helping to expose their children to reading and other aspects of early literacy.

Graph 10

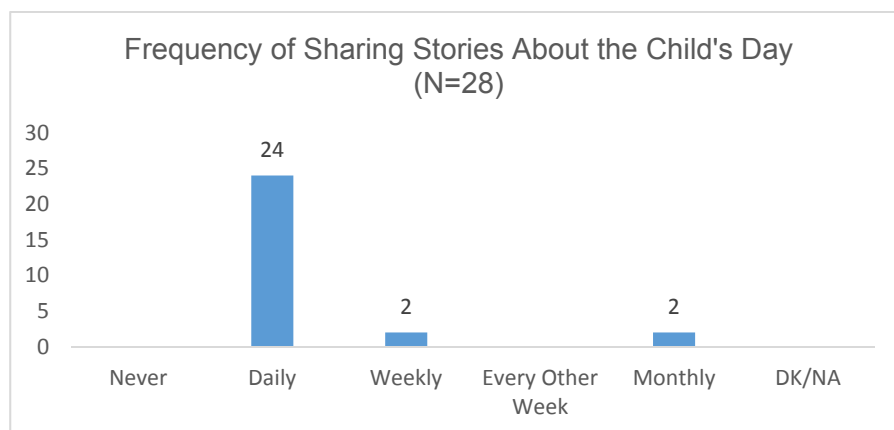


Another important aspect the initiative sought to develop was effective provider engagement of parents. The final two questions in the first section of the survey focused on how frequently over the past year providers shared stories about how things are going for their child while under the provider's care. The first of these questions dealt with the routine of the day:

Over the past year, how often did you share a story with parents/guardians about how the day went for their child while in your care?

By far the largest number of response to this query was daily. Of course, the depth to which the conversation reaches is an open question. The point is that the majority of providers (24/86%) engage with parents/caregivers on a daily basis as shown in graph 11. While two (7%) each indicated either a weekly or monthly exchange, at least there is still some level of parental engagement occurring.

Graph 11

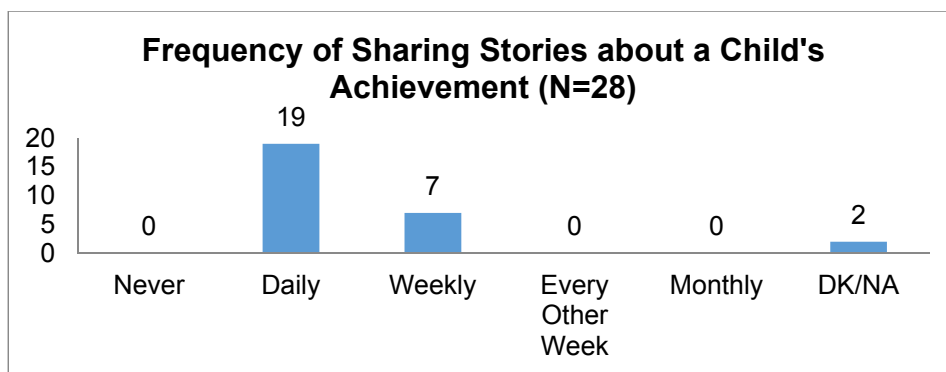


The final question related to the frequency over the past year of provider engagement with parents/caregiver concerning sharing a story about what a child was able to achieve. This question was structured as follows:

Over the past year, how often did you share a story with parents/guardians about something new their child was able to do?

As indicated in graph 12, although not as large a number as was seen in the previous question, the level of daily provider engagement with parents concerning their child’s achievement still amounts to a fairly large majority at nineteen (68%). Another seven (25%) reported a weekly exchange and two either did not know or did not provide an answer.

Graph 12



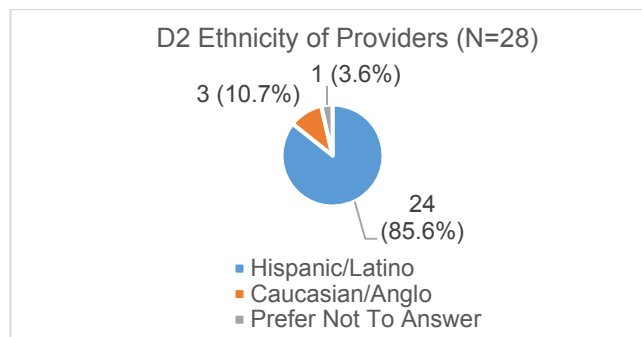
As these last four questions suggest, the providers involved in the FCC initiative engage the parents/caregivers of the children in their care on a fairly regular basis. Whether distributing handouts, sharing books or tips on reading, telling stories of the child’s day or something the child was able to achieve, FCC providers practice a high degree of engagement that will ideally help these children and their families as they move towards kindergarten and beyond in their education. Engagement varies a fair bit according to content of the engagement—suggesting that training may be needed to share the developmental and early literacy knowledge providers have gained as professionals with parents. This finding may also suggest how transfer of information related to their children’s development might be a prioritized goal for future initiatives.

Provider Demographics

As part of the survey given to providers who participated in the FCC HV initiative, they were asked to supply various demographic data, such as their gender, ethnicity, the ethnicity of the children they cared for and their families, their age, educational attainment, and other items. The following section provides a summary review of these data.

All twenty-eight providers who continued to participate throughout the FCC-HV initiative are women. As illustrated in the following chart, a large majority (85.6%) are Hispanic, three (10.7%) indicated they are Caucasian/Anglo, and one selected “preferred not to answer.”

Chart 1



To determine the ethnicity of the children under the care of providers in the initiative, the survey asked the following question:

What is the ethnicity of the children you care for? (Check all that apply)

In response, drawing from a selection based on US Census indicators, providers offered a range of responses. All the providers indicated they had Hispanic/Latino children under their care; another eight (29%) indicated they cared for Caucasian/Anglo children and, three each (11%) indicated children of Native American/Alaskan Native or African American heritage. Four (14%) of the providers made the selection of “2 or more races” to indicate children in their care. The ethnic makeup of the children receiving care from FCC providers did not differ markedly from the previous year with Hispanic and Anglo being the top two recipients in both cases). The responses are summarized in table 16.

Table 16

Ethnicity of Children in Care	Count of Providers	% of Providers
Hispanic/Latino	28	100%
Caucasian/Anglo	8	29%
Nat. American/Alaskan Nat	3	11%
African American	3	11%
Asian/Pacific Islander	0	0
2 or more races	4	14%
Unknown	0	0
I prefer not to answer	0	0

This question was followed by another that inquired about the ethnicity of the families of these children:

What is the ethnicity of their families? (Check all that apply)

As shown in table 17.

Table 17

Family Ethnicity of Children in Care	Count of Providers	% of Providers
Hispanic/Latino	28	100%
Caucasian/Anglo	7	25%
Nat. American/Alaskan Nat	0	0
African American	4	14%
Asian/Pacific Islander	0	0
2 or more races	1	4%
Unknown	0	0
I prefer not to answer	0	0

The high number of responses indicating that the providers, the children in their care and their families as being Hispanic is not surprising considering that the local population makeup for both the locations are Hispanic. Since the evaluation only looked at the two communities of South Valley Albuquerque and Luna County, it is not possible to ascertain whether similar concentrations would be found in other communities. However, the findings may simply indicate that the population being served by family child care providers is reflective of local population composition rather than group. State agency officials may want to consider this aspect of local culture and mores as one of the guiding elements if the decision to implement the Initiative in other communities is pursued as some point in the future.

The next series of questions the survey posed covered the number and ages of children being cared for by providers. The purpose of this set was to determine the relative number of children being cared for and to help determine concentrations of ages in the various settings.

The first question in this set read:

How many children do you care for in each of the age groups below?

This question was followed with a list of various age groups based on twelve-month spans, i.e. birth to 1 year, 1 to 2 years, etc. The exception to this categorization was the last age group indicated as five plus years. The purpose of this choice was to help identify the extent to which providers offer out-of-school care for children who were not within the early age ranges considered during the evaluation.

The results shown in table 18 provide a summary of the number of providers involved in the initiative who are caring for children at the various age ranges. The distribution of provider counts and percentages that appear under each age group is for twenty-seven of the twenty-eight that participated in the second phase of the evaluation. As illustrated in the first column, the number of children in care indicates the number of children a particular provider indicated they were serving for any particular age, which is indicated under the headers (B-1), (1-2), etc. At any particular time, a provider had to be caring for a minimum of 2 non-related children between the ages of birth and five to be eligible for participation in the initiative. As the table illustrates, various counts and percentages of providers care for children of different ages. For instance, of the twenty-seven providers who answered this question, a large minority of twelve (44%) indicated they cared for zero children between birth and age one. Whereas eight providers (30%) indicated they cared for one child in this age range, another one (4%) indicated she cared for more than five children in this age range. The reader should note that the counts/ percentages for the age group “5+” would likely indicate children who were being cared for in an after school arrangement and would be outside the purview of the initiative and the evaluation.

Table 18

# of Children In Care	Ages											
	(B-1)		(1-2)		(2-3)		(3-4)		(4-5)		(5+)	
	Provider Count (N=27)	Pct	Provider Count (N=27)	Pct	Provider Count (N=27)	Pct	Provider Count (N=27)	Pct	Provider Count (N=27)	Pct	Provider Count (N=27)	Pct
0	12	44%	16	59%	8	30%	9	33%	16	59%	7	26%
1	8	30%	9	33%	11	41%	10	37%	5	19%	10	37%
2	3	11%	1	4%	2	7%	4	15%	3	11%	4	15%
3	2	7%	1	4%	3	11%	1	4%	1	11%	4	15%
4	1	4%	0	0%	2	7%	1	4%	2	4%	0	0%
≥5	1	4%	0	0%	1	4%	2	7%	0	7%	2	7%

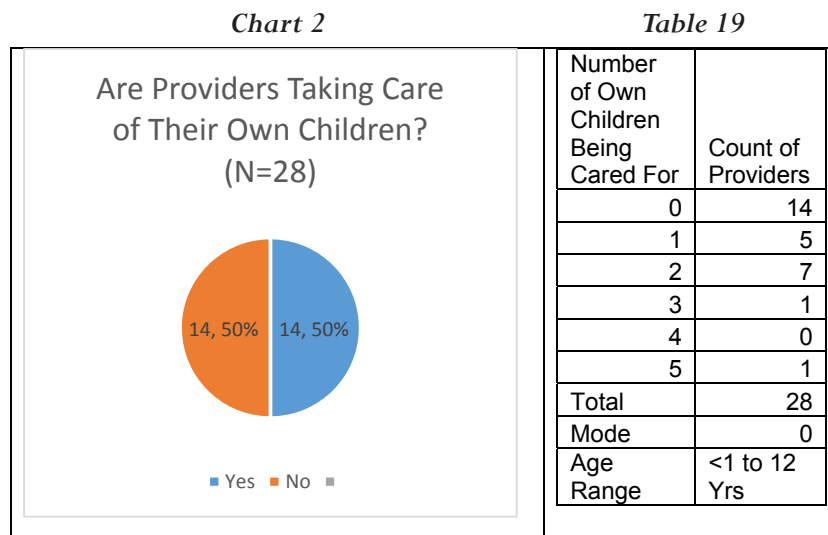
Please note that 27 of the 28 providers completed the survey question for this table.

Two follow-up questions sought to determine whether the provider had any children of her own or whether she was caring for children of relatives. The first one of these reads as follows:

Are any of them your own children? ☐ Yes ☐ No

If so, how many? _____ What are their ages? _____

The results in chart 2 show that half of the providers who participated in phase two of the evaluation care for their own children in addition to those children they are paid to care for. Table 19 provides a summary how many providers indicated caring for their own children and the number being cared for.

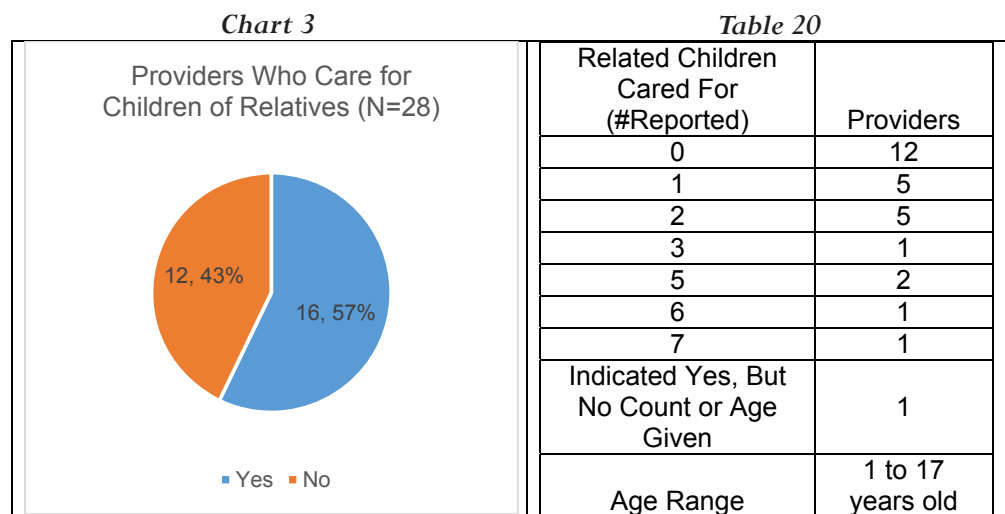


The next question sought to determine how many providers were caring for children of relatives and reads:

Are any of them relatives such as nieces, nephews or grandchildren? ☐ Yes ☐ No

If so, how many? _____ What are their ages? _____

The results in chart 3 show how many of the initiative providers care for children of relatives and table 20 show the numbers of providers caring for related children and the range of ages of these children.

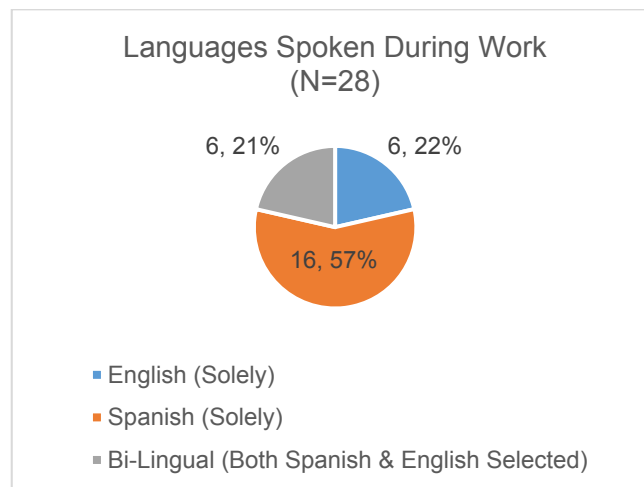


The survey then requested information on language the providers speak during the time they are caring for children. The question was posed as follows:

What languages do you speak in your work? Select all that apply:

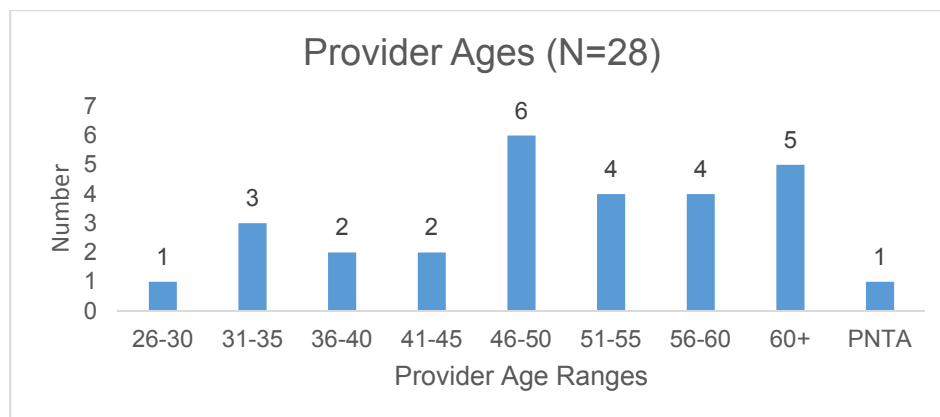
This question was followed by a series of choices, including: Spanish, English and a large number of regional Native American Languages. As shown in chart 4, by far the largest number of providers speak Spanish, followed by English or a combination thereof, which is indicated as bilingual. None of the providers indicated they spoke any of the Native American languages or anything other than Spanish or English.

Chart 4



Another demographic aspect the survey queried concerned the age of the providers. As illustrated in graph 13, a majority of providers (19/68%) are in the age range from 46 to above 60. The remaining 8 indicated ages anywhere from 26 to 45. The older average age of the providers offers a possible explanation why many of them are providing care for children of relatives as the preference within Hispanic families is to have care for young children given by a relative versus a stranger or a private setting.

Graph 13

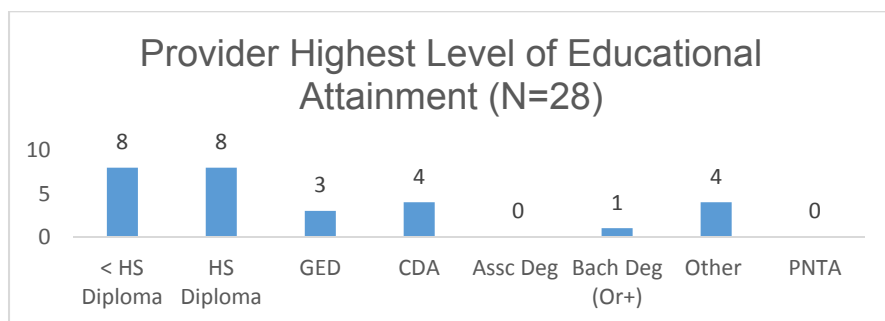


The next question posed in the demographic section of the survey centered on the highest level of educational attainment the providers had achieved. The question posed to providers read:

What is the highest level of education you have attained?

In various responses providers indicated both a high school education and some other choice, such as achievement of the child development associate’s certificate (CDA). In these cases, the decision to include only the highest level of achievement was made in order to avoid reporting duplicate numbers. As shown in graph 14, the general level of educational attainment is modest with an equal number of providers (8/29% in each case) indicating achievement of either less than a high school diploma or the diploma. An additional three received a GED, four selected CDA, 1 completed a bachelor’s degree, and 4 chose other but indicated “some college” in the response space. In sum, only roughly one-third (9/32%) of the providers had received an education beyond a high school diploma. Because lower academic achievement often translates into limited choices for employment, deciding to offer a family child care setting offers employment and wage making opportunities that these individuals may otherwise not have. In addition, the high percentage of modest educational attainment for the group of providers in the study population suggests a compelling need for the type of professional development the NM HV FCC initiative model supplied.

Graph 14

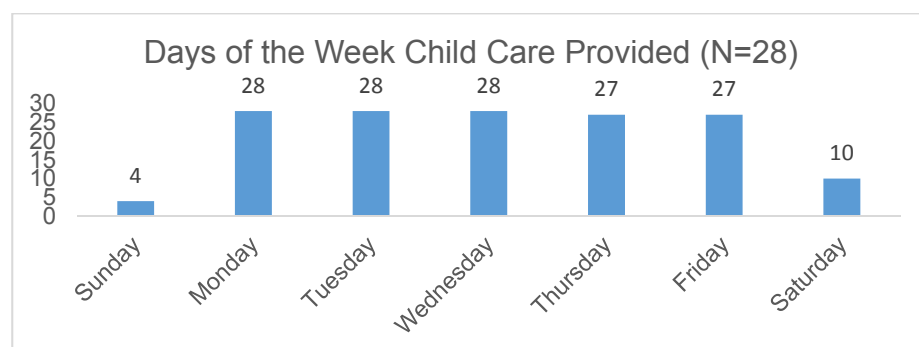


The following question asked respondents about the days of the week they provided care:

On what days of the week do you generally care for children for pay in your home?

As graph 15 illustrates, nearly all providers (27 or 28 depending on the day) offered care during the general work week of Monday thru Friday, with a small number (4/14.3%) providing care on Sunday and a larger group providing care on Saturday (10/36%).

Graph 15



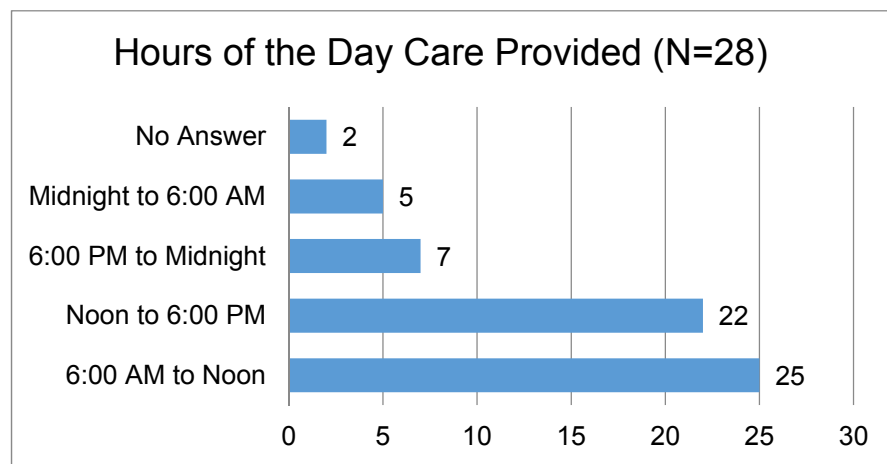
This next question provides a view of the times during the day that providers offer care:

What are the hours that you generally care for children for pay in your home? Select all that apply:

The responses offered covered six hour blocks of time across the day starting with Midnight to 6:00 AM and ending with 6:00 PM to Midnight.

As indicated in graph 16, the vast majority of providers (25/89%) offered care between 6:00 AM and noon, with the second highest group (22/79%) offering care between noon to 6:00 PM. One quarter of the providers (7/25%) offer care between 6:00 PM and midnight and a smaller, but not insignificant, number (5/18%) indicated supplying care between midnight and 6:00 AM. Two providers did not answer this question.

Graph 16



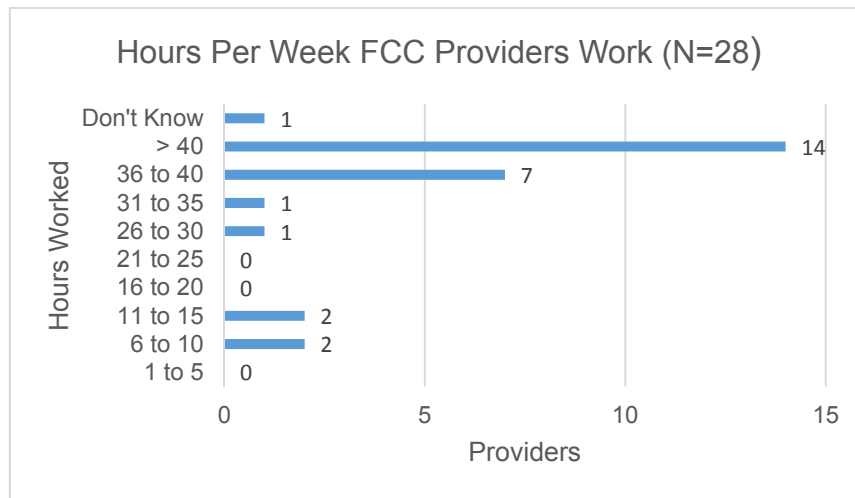
Providers who offer care outside routine work hours (i.e. 8:00 AM to 5:00 PM) or during irregular work days provide a crucial support to parents who may have limited options for child care available and thus allow them to remain in the workforce and thus continue to support their household and family.

The next question sought to determine how many hours a week family child care providers worked:

How many hours a week do you care for children for pay in your home?

This question was followed by a list of hours separated into 5 hour blocks, such as 1 to 5, 6 to 10, etc. Graph 17 provides the distribution of responses. As shown, one-half (14/50%) indicated that they worked more that forty hours per week. Another quarter (7/25%) work between 36 to 40 hours per week and one each indicated working either 26 to 30 or 31 to 35 hours. Other providers worked much shorter amounts of time over a week with two each reporting either 6 to 10 or 11 to 15 hours, with one selecting “don’t know.”

Graph 17



A final question about demographics inquired about their pay as family child care providers:

How much income do you estimate that you earn in an average month from providing care for children in your home? (Please do not count income from Food Program subsidies.)

Because of the expected wide range of responses providers would give, the answer requested was open ended. Providers were also given the option of choosing “I prefer not to answer,” which seven selected. As shown in graph 18, the incomes that initiative providers reported ranged from \$0 to \$4,300 per month. Table 21 provides a summary of responses for this question.

Although we don’t have estimated income data on one-quarter of the providers, nearly one-half of the providers (12/43%) bring in less than \$800/month in income from their work. The other 9 (32%) who reported estimated making over \$801/month with two reporting estimated incomes of \$4,200 and \$4,300, respectively.

Graph 18

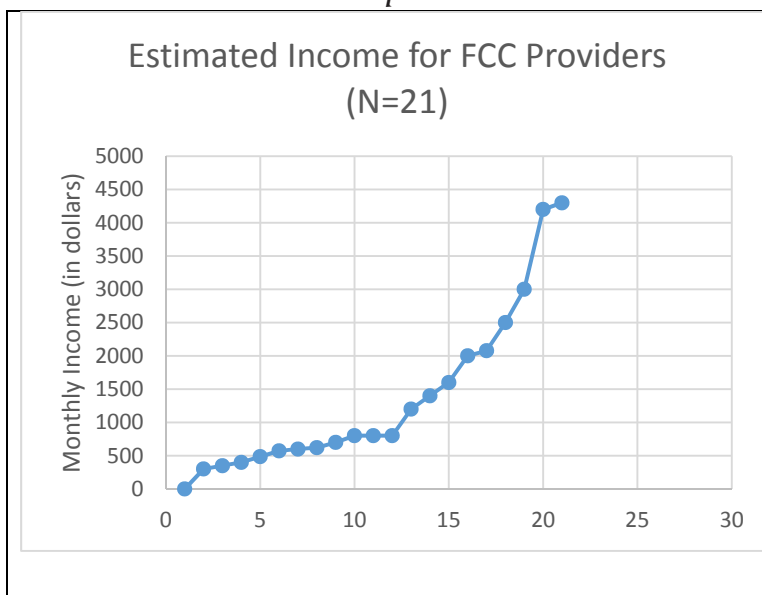


Table 21

Breakout Statistics for Estimated Income	
Min. Monthly Income	\$0
Max. Monthly Income	\$4,300
Avg. Monthly Income	\$1,367
Avg. Monthly Inc. Without \$0 Outlier	\$1,435
Number of Providers Who Earn \$800 or Less Per Month	12
Number of Providers Who Earn Between \$801 and \$4,300	9
Number of Providers Who “Preferred not to Answer”	7

In summary, the providers who continued to participate throughout the year of the FCC HV initiative are all female, typically Hispanic, speak Spanish, have modest educational achievement, and tend to be 46 years or older. A large percentage of them offer care to a relative, work more than forty hours a week, and sometimes offer care seven days a week for generally modest pay.

Section 2

QUEST Observation Summary

One of the objectives of the evaluation of the HVFCC Outreach Initiative was to determine whether participation resulted in improved practices by enrolled providers. Improvements in practices could be the result of the bi-weekly meetings that local agency visitors had with the providers, self-study, or other forms of professional development the providers engaged in. To help make this determination the CEPR evaluation used the Quality of Early Childhood Care Settings (QUEST). The QUEST is comprised of two tools: the Caregiver Rating Scale (CRS) and the Environmental Checklist (EC). This rating instrument was developed in 2006 by a team of three researchers—Barbara Goodson, Jean Layzer and Carolyn J. Layzer—affiliated with Abt Associates of Cambridge, MA. As noted in the front material of both the CRS and ERS, “The QUEST is a measure of the quality of early childhood education settings—center-based or home-based.” The EC “rates the resources and safety of the care setting” and the CRS “assesses the behavior of the adult who is caring for the children.” The QUEST is completed by a trained observer over a period of approximately 2.5 hours, with initial ratings indicated provisionally and the final completion made at the end of the observation. The Environmental Checklist tool was modified for the New Mexico HVFCC Initiative in 2014 and the Caregiver Rating Scale was revised in both 2014 and 2015.

The QUEST CRS used for the New Mexico project contains a total of 64 items and the EC has 55. To avoid developing a proliferation of graphs, the CEPR evaluation team compiled various items into composite domain indices that are detailed in tables and illustrated in the various graphs for the two tools. The graphs illustrate data in either aggregate form that includes all providers from both communities or in disaggregated form by local agency. The CRS and EC graphs include: a series that show the composite distribution of scores for each domain index, a set that show the mean score for each index, a set of composite pre/post mean scores from the observations conducted in 2015 and 2016, and finally a radar graph that compares the two local agencies to each other by geography.

Methodology

For each primary indicator (e.g., “CWC-Does No Harm”), composite scores are based only on secondary indicators present during both pre- and post-evaluation. In other words, secondary indicators present in pre-evaluation and not present in post-evaluation have been excluded from the derivation of both pre- and post-evaluation composite scores. In this way, pre-evaluation composite scores will differ slightly from scores presented in the previous report.

This exclusion method ensures that the pre- and post-evaluation composite scores are derived from like terms, such that any potential changes between pre- and post-evaluation composite scores are based in actual program change and not changes in the constituency of the composite scores.

Wilcoxon signed rank tests are used to evaluate whether the average composite scores for each primary indicator differ from pre- to post-evaluation. Average composite scores are based on individual provider composite scores. Pre- and post-evaluation average scores based on fewer than 5 provider composite scores cannot be evaluated for change. For a given primary indicator, the null hypothesis is that the average composite scores for pre- and post-evaluation have not changed. P-values of less than 0.05 are indicative that changes between pre- and post-evaluation are significant. It is important to note that results from tests based on a smaller sample of providers (e.g., < 10) should be interpreted tentatively, as significance becomes more challenging to demonstrate with smaller sample sizes.

Caregiver Rating Scale

The following table provides a summary of the domains found in each tool and a count of items under each used to develop the graphs.

Table 22: Caregiver Rating Scale

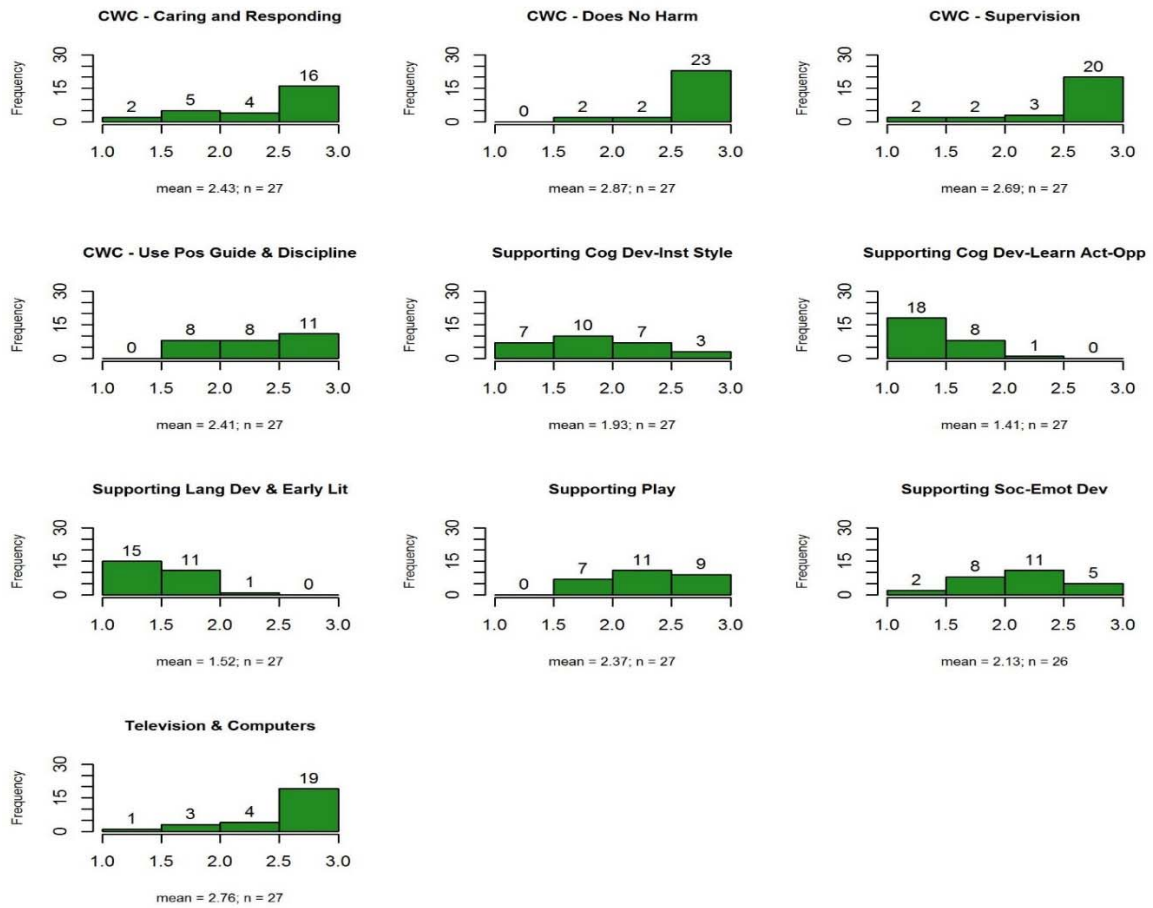
Domain	Item Count
Caregiver with Children — Caring and Responding	10
Caregiver with Children — Does No Harm	4
Caregiver with Children — Supervision	4
Caregiver with Children — Using Positive Guidance and Discipline	8
Supporting Cognitive Development: Instructional Style	5
Supporting Cognitive Development: Learning Activities and Opportunities	10
Supporting Language Development and Early Literacy	10
Supporting Play	3
Supporting Social and Emotional Development	8
Television and Computers	2
Total	64

As previously noted, the CRS was used to assess the behavior of the adult who is caring for children. This first series of ten 10 histograms include both the mean (average) score on a 1 to 3 scale assigned by observers and the number of observations made during phase 2 of the evaluation and conducted in spring 2016. Observers were trained to use the three-point scale in the following manner as provided for within the CRS:

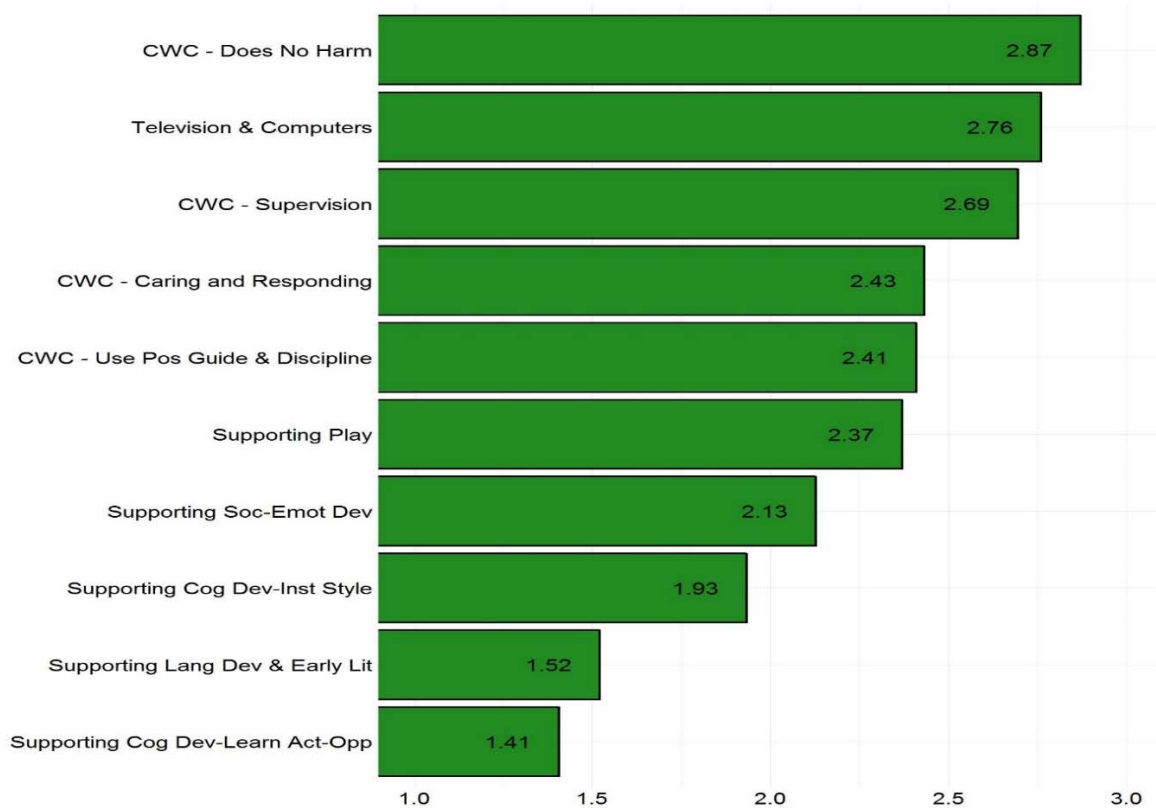
- 1 - Not True/Rarely True/Little/No Evidence
- 2 - Partially/Partially/Sometimes True/ Some Evidence
- 3 - Usually/Always True/Consistent Evidence

As will be noted the structure of the observed response would be contingent upon the specific item being scored. Observers had the option of selecting “Not Applicable” for appropriate items. We have used histograms because of the range of data presentation they provide versus the strict categories that bar graphs would depict. These histograms should be considered in relation to the next series that show the total averages across the domain indices. The third series of histograms provide the pre/post comparison of QUEST CRS scores between 2015 and 2016. Of note is that six of the 10 indices show statistical significance of various amounts with the values indicated on each representation.

Caregiver Rating Scale Domain Index Histograms & Bar Graphs

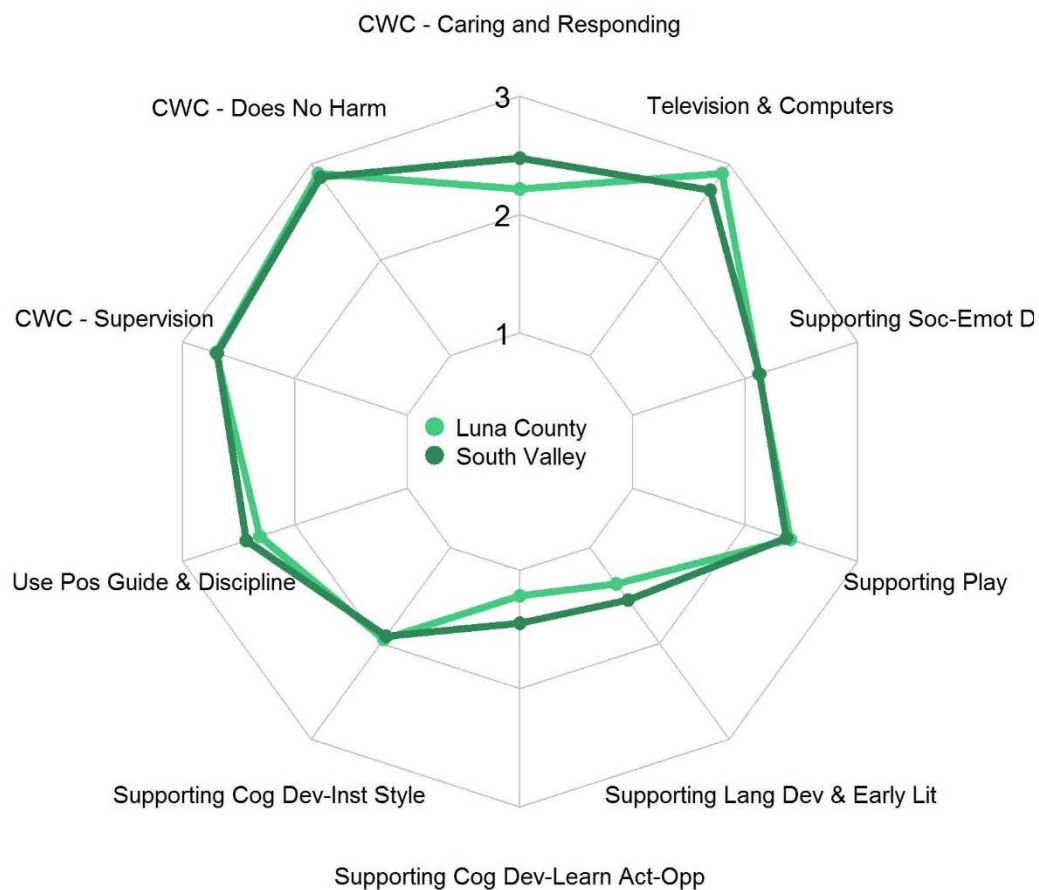


This next set of horizontal bar graphs show mean scores for each of the indices displayed as single points versus the distribution of scores shown in the preceding group. The findings are displayed by mean score from the highest on top. As both the previous histograms and the following set of graphs illustrate, providers appear to have a strong capacity for caring for the children as indicated by the “Does No Harm” score of 2.87. On the other hand, the mean scores for “Supporting Language Development & Early Literacy” (score of 1.52) and “Supporting Cognitive Development: Learning Activities and Opportunities” (score of 1.41) suggest that providers could benefit from more developmental skill support in these two areas measured by the QUEST CRS. This type of development could also support enhancement of providers’ sense of themselves as professional early childhood educators which could lead to improved learning environments for children, the topic of the next section.



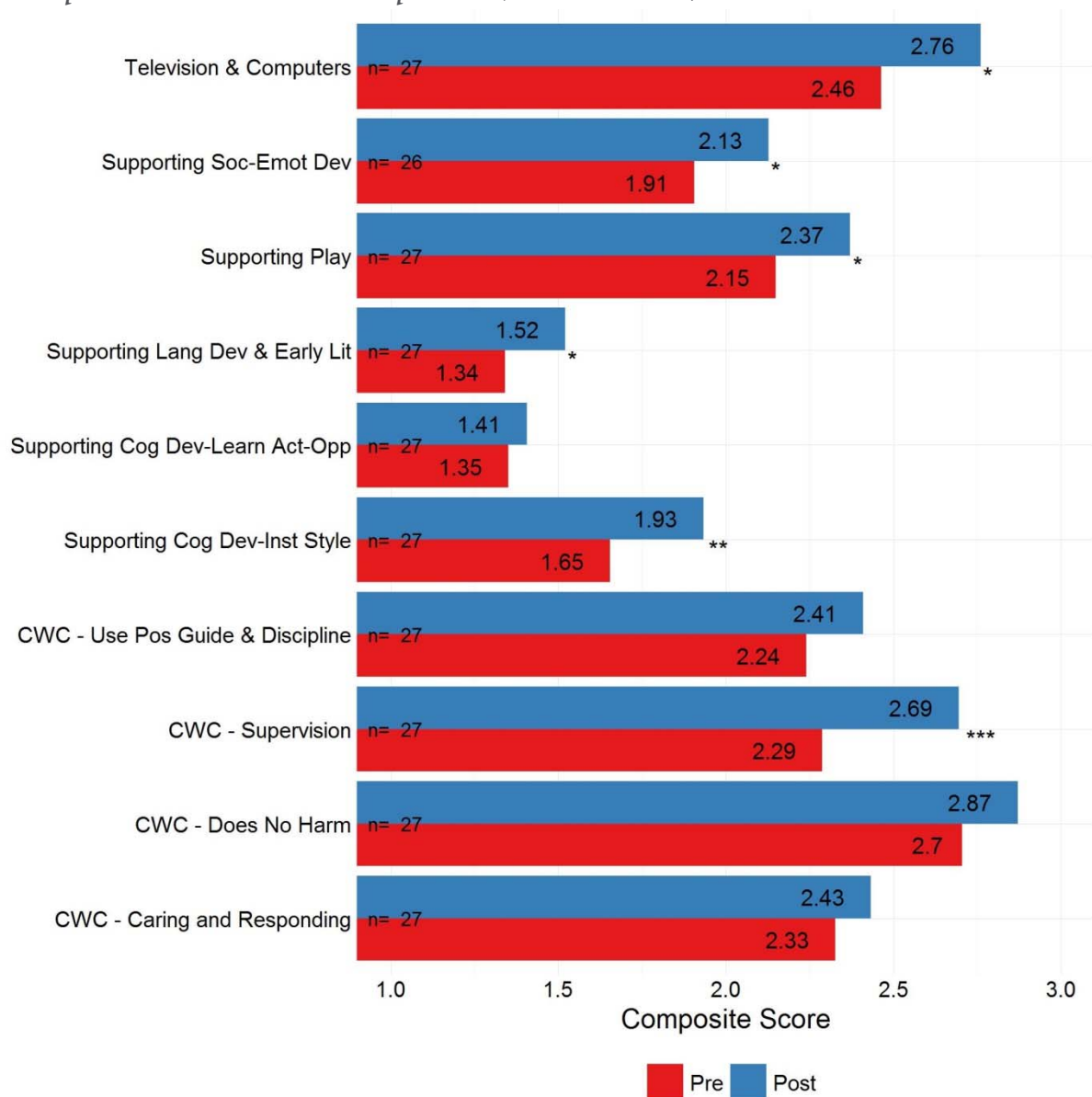
The next illustration for the CRS is a radar graph that compares the mean scores of domain indices for the provider groups by local geography — South Valley Albuquerque and Luna County. As shown, the graph illustrates that scores of the providers from the two communities are similar to each other across the domains. These results suggest that providers are having uniform learning and skill development experiences related to their participation in the NM FCCHV Initiative whether as an outcome of the twice monthly visits from local agency staff, other forms of professional development, or skill enhancement they have engaged in over their year of participation.

Caregiver Rating Scale (CRS) by Geographical Comparison



The next and final set of data illustrations offer a comparative view of the pre/post composite index mean scores for providers associated with the two local agencies between 2015 and 2016. To ensure accuracy of the information being presented in these displays, we used data collected on providers that was uniform by item. In other words, we only used data for items for which all providers represented across the two points in time (spring 2015 & spring 2016) were observed. Statistical significance of the growth across six of the ten indices is indicated by the number of asterisks appearing and is explained in a note presented below the display. The remaining four indices did not achieve statistical significance.

CRS Composite Pre-/Post-Participation (2015/2016) Mean Scores



Statistical significance:

***, $p < .001$; **, $p < .01$; *, $p < .05$

Environmental Checklist

The following provides a summary review of observation data made of providers enrolled in the NMHVFC Initiative through use of the environmental checklist (EC) tool of the QUEST. The following table provides the indices compiled from the various domains found in the EC. As noted earlier, the checklist is used to rate the resources and safety of the care setting.

Table 23: Environmental Checklist

Domain	Item Count
Adequacy and Safety of Indoor Equipment, Materials — Equipment and Materials to support Developmentally Appropriate Play (Age 1 to 3 yrs)	8
Adequacy and Safety of Indoor Equipment, Materials — Equipment and Materials to Support Language and Literacy Development	12
Adequacy and Safety of Indoor Equipment, Materials — Outdoor Toys and Equipment	4
Overall Environment — Space and Comfort	10
Adequacy and Safety of Indoor Equipment, Materials — Equipment and Materials to support Developmentally Appropriate Play (Age 3 to 5 yrs)	8
Adequacy and Safety of Indoor Equipment, Materials — Equipment and Materials to support Developmentally Appropriate Play (Age 1 yr and under)	6
Adequacy and Safety of Indoor Equipment, Materials — Equipment and Materials to support Developmentally Appropriate Play (School age children)	7
Total	55

*Note that the histograms shown for the Environmental Checklist include a composite of observation items that addressed English Language Learners and involved a total of 27 providers. This histogram is found in the first series shown below and not included in the list of domains provided in the table above.

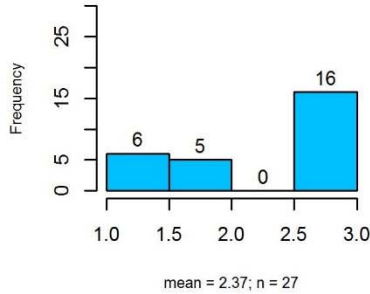
Once again, observers selected their score for the EC from a three-point scale that is detailed as follows:

- 1 – Not True/Little or No Evidence
- 2 – Partially/Sometimes True/Some Evidence
- 3 – Usually/Always True/Consistent Evidence

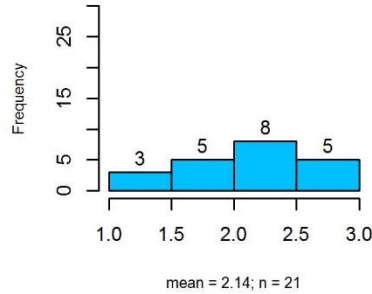
In certain instances, observers could select “Not Applicable.” The first series of histograms provide the distribution of composite scores for the domain indices developed for the EC. The majority of these indices apply to specific age ranges, including: Below 1 year, 1 to 3 years, 3 to 5 years, and School Aged. At the time of the observations, not all providers cared for children across all age spans. Subsequently, the number of cases is small for those related to Equipment and Materials Supporting Developmentally Appropriate Play (<1) and Equipment and Materials Supporting Developmentally Appropriate Play (School Aged), which have counts of 3 and 1 respectively. While the rating for the Equipment and Materials Supporting Developmentally Appropriate Play (School Aged) index is relatively low at 1.29, this is not surprising since the focus of the Initiative was to support FCC providers who care for children from birth to five and the histogram only applies to one provider.

QUEST Environmental Checklist (EC) Domain Summaries & Bar Graphs

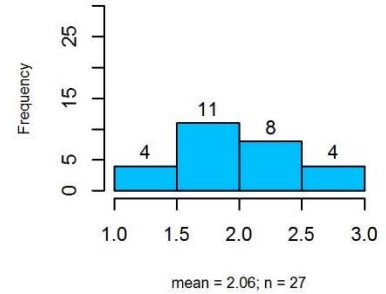
ELL - Equip & Mats to Support Lang & Lit Dev



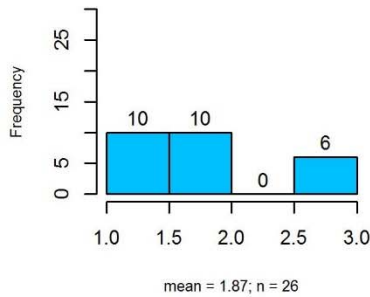
Equip & Mats Sup Dev App Play (1 to 3)



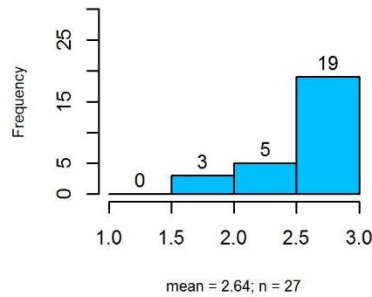
Equip & Mats to Support Lang & Lit Dev



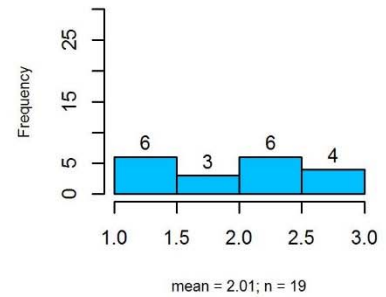
Outdoors Toys & Equip



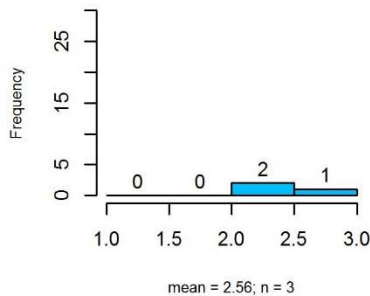
Space and Comfort



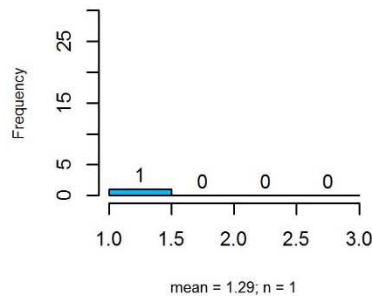
Equip & Mats Sup Dev App Play (3 to 5)



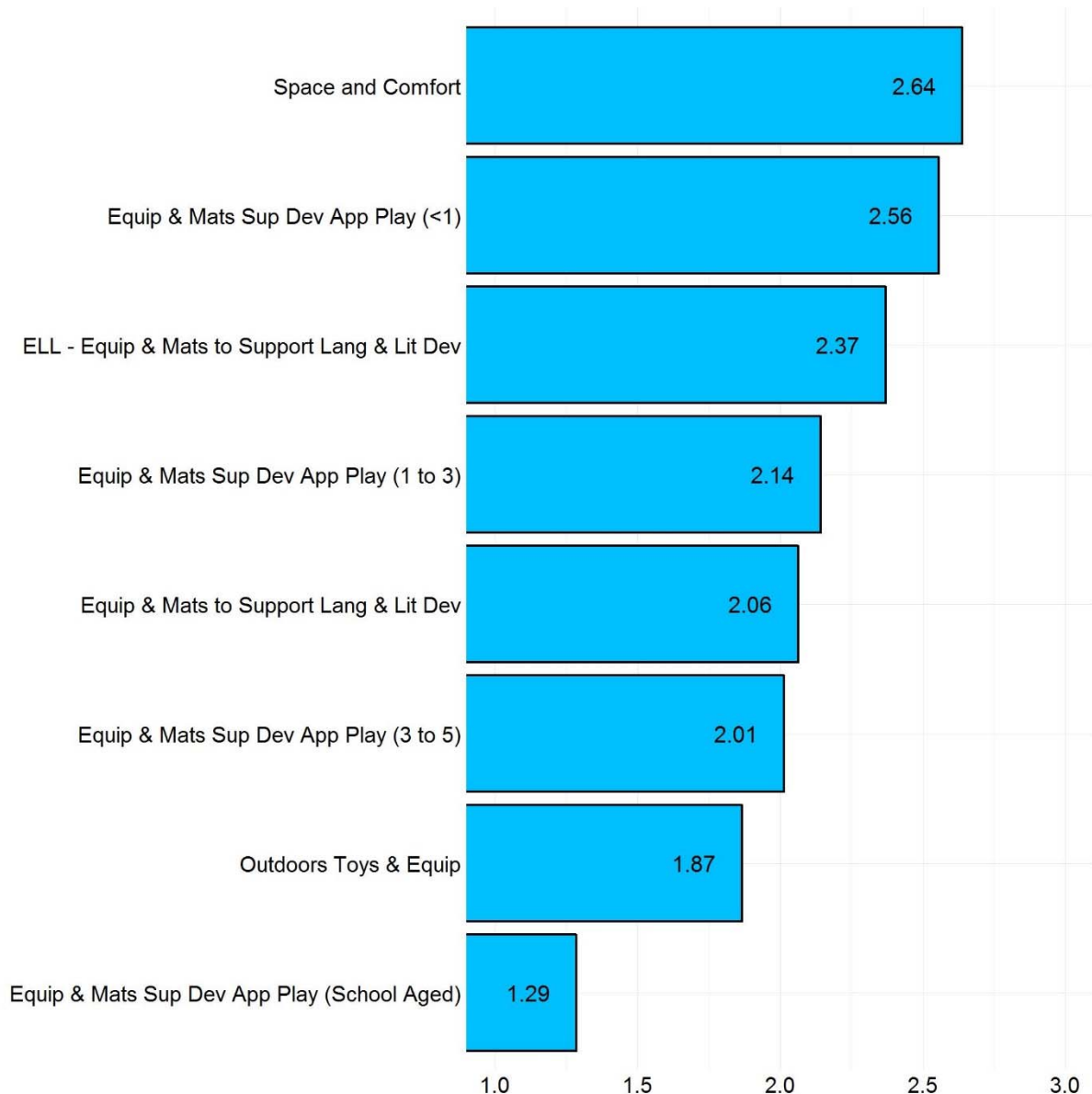
Equip & Mats Sup Dev App Play (<1)



Equip & Mats Sup Dev App Play (School Age)



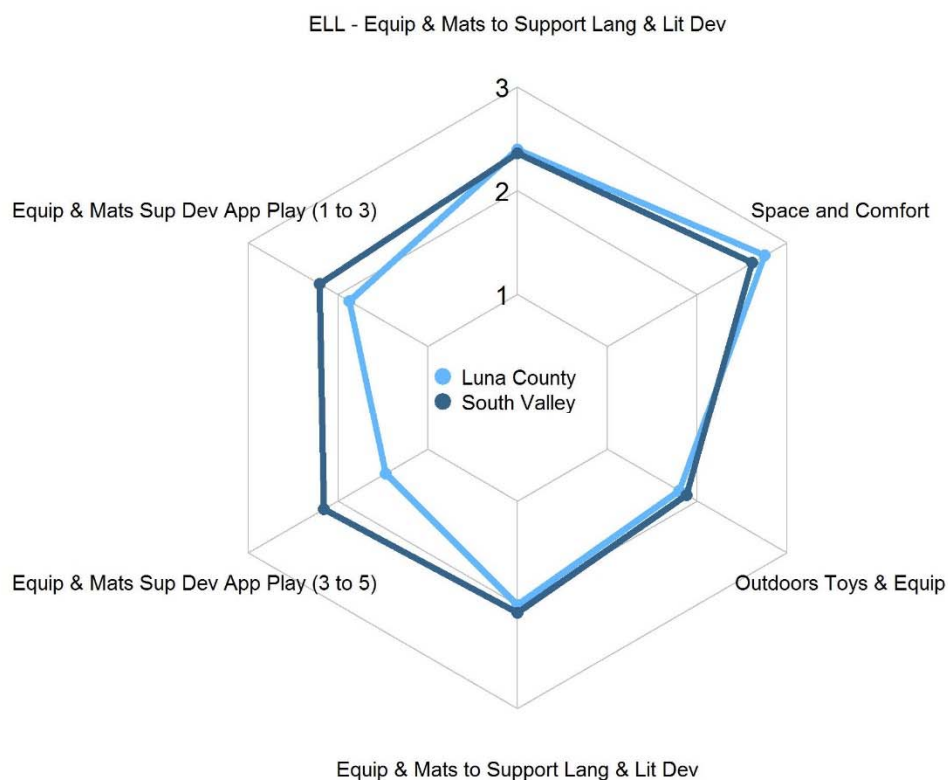
The following bar graphs provide composite mean scores for each of the indices shown above as a distribution of observation scores. As was the case with the CRS, the results for the EC are ranked from highest to lowest mean scores. As the scores indicate, most providers appear to be offering a secure and enjoyable environment for the children in their care as indicated by the mean of 2.64 on the index related to space and comfort. Five other indices related to play or language and literacy development all scored above 2. As noted above, the final index on equipment and materials supporting developmentally appropriate play for school aged children is for a single provider and the score of 1.29 should not be considered as reflective of the quality of the initiative overall on this marker.



Note: Numbers provided after the names of indices refer to ages of children considered. Not all providers were serving all age ranges at any one time.

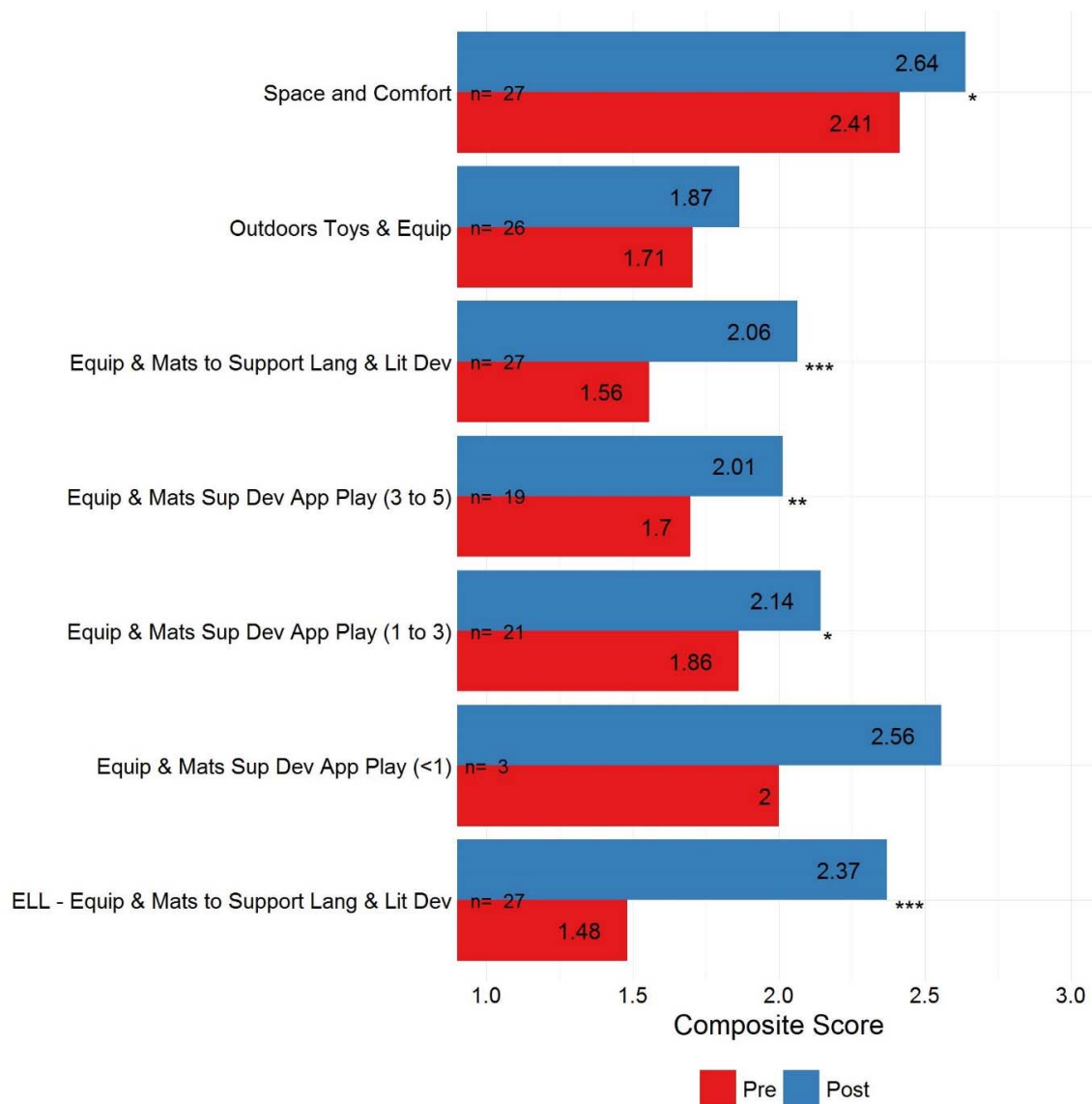
The following radar graph provides a comparison of composite index scores on the EC for the providers associated with the two local agencies. While two of the six indices indicate relatively large differences in scores, the remaining four are nearly identical. Please note that two of the scores reported in the preceding two graphs are not included in this graph due to the small number of observations related to each. These results suggest that a different approach for providing support to providers in this community might be warranted.

Environmental Checklist Domain Scores Comparison between Geographies



The following and final data series derived from the EC provides the pre- and post-participation scores of the composite indices from spring 2015 and spring 2016. This graphic has excluded the equipment and materials that support developmentally appropriate play (school aged) index because of the low number of observations that applied. However, the scores for the equipment and materials that support developmentally appropriate play (English language learner) are provided. Five of the seven indices showed gains that were statistically significant between the two points of observation (2015/2016). The significance values are provided in the note found at the bottom of the graphic.

Environmental Checklist Composite Pre- /Post-Participation (2015 /2016) *Mean Scores*



Indicators of Statistical Significance

***, $p < .001$; **, $p < .01$; *, $p < .05$

Conclusion

Overall, the results from the use of the QUEST instruments indicate that across the various domains considered, providers have advanced in their skill sets for working with children in developmentally and age appropriate ways. Their understanding of the importance of the environment in which they offer their care also appears to have been advanced by their participation. While the results discussed in this section do not reflect the progress of all providers who started with the program, the findings nonetheless indicate a high degree of impact that the FCC visitation program has brought about in their professional lives and development of skills for providing high quality care to small children. Consequently, families who have used these providers have had the benefit of the initiative as it has allowed the parents to go to school, or work and support their households with the knowledge their children are in a safe and supportive early care environment.

Section 3

Review of NM HV FCC Outreach Initiative Database Records

As originally proposed in the evaluation plan submitted to MIECHV for the NM HV FCC Outreach Initiative, CEPR indicated that provider visit records collected by local agency staff would be analyzed. With the administrative guidance of NM Children, Youth and Families Department (CYFD), the UNM Continuing Education Early Childhood Services had the task of establishing the database. The decision making process at CYFD culminated in spring 2016 as to the form the database would take and the UNM team had an operational version in place in May 2016. Staff from the local agencies that had been collecting the visitation data from the inception of the initiative in 2015 in hard copy form entered the data into the database. When this process had been completed, the CEPR evaluation team requested a download of the data for analysis. The results from this analysis are provided below in summary form by local agency. Please note that these results depict in aggregate all the providers who participated in both communities not just the originally twenty-four in South Valley Albuquerque and the thirteen in Luna County. Specific depictions of the number of visits for each of the enrolled participants for the year-long intervention are shown in the visit/duration graphs provided for each community.

Luna Analysis

Once CYFD approved the data system and it became operational in late spring 2016, the two Luna County staff members began the process of registering NM HVFCC initiative cases on May 17 and 20, respectively. Luna County staff collected data in paper format from inception of enrollment into the initiative starting on January 7, 2015. The end point for reviewed data from Luna County occurred in February 2016.

Over the course of the year, the agency served twenty-five clients (providers) over the duration of the HV FCC Outreach Initiative; however, only a total of thirteen providers were officially enrolled as part of the evaluation study of which a total of eight persisted through their year of receiving services. Of these clients, birthdates for eighteen were available. Age of providers served ranged from 23 to 68, median age of 44.5. All were Hispanic except for 2, one white and one multi-racial. These figures align with those CEPR collected through the provider surveys.

Of the 668 service records at Luna, about two-thirds are for actual visits that took place, while another third are phone calls to arrange such visits. Table 24 provides a breakdown of each type of service record entered into the data base by count and as a percentage of allocated time recorded for the initiative.

Table 24

Service Record	Count	Gross % Rate
Collateral with another agency	1	.05
Family Child Care Visit	431	64.52
Phone Call-Miscellaneous	224	33.53
Service Coordination (face to face)	12	1.8
Total	668	100

Service records range from January 7, 2015 to May 29, 2016. Clients tended to follow through with scheduled calls and appointments, with a cancellation rate of less than 2%.

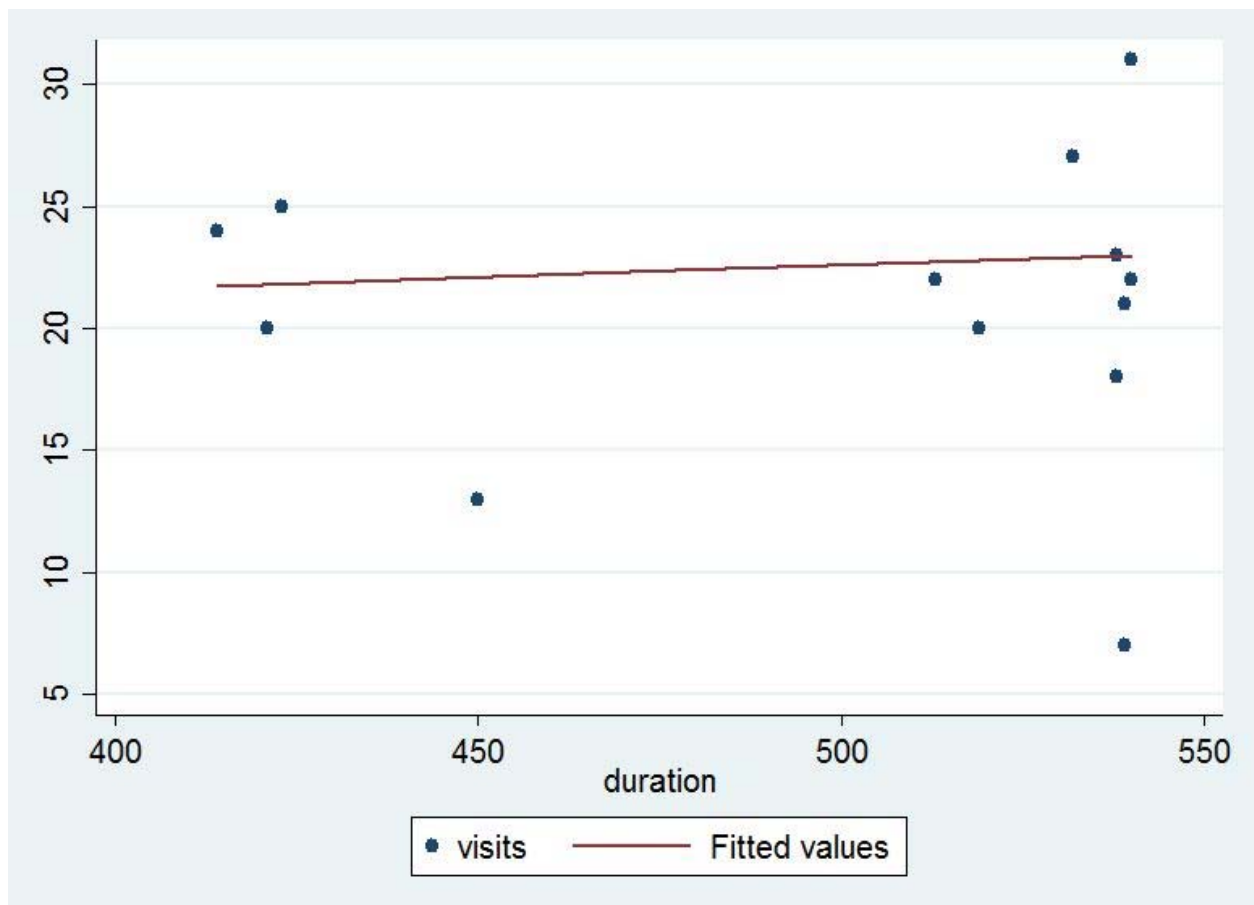
Clients varied in how much contact they received from their visitors. Some had as few as 3 service records while others had as much as 47. The median of service records per client is 27.

Actual visits made by visitors to providers varied with time in program. The number of visits made ranges from 3 to 31 visits; the median number of visits was 18.

Most visits took place in the home (98%).

Graph 19 provides a more discrete reporting of the visits that occurred for the thirteen providers enrolled in the evaluation over the year-long period of the initiative. Please note that the graph is structured so that the Y (vertical) axis represents the number of visits and the X (horizontal) axis reflects the duration of participation in days.

Graph 19



Variables documenting who was present at each session were rarely used, as well as incentives used, safety dropdown, and curricula items used. There is not enough data entered to say anything meaningful about these fields. But if the system had been up and running earlier, these would contain lots of qualitative info about what happened during the visits.

South Valley Analysis

South Valley PAT, with three staff members acting as home visitors to FCC providers, served twenty-four providers during the program. SV PAT staff began enrolling cases from December 12, 2014 to June 29, 2016. Service records span from December 10, 2014 to June 30, 2016. Only those clients enrolled during the period from December 2014 to late spring 2015 would have been considered as participants in the evaluation.

Age data was available for nine of the twenty-four cases. Providers ranged in age from 32 to 60, with 50 as the median age. Fourteen of the twenty-four cases had race/ethnicity data; all but one identified as Hispanic.

No goal data was entered for South Valley client providers.

Table 25 provides a breakdown of the service record entries in terms of counts and percentage of allocated time for the initiative. Of the 1032 service records, just over half are for FCC visits. It should be noted that the categories for service record entries differed between the two local agencies. If the initiative is implemented in other communities in the future, it is strongly suggested that a uniform set of terms for data collection are established and used by each local agency to maintain reliability in the comparison of data entry across programs.

Table 25

Service Record	Count	Gross % Rate
Case Support – Miscellaneous	2	0.19
Family Child Care Visit	555	53.78
Field Supervision	1	0.1
Letter	1	0.1
Phone Call – miscellaneous	52	5.04
Text Messaging	24	2.33
Travel for Client	397	38.47
Total	1,032	100

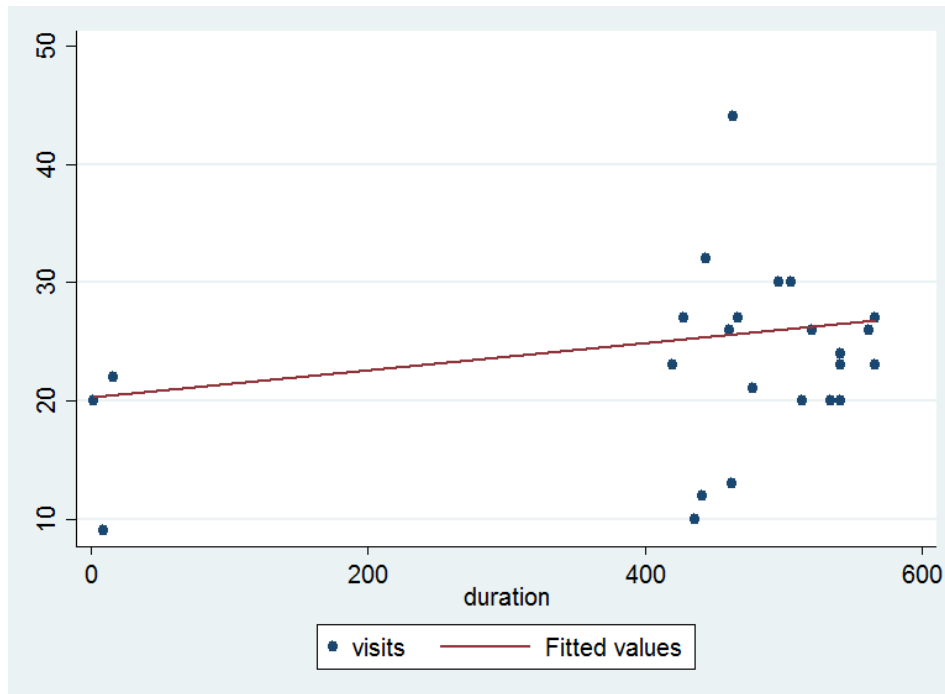
As seen in Luna, provider clients in South Valley Albuquerque again tended to hold their appointments as scheduled, although with a somewhat reduced completion rate of around 93%.

FCC providers varied in the amount of visits they received from PAT visitors. The minimum amount of visits was nine and the maximum was forty-four, with the median being twenty-three visits.

Again, information on incentives utilized is available in only twenty-three service records. Safety discussion items were marked in only five records. Curricular items brought up were marked in 336 service records. Due to the way data was entered, detailed analysis is not possible. Yet a brief scan of the records shows that in 327 out of 336 service records with data on curricula used, the foundational underpinning of the initiative staff's outreach to providers is mentioned through reference to the relationship based, strengths based or reflective supervision approach.

Graph 20 provides a depiction of the number of visits conducted by South Valley CDD staff over the providers' enrollment period in the initiative with the visit count appearing along the Y (vertical) axis and duration of enrollment in days along the X (horizontal) axis.

Graph 20



Conclusion

Although the data are limited in terms of what they can tell us, a couple of things seem to corroborate interview transcripts and provider survey data. The low cancellation rate and fairly high median number of visits for both programs signals that FCC providers actively wanted to uphold their appointments with visitors and maintain participation in the initiative. The majority of time allocated to visits to providers for direct support and professional development shows a commitment by staff at both local agencies to engage providers and apply the relationship-based, strength-based and reflective supervision framework undergirded by both the PAT and UNM CDD curriculums and ongoing monthly and quarterly professional development. However, as a consequence of the late implementation of an operational database and the limited amount of information therein we are not able to learn more than the simple process measures discussed in this summary.

Section 4

Interviews of NM HVFCC Outreach Initiative Team Members

Over a period of approximately eight weeks during the late spring of 2016 members of the CEPR evaluation team conducted thirteen semi-structured interviews with NM Home Visiting Family Child Care Outreach Initiative coordination team members.

Members of the evaluation team used prepared protocols to guide the conversations; however, if the conversation developed along a particular line not directly addressed within the protocol team members were free to pursue these areas as they saw fit. A total of four different protocols were used that, while similar in structure, were not identical, so as to appertain to the role and responsibilities each of the informants played within the operation of Initiative. That said, the protocols were similar enough to allow various consistent themes to be derived from the interviews. The themes are discussed throughout the following narrative and direct quotes are used as support for those put forth.

Team members audio recorded each interview which, when completed, were uploaded to a professional transcription service for processing as Word documents. After the service completed the transcription, the principal investigator (PI) reviewed each for accuracy and consulted the audio recording if necessary to verify wording.

To establish a uniform analytical framework, the project PI prepared a coding structure based on the interview protocols. The PI assigned team members to review the transcripts using the coding structure to assign responses to appropriate areas within the structure. The various themes that emerged from this collaborative process serve to inform the following narrative.

The Structure of the Interview Protocols

Each protocol had an introductory section that reviewed the purpose of the interview and established that all responses would be kept confidential and non-ascribed. This was followed by a brief set of questions that asked who the informant was, her or his role in the Initiative, length of time in their position, etc. The protocol then shifted into asking the informant to briefly respond to the effectiveness of various areas of the Initiative by voicing their responses along a four-point scale. The list of these areas is provided below. Finally, the protocol addressed the various areas in order.

Summary of Likert Scales

To set the groundwork for each of the interviews, CEPR evaluation team members asked each of the interviewees to give their impression of the effectiveness of twelve aspects of the NM FCC HV Initiative. They could select a score along a four-point scale from one “not effective at all” to four “highly effective” that also included the option of “uncertain/don’t know.” The various aspects included:

1. The Home Visiting Family Child Care Outreach Initiative as a whole
2. Coordination of the Initiative
3. Overall curriculum development and use
4. Engagement of providers
5. Visitor training from PAT national
6. Visitor training from UNM CDD

7. Supervision of visitors
8. Monitoring of visitors
9. Materials purchased for providers
10. Networking opportunities for providers
11. Data system use and support
12. Evaluation activities

Table 26 provides a summary of the mean scores and distribution of responses for each.

Table 26

Area	Mean	1 (Not Effective At All)	2 (Somewhat Effective)	3 (Effective)	4 (Highly Effective)	5 (Uncertain/ Don't Know)
1.The HV FCC Outreach Initiative as a whole	3.8	0	0	3	10	0
2.Coordination of the Initiative	3.6	0	1	3	9	0
3.Overall curriculum development and use	3.7	0	0	4	8	1
4.Engagement of providers	3.4	0	0	7	5	1
5.Visitor training from PAT national	3.75	0	0	3	9	1
6.Visitor training from UNM CDD	3.9	0	0	1	12	0
7.Supervision of visitors	3.6	0	0	4	7	2
8.Monitoring of visitors	3.5	0	0	5	6	2
9.Materials purchased for providers	3.75	0	1	1	10	1
10. Networking opportunities for providers	3.3	0	2	4	6	1
11. Data system use and support	1.75	6	4	1	1	1
12. Evaluation activities	3.5	0	1	4	7	1

In general, members of the coordination team gave scores from effective to highly effective with a range of 3.3 to 3.9 for each of the areas. The exception to this pattern was for “data system use and support” that received a score of 1.75. The purpose of this lead-in activity was to set the foundation for a series of questions asked during the semi-structured interview. Because the question on the impression of the effectiveness of the Initiative as a whole was to provide a general sense of team members’ perspective the protocols did not include a question series on this area. As noted above, responses from the questions have been thematically analyzed and summary review of the responses given for each area follows.

Coordination

A central concept that reappeared throughout the interviews in terms of coordination was that of the relationship that team members had with each other primarily through regularly scheduled meetings. These meetings occurred both among the coordination team members from the participant groups (CYFD; UNM: CDD, Continuing Education, CEPR; the local agencies (CDD South Valley Albuquerque & Luna County Parents as Teachers (PAT)); and with the Center for Development and Disability (CDD) training team and visitor staff from the local agencies. The first served various functions, whether to: work out the details of the implementation of the Initiative or its evaluation, keep everyone informed of ongoing developments, or address and resolve issues that periodically arose. The second

served to establish then hone the knowledge and skill sets of visitors operating as the point of contact with the providers enrolled in the Initiative. Some examples of this thinking appear with the following quotations:

I think through the relationships we all developed with each other and the trust and just good collaboration.

I felt that the UNM CDD consultants were important about facilitating the overall project.

We would have monthly & quarterly meetings and if we had any concerns or anything that had to do with it, we could bring it up to [CDD staff] and we would all talk as a group...and it was awesome.

The Initiative coordination hit a snag though when the project leadership shifted at CYFD with a resultant change in project objectives.

The CYFD component changed because their leadership changed. There was a great shift in what the objectives would be.

I do know that the coordination had to change hats. There was an appointed [CYFD] manager to the project at one point, and then my role as supervisor came into effect.

In general, informants were pleased with the relationship among the partners.

It was just great we were able to respectfully discuss how we felt the project could move forward, especially with the programs themselves.

To me, [working with partners] was great. I learned a lot of things that I didn't know before, and that really helped me with the entire program.

However, some discussed the need to have meetings that did not include all members.

I think there should've been probably different group settings. I think there are times to work with the whole group, and there are times to work with subsets of the group.

The lack of a clear data plan and an operational database were critical challenges that permeated the overall coordination of the project. Some commented on the shift in project leadership at CYFD and others focused on the inability to reach consensus as to what data would or would not be included as contributing factors to why this element was not achieved until the end of the Initiative.

I think that that happens...whenever there's a shift in leadership. I think that...if I had to point to an area that was of great challenge that would be it. Then another area that was poorly coordinated [was] the lack of the data system—we just now in the month of April were given a data system to answer our information.

I think the biggest [barrier] was just that final sign off on what did or did not have to be in the [data] system. I think if we had maybe had...[paid more] attention to what was going on in the system during the course of the project, we might've been able to launch that faster.

In terms of the Initiative's capacity to handle statewide expansion, the comments were mixed with some thinking, yes, it is capable, and others disagreeing. However, the issue may be moot due to state budgetary constraints, as the program will be paused for the foreseeable future.

Yes, if we have a fully staffed and functioning database team. Because...the program managers were smart: they cross trained all of their visitors, so that they were also trained in the home visiting database system. . . . Even though the database system came on a year later, the visitors had been using it for home visiting and were familiar with it.

I think they would need to seriously think about the structure, the organizational structure they have and who's leading the different parts of the project. . . . I think they might need someone dedicated to this project as a manager, rather than someone who was split across multiple [responsibilities].

At this time, no. I think we would need to have more systematic processes in place to do a statewide Initiative, and that's why we want to pause before we move forward.

As noted in the previous series of comments, most team members thought that the collaborative nature of the Initiative was one of its strongest characteristics. Members were kept apprised of developments, problems could be addressed in a respectful manner and decisions reached about the path forward. This perspective applied both at the managerial level and for local agency staff who, with the CDD training staff, coordinated their targeted professional development for the specific needs of the local communities involved in the Initiative. Yet, there was also uniform agreement that the lack of an operational data plan and database impeded the overall operation and forward progress of the Initiative.

The next section addressed in the interviews focused on provider engagement.

Engagement

Outreach and engagement of providers in the two communities was an initial challenge of the Initiative. Issues surrounding identification of potential local candidates, including both who was providing family child care and the broader issue of who was eligible (informal/registered/ licensed), set up obstacles that inhibited recruitment. Once CYFD deemed who was eligible and then got the participant rolls from the local food programs into the recruitment efforts identifying providers, the process became smoother. The details of this process were provided in detail in the first year report of this project and will not be revisited as the focus shifted from recruitment to ongoing engagement of providers over the year of the Initiative. What follows is a selection of what interviewees regarded as effective means of provider engagement.

A key aspect that several respondents commented on was the Initiative's process of engaging the providers in their home. Local agency staff visits to provider homes served as the basic means for these women to continue to operate their business as they received ongoing and regular professional development and skill enhancement. A recall of a normal visit by one of the local agency parent educators gives a sense of how a routine day of a provider looked.

I'll describe one of my clients. A normal visit would...have the children all around. Some infants, some toddlers.... Sometimes, they would already be in the middle of doing something, so I would sit down, and observe, and try to interact with them. She would allow me to interact, or I would let her complete what she's doing, and then as soon as they completed, we would continue on with the activity that I brought in—asking her for any concerns that she had, if she had any questions, if she liked the previous activity. Just basically building that relationship with her—talking and sharing. I would give [the parent handouts] to the provider, and...I would explain...the main key points, and plus [how] that would help with their own children. Some providers have their own children there.

That this description summarizes a routine visit for any of the parent educators, what is apparent is that the providers typically have extremely full days, which, no doubt, makes the transfer of knowledge from the visitor to the provider a challenge. Nonetheless, the parent educators or FCC visitors were the critical link for engaging providers and keeping them engaged for the duration of the Initiative.

Various team members commented on the importance of the local context as a key component in engaging providers, with the added caveat that these relationships take trust and time to build. These aspects would need to be considered if New Mexico plans to implement a program directed at family child care providers across the state.

When you have small communities like the one in the south, different activities are gonna draw people in, so when you have the celebrations and so on, it's a way of connecting the community in a different way than if you're in urban Albuquerque.

[The trust building] is very, very important. You have to build that relationship. These women have to learn to trust you as a person and as a professional, what you're coming to do with them in their home.

We were out there trying to gather up these women, and one of my clients, she kept resisting and resisting, and I let it go till finally I let a couple months pass and then I finally called her. She accepted, and ...she has trust issues. She's a very conservative person. She told me, "I'm sorry, but I can't let no one, just no one in my home." She spoke at the graduation. It made me cry, and she said, "I didn't let [a parent educator] in my home till after like the fourth visit." She finally let me in her home, and she loved everything that I would bring her. So it does change people, and these experiences are awesome.

[The trust building] is very, very important. You have to build that relationship. These women have to learn to trust you as a person and as a professional, what you're coming to do with them in their home.

When asked to respond to why providers persisted in the Initiative, a range of different perspectives emerged. Personal motivations, materials and resources, the relations they had with the parent educator, or the provider's growth in self-confidence as a result of their participation were some reasons team members gave in their responses.

These are probably people that...were motivated and already primed to learn more, to expand what they were doing. Then this opportunity came their way, and they participated.

There were a few providers that ...were very hesitant, because they're like, "Well, is CYFD gonna come? What's gonna happen?" As soon as they heard materials, and books, and additional educational items, they were just like, "Okay. I definitely see a need for this."

Speaking to the FCC providers, the participants directly, that's what they said, is they knew their home educator, and it was the home educator who was the key to this being successful.

I think when they feel that confident, when we built a relationship—a good relationship—when they feel like, "Oh, this method helped me a lot."

On the flip side of engagement was why providers were not engaged. Again, perceptions among the team members varied in terms of assessment of local capacity or individual obligations faced by providers.

A lot of this goes back to the initial planning of maybe the project that I think impacted the ability to recruit. It doesn't seem like when the awards were given that there was any investigation of how many registered providers are actually within a catchment area of the agencies that were providing it. That led to [having] two [locations] losing their funding to do this, because—and it wasn't only looking at how many registered providers. In the beginning, it was unclear whether we were gonna go with registered or also include providers that were not even registered.

We're dealing with human nature, and although we have great, wonderful, wonderful concepts and ideas on paper about how to engage and bring in and do these things, bringing up Quay [one of the two communities that were not included in the Initiative] is just a reminder of the difficulties. That we might identify an investment community or an area that is a higher need, but getting in there takes years and building that trust takes years.

I think the biggest barrier, is just personal preference in regards to the providers. Not only is this a home business, but they also have their own personal life that they have to juggle at the same time. That always created a barrier in regards to the amount of visits we had.

In considering what changes might be warranted for better engagement of providers team members had varied perspectives, including: providing transportation services or offering multiple times to meet for group events, persistence in building the relationship, or cultural awareness.

I'm ... thinking about transportation. ... It may have helped to have multiple times for group connections, or rotating times.

A recommendation I think is just knowing that we're persistent...just continually establishing that relationship with them, and touching base with them. I was always calling them regularly, saying, "Well, how can I accommodate your schedule?"

Culturally, we just have to be aware of how we look at and support those needs as a relationship builder. Did we miss opportunities of other cultures that we never thought of or considered? There are different kind of migrant cultures that are coming into those areas [that] we have to think about, how do we bring in all those different cultures and be culturally responsive?

As a closeout for this section, one of the final questions focused on what other partners might be needed for the future for outreach or increased community awareness of FCC services. Some options put forth included bringing in other parts of CYFD, local businesses, and other local community groups.

Bringing in [other] licensing [groups] from CYFD because...we had providers that wanted to become licensed. [Having] just got registered, all those members that had been fingerprinted and background checks now had to pay for them again to get licensed. There was a lot of [extra fees and bureaucracy.] It would have been helpful to have licensing involved early on...but we didn't have a direct link to them.

I think that big companies that hire a lot of people...need to be aware of the FCC program. For instance, here in Deming, we only have two, the chili plant and Deming Electronics. I think that those companies...need to be more aware...so their workers can be aware of the services that are provided through the FCC [and employees] can feel more comfortable about leaving the children with family childcare providers.

For example, Partnership for Community Action has a group of providers they provide workshops for. CNM has providers too. We did get a few through them, in terms of the ones who were taking provider classes, or through [training and technical assistance program] TTAP. Just being able to connect with the various providers who may already be in contact with providers who are interested in developing their business.

As noted at the top of this section, the critical link in successfully engaging FCC providers was the development of trust and relationships between the FCC home educators and the providers. While home educators faced various challenges while engaging their clients the confidence and ongoing connection they built with providers served as a keystone to the successful operation of the Initiative across the past year in the two communities of Luna County and South Valley Albuquerque. We now move to a discussion of the training that occurred.

Training

Training during the Initiative was a foundational part of the effort. The UNM Center for Development and Disability (CDD) had the responsibility of providing this service to the staff of the two local agencies who were the ongoing points of contact with enrolled FCC providers. The training was built on a framework of a relationship-based, strengths-based and reflective supervision approach that informed all aspects of its delivery for the duration of the Initiative.

The initial training involved a five-day program at the start of the Initiative conducted by the Parents as Teachers (PAT) national group that occurred in St. Louis, Missouri. This was followed by a two-day event conducted by UNM CDD for both the managers and the home educators from the two local agencies. After these two keystone activities, the CDD staff provided monthly training for the FCC visitors, which used face-to-face and video conferencing methods for delivery of the training programs and content, with the latter platform often provided for the staff of Luna County. Part of the monthly training included curriculum elements established by CDD staff. In addition,

CDD provided local agency staff opportunities to propose topics they wanted to address, which the CDD staff would include in the session. In addition, quarterly meetings occurred that included the presence of both local agency staffs as well as staff from CYFD. Overall, the members of the FCC implementation team that commented on the training saw it as the most highly rated element that helped further the implementation of the Initiative.

When asked about the most successful aspects of the training, those who participated basically said everything was helpful and that, while grounded in theory, its true strength was in its practical utility for practice.

To be honest, I think all of them were helpful. I mean, we didn't have any background knowledge in regards to what the family childcare project entailed. The training [on] the PAT curriculum was extensive in regards to getting to know the activities, how to go through the entire curriculum. That was definitely beneficial, as well as the infant curriculum too.

What's the direct connection that I'm gonna make with my providers knowing this? Sometimes we get so lost in theory it becomes so big and broad, and you walk away thinking, "Wow, this is great, but what am I gonna do in the field?" I thought that these trainings were so well thought out of "how do you do this in practice?"

In consideration of the strategies or pedagogies used, it is clear that the CDD trainers grounded their approach in adult learning theory that emphasized "hands on" experiences.

The adult learning styles is looking at it from a hands on perspective to a listening—I mean, audio, visual, practical kind of sense, and so I felt like that was really well constructed for these home visitors who come with all different learning styles—or the educators who come with all different learning styles.

The hands-on [and] the group training; we were working in groups, and we were doing visits, pretending, doing mock visits to one another. I think that helped so much—all the materials that we used that they gave us at the training.

Asked about whether changes in the training were implemented or warranted, some team members offered their perspective on the need for more emphasis on dealing with issues of abuse and neglect and the reporting requirements. Another indicated that a focus on blended families was implemented by the CDD trainers after visitors noted that some providers were requesting information on the topic.

More around reporting abuse and neglect would be helpful. Making sure that the participants in the project that providers are well informed about that duty to report abuse or neglect. They discipline the kids the way that they were disciplined as a child. They don't see that as abuse or neglect. I think you have got to give examples, so that they're fully informed. Then that way they could choose to participate or not.

The only thing that we had asked CDD for [related to] blended families because some of the providers had asked for information on that. Pretty much I think that was about it.

Team members were asked for their perceptions about what the most important aspects of the training for the visitors were and the responses included instilling confidence or engaging in the hands on nature of the lessons.

Confidence building, it's huge. I know that for me...what was important...was meeting the objectives, and training was one of the objectives. How did we do it? The other part of me who used to be in the field is the confidence building. When I saw these educators walk away, and it was like, "I know how to do this, and I can do it." I thought that was super important.

I feel that when there were trainings there were activities that there were hands-on that impacted [me] more. I felt that we learn[ed] more because we were able to be participant[s], [rather] than just go to the training and hear the literature. There's sometimes yeah, you hear it, but you don't practice it. Then you lose it. Once you hear it, you practice, you do it, [and] that impacts the participants.

The initial lack of having handout materials in Spanish was seen as an impediment by some.

I wish we would've had that curriculum in Spanish as well. . . . My Spanish-speaking providers were like, "Well, I'm not gonna use it"-- so I would just do the activities with them.

A significant shift that occurred over the year of the Initiative involved providing materials in Spanish that had previously only been available in English. The materials were eventually translated through the latter part of the initiative. Since a large majority of the caregivers were Hispanic and 57% (16/28) percent of those spoke Spanish and another 21% (6/28), this shift was of critical importance.

We did the foundational training and felt very good about it, and yet. . . we both just felt how wonderful it could be if it was also in Spanish. What we did, what we were able to do, we were able to get it translated into Spanish. [I]f we come back to this project, it's good to go in Spanish so all the slides have been translated. The handouts are in Spanish. They have a CD that we were able to do, so that. . . our visitors could go ahead and print [them] off in Spanish.

When queried on the application of the relationship-based, strengths-based and reflective practice approach in the trainings, there was unanimous agreement that it was a constant presence.

I would say that [was] the. . . basis for all of our meetings, and the strategy that was used, was relationship-based [and] reflective by nature. With all of the trainings that we actually received, it was for the most part coming to the providers with a strengths-based perspective.

I feel it's a combination [of those practices], but I feel the relationship with the provider is the most important. There was also general agreement that the training met the needs of the local agencies and whenever a request for topic coverage was put forth the CDD team generally responded with one exception of not addressing licensure enough.

We built our trainings on whatever they requested of us. They said, we need. . . a deeper understanding about. . . how to discipline children. Whatever they requested of us, we would try and get information and then we would do the next quarterly meeting/training on that topic.

Some kind of training in regards to licensure. I mean, now I kind of basically know it from the back of my hand. I think we kind of came in to the project blindfolded. Like, "I don't know where to begin. What information do my providers need?" I only had two who went from being registered to licensed. I think if we had more prior knowledge, we would've had a bigger success in regards to them obtaining their licensure.

Because the visitors were the central recipients of the training, they were asked to give their perspectives on the effectiveness and importance of various aspects of the training. For each of the response areas they were asked to use of a scale of 1 (not effective at all) or (not important at all) to 4 (highly effective) or (highly important) and could select 5 for a response of "uncertain/don't know." None of the visitors used this choice in any of the responses. The scaled scores ranged from 3.2 to 4 across the areas thus indicating that the visitors thought highly of both the effectiveness and importance of the training they received. Table 27 summarizes the findings from the responses of the five visitors interviewed.

Table 27

Strategies for accomplishing site visits, including hard-to-schedule providers	Effectiveness	3.4
	Importance	4
Importance of nurturing and social-emotional development to overall child development and well-being	Effectiveness	4
	Importance	4
Strategies for establishing a developmentally stimulating environment	Effectiveness	4
	Importance	4
Positive Guidance Strategies	Effectiveness	3.8
	Importance	4
Emergent literacy and reading (looking at books with children)	Effectiveness	4
	Importance	4
Basics of health and safety	Effectiveness	3.8
	Importance	4
Child Development Milestones	Effectiveness	3.8
	Importance	4
Use of PAT activity idea handouts	Effectiveness	4
	Importance	4
Strategies for sharing information with parents	Effectiveness	3.2
	Importance	3.8
Strategies for group connections	Effectiveness	3.4
	Importance	3.8
Supporting provider's business orientation	Effectiveness	3.4
	Importance	4

The interview topic then shifted to one related to training but was focused more on the learning materials, i.e. the curriculum.

Curriculum Development and Use

Across the board, team members that had knowledge of the training and curriculum thought that it had been effective and well-sequenced both in how it was delivered to the visitors and its transfer to the providers.

I think they were real effective. The feedback I got back through [the trainers] was that...the visitors were effective in their role. I think a lot of that was what they bring to it themselves. I think the training that we provided was really an important part of [the Initiative].

It depended on the provider. We usually asked them what activity they were thinking about next, if there was an issue with the kids, if they needed that activity at that time.

For example, one provider used to tell me this baby is biting what can I do? I would go and get the right information to help the provider help the baby stop biting. The curriculum would give us all the information we needed.

Yes, everything was step-by-step.

When asked about the curriculum elements that were most effectively incorporated into practice, there was a wide array of choices.

I don't know if one in particular, but I think the hands-on activities, I want to say "art," I want to say "cooking." I want to say all.

One that I would say would be the reading time. Most of them incorporated that.

They really liked...activities about color, numbers and the sounds of animals and the parts of the body. I liked to ask the providers what did you like best or what activities would you like to work with again? They would say "I liked working with numbers". I would go and look for activities and information about numbers.

As a follow-up, team members were asked about aligning aspects of the curriculum with provider needs. The respondents responded with different examples here as well.

We met all the provider's needs. We would make sure they have something specifically that they wanted us to bring to them, and we would do as they would tell us. If not, we would bring what was best that we thought and age-appropriate.

Absolutely. Some providers were like, "How do I deal with potty training? How do I deal with discipline?" All of that is in the curriculum. How about parents smoking? There is a bunch of information in there. We were able to pull information from the curriculum and provide answers.

Team members were asked about whether there were aspects of the curriculum that were not used. Generally, most areas were but if there was one that was not it typically had to do with the lack of children in a certain age group who were under the provider's care.

I don't think there was anything that was not used. I think the things that were used less, however, were the group meetings. Trying to get providers to come in to a group meeting, but we knew that was gonna be hard. They can't just drop the kids and leave.

The infant curriculum I did not use as much as I did the regular curriculum [because of age of children in care].

Towards the end of this section of the interview the focus shifted to what team members thought was needed in terms of additional or different items for the curriculum. Particularly salient areas that emerged were the need for recognizing differences in: culture, language, and educational levels of the providers, then adjusting the curriculum appropriately.

I think the cultural piece, yeah, is a big one. Many times, we talk about the majority culture. We'll talk often about Hispanic culture. What about when we're working with families or providers that are Native American? Korean? African American? I know that comes up in our discussions as a team especially around language gaps and that issue. I think culture is huge.

Yes, please. It needs to be longer. It has to be a fifth grade reading level I believe and bilingual.

Most of the team members who commented on the curriculum used in the project were happy with it and saw widespread practical and positive applications of it in the ongoing encounters with the FCC providers. The next area addressed was that of monitoring.

Monitoring

Program monitoring can be viewed on two levels with the first involving relationships between CYFD and coordination team organizations. These team members included the various groups from UNM: Center for Development and Disability (CDD), Continuing Education Early Childhood Services, Center for Education Policy Research (CEPR);

the local agencies of Luna County PAT and CDD South Valley Albuquerque; and COOP Consulting. Examples of monitoring activities of this type could involve the two CYFD manager monitors maintaining ongoing contact with the local agency directors or member team program managers who were writing and submitting compliance reports for CYFD. The second level operated either among or within team member organizations. Examples here are seen in the ongoing contact between the CDD trainers and local agency staff, or project managers maintaining connections with staff members through file reviews and audits or ongoing informal discussions about how training or field activities had gone. In many ways, this latter example showed how monitoring within member organizations often conflated with supervisory activities, which is discussed in more detail in the next section.

One of the interviews provides a summary of monitoring activities at the state level.

On a higher level, I would receive reports from CDD, of course, CEPR data, [that described] all of the quarterly activities that were being done for the infrastructure for the federal funds that were being used. Contractually, from our programs at state level, I would receive their quarterly reports of how many were enrolled, stayed, discharged, and so I would review that, look for patterns as best as I could, and then, at times, I might've reached out, first, to the manager monitor who we have assigned here at CYFD, and then I would ask them to follow up on if I was noticing a pattern or an area that we needed to flush out a little bit more.

At the local level, a view of what monitoring activities that occurred within the team member groups is provided here with a discussion on daily activities and monthly check-ins. As illustrated, the agency director typically had various management structures or processes in place to allow the monitoring to occur in a routine manner.

Activities on a daily basis—making sure I was able to know all the providers. I pretty much knew what they were talking about—information we were giving out to the providers, what learning materials they were giving out—and pretty much knew who received the materials that they got, because not all the providers received the whole amount. I was able to know all that.

We would have our own at least monthly meetings here where we would strategize and I would get feedback on how things are going. In addition, I meet with both staff individually monthly and provide reflective supervision, which would be another opportunity for them to talk about their work. There's the overall performance evaluation that every staff goes through that I provide; then the day-to-day conversations.

When asked about how monitoring activities helped them in their roles, visitors indicated that their supervisors provided guidance, helped keep them on track with their tasks, and often instilled confidence in them.

Just to help us also to keep track of what we did. I mean, I was balancing 15 families and six FCCs. It's just a reminder to reflect back, "Oh, what did I do with this last visit with this provider? Okay, now I know which activity to do on the next," so that I wasn't repeating the same thing.

I think it helped a lot because I was able to reflect any problems I had and she was able to tell me what to do next.

She would give me the confidence. For example, if I felt that there was something that I couldn't do I would go ask [my supervisor] "how do I do this" or "this family has a problem". She would tell me, "use this tactic" or "use this form" or take this. Sometimes she would go with me to the houses to help me.

In consideration of the various barriers that impeded monitoring activities, various team members cited the lack of a database as one that caused the most disruption.

Not having a database. Typically we run our reports, we run audits. . . We think this is the information we need to collect. We don't really know because we don't have a database. . . . It was just kind of this mystery fog always surrounding that.

I think one of the biggest ones was the [data] system not being up. There was not a place to really monitor, other than maybe doing paper file audits or something. I'm unaware if that happened or did not happen.

Oh, no data system.

As noted earlier, monitoring activities within the member organizations paralleled those of supervision, the topic to which we now move.

Supervision

Questions about supervision related to the direct encounters between the various managers and their staff who were involved in the Initiative. Overall, the relationship between the two groups appears to be positive and nurturing, often characterized by adherence to the principles of the strengths-based, relationship-based and reflective supervision approach. Although a hierarchy of titles may formally be in place, the discussions put forth in the interviews tend to describe fairly flat administrative dynamics across member organizations.

To start off, informants were asked to consider the successful aspects of the supervisory relationship in which they operated. No surprise that their responses were a function of where they were in the work relationship. While some commented on the ongoing learning experience as characteristic, others focused on the ongoing communication between the lead and staff and the importance of keeping this open.

[The] program managers were still learning about what reflective supervision was. I mean, I think it evolves and changes as time goes on. I'm still learning, and I've been supposedly doing it for years, but there is a process.

Constant communication as well as setting regular times to meet. Then [we] receive individual reflective consultation from [our manager], if there was things that we needed to process on an individual basis. But very, very good communication, using the relationship-based, strength-based, reflective approach.

I have weekly staff meetings with them. We talk about policies and procedures from county, and CYFD standards, just to refresh a little bit of everything, almost on a monthly basis—on a weekly basis, depending on the needs or what's going on with the program. We have the Risk Awareness Program (RAP) trainings. It talks about the risk from all aspects from the county, as an employee. We talk about any concerns that they might have on the program and with themselves, as well.

An important aspect of the Initiative involves the efficacy of the FCC visitor. When staff members feel valued, that is typically a sign of strong supervisory support. The following comments address this very point.

I think, for example [our supervisor], she's the one that supervises our work and she makes us feel that our job is very important and that we're doing a good job.

I feel the reflective supervision part was really effective. I know that that's the feedback I got from the visitors themselves. They told me that they felt they had that space to really talk about what was going on and how they were feeling with that relationship being built with the FCC home provider.

I think their genuine knowledge about the field and their meeting with their staff on a regular basis. I think that more than anything else.

As noted earlier, the use of the relationship-based, strengths-based and reflective practice approach appeared throughout the project. Not only did this approach characterize the relations between the supervisory and staff but it helped shape the visitor-provider relationship. Examples of its application are clear with these quotes.

Yes, she was always consistent. She was always guiding us and helping us, 'cause it was new for us with the family child care, and we would work together as a team, and get ideas. That helped me a lot personally, with

my providers that I had. Learning. One of the most important was the relationships with—well it was mainly [my supervisor] and with me, and then I would reflect that on with my providers.

In regards to reflective supervision, I used to have it weekly with [my supervisor]. I could speak to her in regards to both home visiting and the FCC project. Then we had our monthly visits with [CDD], which were more reflective meetings. In regards to field supervision, my supervisor only did one field observation, and she did constructive feedback in regards to what she saw. Group supervision, [my co-workers and I] kind of would kind of get together whenever we'd see each other in our office and just bounce back ideas, suggestions, whatever it may be.

It was twice a week [with] my supervisor; that was key for this project.

When asked to consider what techniques worked best to provide support for them or the provider clients, the respondents gave various examples, in addition to the need for a commitment to its application.

I think it was just constant availability of the supervisor to the home visitor, and then the home visitor being available to the provider. I feel like that availability factor was really important, whether it was through the text messaging or the face-to-face visits that were happening, and then, also, the supervisor doing that check-in—that reciprocity.

I feel that when we had the graduation, I can't tell you how important the job that we do is. We saw how grateful our clients (providers) [were] and how much they appreciated us by hugging us, telling us thank you, taking our pictures with them so they could keep the memories. Letting us know that they didn't want the program to end. I feel that it showed what a good job we did.

I think the reflective piece is always gonna be more challenging, so I think they're able to do the relationship-based and the strength-based easier, and the reflective piece, because of time. There really is a flow to it. You have to really commit to wanting to do it and to wanting to understand more how to do it.

After the focus on supervision, the discussion moved onto the materials that were offered through the program.

Materials

One aspect of the HV FCC Outreach Initiative that was unique was the provision of material supports to the providers who participated. Each of the local agencies had an allocation budget of \$1,000 per provider that was used to fund the purchase of an array of materials. As is seen in the demographics section of this report, the average income of \$1,400/month that providers realize is not substantial, and would not leave much room for discretionary purchases.

By agreeing to participate, the providers gained access to various items such as books, paper, tape, crayons, markers, pencils, paint, easels and other art supplies. They also got to select from a list of larger, more expensive items, such as water tables, sand tables, cubbies, small "child-size" tables, bicycles, and bookshelves, items that would likely have been cost prohibitive for them to acquire on their own but which help create an enriched environment for young children.

The staff at the UNM CDD worked with the local agencies to determine the best suited materials for all of the participants to receive as foundational pieces. They also worked in consort to develop the list of more durable goods that providers could select from based on personal need or inclination.

One of the first questions focused on effective aspects of providing the materials. The responses dealt with the excitement the providers felt from getting these items and how local agency staff saw this process not just as an incentive program but its importance in supporting learning and helping create spaces for that to occur.

These women were super excited and very appreciative for what they received....It's not just an incentive. It was a very important aspect, 'cause there's a lot of wonderful learning materials.

The materials were materials to build the actual childcare setting in their homes. Many received bookshelves, and mats for their floor [and] educational toys and materials to use with their children. All of that was really what was requested and needed by that point.

Team members were asked to comment of the effectiveness of the strategies to determine need. While overall the approach worked well, apparently not all the providers received what they wanted. One commented on the need to change terms to avoid establishing false expectations.

Very effective.

I think some providers asked for things they needed and they didn't get it. Those were upset.

Not all of them received [the wish list], but the ones that did, they did receive what they asked for. The wish list was only at the beginning.

Initially, we were calling it a wish list. Then I think we changed it to a needs assessment and then we changed it to learning materials, learning resources, because we wanted to be clear that these were materials to support the provider and the work they do with children. That kind of evolved too—how can we then tie in the activities that the visitors are doing to providers that would include the materials that they received?

When queried on whether there were any challenges involved in the provision of the materials, the responses typically focused on the logistic aspects of timing of distribution, ordering, receiving, organization and storage. Others expressed concerns about, on the one hand, the possibility of creating dependency, and on the other, the lack of equity.

You know, one of the other things that we thought about as far as the resources was that we were gonna wait until the providers were somewhat into the program before we gave the materials, for fear of maybe the word getting out.

Because we didn't [have room to store ordered materials] we also wanted to space things out as we were giving them to the provider. Those dynamics were very challenging.

Our challenge was mainly here, how to get everything organized. Eventually as time went by, we were distributing to everybody what they needed.

The only thing I always worry about is when we do have these wonderful, wonderful projects and these opportunities for connecting items to people is always wanting to make sure that we're also not building dependency.

I think the materials purchased were good quality, everything good, but I just feel like it wasn't distributed evenly.

In response to whether the process led to unintended consequences, team members voiced different assessments of what occurred from no to that would be a good topic to research.

None.

No, I don't think so. I know I mentioned earlier that we just don't wanna create this dependency idea, but I think for the pilot project itself, they knew that they were pilot project participants, and so this was going to be something that was not going to be, maybe, "cookie cuttered" for the rest of the state...

That would've been a good question to find out about. You wonder, you give them the materials and then they disappear. It looked like most of them stayed. There was a turnover. There were some people that dropped out, but it wasn't immediately after they got the stuff.

Finally, asked about what should be changed, respondents highlighted different aspects.

That was a big chunk of time -- our coordination with our admin team, and going through budget, and then going through UNM. That piece I would have changed.

No, I thought that [everything] was great. Everything was either UPS or through the mail. It was great.

I think that, in the future, if they were to have another program, I think that the learning materials should be purchased right away. For instance, the girls were doing outreach. The girls were already talking to clients about all of the good stuff that they were gonna get. They were like where's the things that you told me you were gonna bring me? It took three or four months for them to eventually start receiving things. I think that, when you promise, you gotta be consistent. That way, they don't lose the trust on the program.

From the general tone of comments on the materials the Initiative offered to providers, most team members thought that this aspect was important on various levels. First, it provided providers with several resources that they may never have otherwise been able to acquire had they to rely on their own financial means. Second, and perhaps more importantly, the materials allowed them to create spaces in their homes that were conducive to the operation of safe and developmentally enriching spaces for children to be, play, and learn while in their care. Finally, the relatively modest investment of \$1,000 per provider could serve as a benchmark for other state programs that are designed to improve the capacity and quality of home-based early care that many families depend on that allow parents to pursue schooling or work and thus improve their opportunities for self-sufficiency or a better standard of living. The next block of questions dealt with networking opportunities for providers.

Networking

One of the elements of being a successful professional in any field is to build and maintain a network of associates and practitioners in your field. This characteristic is as true for family child care providers as it is for doctors or lawyers or artists. However, the opportunities for effective networking can be sparse for many family child care providers due to various constraints on their time, care for their own children, or limited access to dependable transportation. One of the goals of the FCC Initiative was to encourage providers to participate in regular networking events. These "group connections" events that occurred regularly in one community but not the other enabled providers to mingle with each other, "talk shop," and often hear a speaker from the local community on topics such as school readiness, nutrition, or health and safety. These events along with the regular visits of local agency personnel helped providers instill in themselves a sense of professionalism and transform their identity of "just" being baby sitters.

One of the first questions asked of visitors was whether the obligations of their job required them to work extended hours to accomplish either visits or coordinate group connection activities. As is seen in the responses they often had to work after five or on weekends to accommodate the needs of their provider clients.

We would work after our regular shift. We would work in the evening to get our group connections completed. Our group connection is once a month. ...It wasn't that bad.

I don't think there were any that I did on weekends. There was one provider that she always liked later afternoons. I would stay between 3:30 and 6:00 p.m., which is a little later than normal.

Since I was doing home visits on the FCC project at the same time, I could say I worked six days out of the week. I actually did Saturdays and afternoons after 6pm.

While the group connections that occurred in one community were regularly scheduled, typically monthly, it was nonetheless a challenge for many providers to take advantage of this opportunity. As noted earlier, constraints of time and limited access to transportation showed up regularly in comments. One of the local agencies simply was not able to make the group connections work despite several efforts to offer events.

The agencies were telling us that they would have five or six providers coming to the group connections. They definitely wanted it, they were participating, but I think it had a lot to do with transportation, logistics, time of meeting.

This was not something that we were able to do much of. Getting providers out was a very big challenge. Many of them work Monday through Friday and therefore, couldn't come out. Evenings became very challenging for them and especially challenging for my staff and for myself. Then weekends, you can imagine, people have responsibilities. It was very challenging....The availability of time and availability of transportation, and availability of people to come together for extra. That's how it was seen.

They know about it, but because of transportation issues [they couldn't make it]. Opportunities for group connections—my providers didn't have a chance to go to the Carino (a local community advocacy group). We planned Explora (a children's museum) at one time. It didn't work because of transportation. To bring the children with them, for me it was not possible. Some providers came to the nutrition class...and the partnership. They have a name for the group of providers. It used to be [something] like Children First. I went once.

The engagement strategies used to encourage providers to attend the group connections included meeting other providers, hearing different speakers, food, and direct face-to-face communications. It also helped that attendance at the group connections helped them to meet credits requirements they had a through their affiliation with FYI (a supplemental food program).

Just getting to meet other providers, I think that was key for them to leave their house.

We would prepare them and let them know we were going to have a group connection. For example, in the health theme we would let them know about nutrition and health, exercising and we would let them know that, we were inviting different people in the community to teach the group connections.

This group connection also helped them with the FYI (the supplemental food program) ...because that was the requirement for them to be in the program. We would help them for an hour with their classes so they could obtain a certificate.

When asked whether they saw any unanticipated consequences of the networking efforts, responses were mixed. On one hand, one respondent saw none, but on the other, another saw local agency priorities of encouraging a movement towards licensure as inhibiting promotion of networking.

No, I believe they would have gone - that was the technique that I used. They showed up and they liked to go.

I think what hindered us on having group connections is that we had this pressure of getting our providers licensed. That was kind of our number one priority. I think what we did is we kind of put that on a higher priority than group connections.

Encouraging FCC providers to embrace a sense of professional identity was an underpinning of activities by the CDD educators, which, in turn, was embraced by the visitors who made the routine face-to-face contact with the providers. There was uniform agreement across the team members that the Initiative did achieve this outcome as the following examples illustrate, especially the last one that shows what a provider with goals and determination can achieve.

Yes. Big time. The stories that we're hearing from the agencies was that so many of the providers were saying, "I can't believe New Mexico is even paying attention to us" and "How wonderful it is to feel honored and recognized by the state of New Mexico," and the number of providers that wanted to become licensed, the number of providers that wanted more information about other types of education.

Well, I do know that some have actually moved onto licensing and getting licensed. I would think that would be an indicator of both. I have also heard a lot of feedback about the project ending. Providers being very eager and interested in other things they can transition into.

Yes, absolutely. I have one provider. She was from the get-go like, "I absolutely want to get licensed." She received funding from, I think it's called Accion(?) (a micro-lending group). They asked her to save \$3,000.00, and then they would match that if she was able to hold that amount in her bank account for three months. They matched that amount. What she used that money for was to expand. She turned her garage basically into the main area for her daycare. Her income basically tripled. That was one advantage. Then through the use of our materials, she was able to create those spaces that I was talking about earlier. She has a beautiful space now. Absolutely, she's now licensed. Now she has a plaque from us stating she completed our program. She's definitely on her way to flourishing as a provider. I mean, her ultimate goal is to open up her own center. That's the bigger picture.

The second to last group of questions related to the data system. Since a functional electronic data system was not made operational until May 2016 it did not lend itself to much analysis other than to see the lack thereof as an impediment to the Initiative.

Data

There was a uniform agreement across members of the HV FCC Outreach Initiative coordination team that the lack of a cohesive data plan and operational database was the single major shortcoming for the project. It impeded the efficient collection of data, the creation of reports for both ongoing management, outreach to providers, and contract compliance. The next set of comments encapsulates these perspectives.

I feel the biggest obstacle was just knowing what data points we wanted to capture. That, to me, still continues to be something we're still evaluating is, what—because you can capture so much data, but what is the most relevant, and do you want to warehouse all that information when we don't know what's gonna be done with it?

I think it just caused frustration in the providers themselves. The providers have an easier time, in our opinion, looking at the information or consuming the information in an online form. When it's in paper charts, it's much harder to look at things in a global manner. How am I doing? How many people do I have? That kind of thing. I think that was a barrier to implementation, where they couldn't go and then document their work. They were still worrying about the paper, and then knowing eventually they were gonna have to put it into another system.

I wasn't able to see where we're at, and the percentages, and what we needed to work on, and just to be able to relate that information to the parent educators, and say you really didn't do these visits, or what's going on with this client, or this and that. The bad part is that I had to go into each individually manually and look at their charts, instead of just running the report and finding that out. Not just that, [but] I wasn't able to provide you, as a researcher, or CYFD, as my funder, a report of how we were doing. I was just going, without knowing if we're doing right or not. I think data's essential...

The final area that the interviews considered was the evaluation itself. The following provides various perspectives on how team members saw its worth.

Evaluation

One of the first set of questions posed about the evaluation was its successful aspects and whether it helped to focus the Initiative. Team members provided various perspectives on these considerations.

I feel like absolutely the collaboration, and the communication was impeccable. That [CEPR staff] were always aware of, and checking, and thinking about that. How is this going to affect the training? How is this going to affect the visitors? How is this going to affect the agencies? Is it going to affect the providers? Who are we going to pick for the observers? That you were cognizant of that, they were all bilingual, they were all female. ... Also passionate about the work, how important this Initiative was.

For me, the evaluation is the biggest piece of this to demonstrate success. I mean, it's one thing for the group to feel successful. In my sort of world, the data tells the story, right? ... The presentation we were given with the spider graphs I think is very useful, because it gives people the lay of the land and supports, "This is why we're doing this. Oh, we need to do this a bit differently." I think that really supports the Initiative. I think the more visibility on that evaluation effort, on the data, or whatever, just strengthens that other piece.

The questions are awesome. I think they're all very important. To me, ...the importance of the children learning through the materials and through the child care providers while they're being cared for, that they're not just being cared for, that they're actually doing stuff that are going to help them in their future. Even get them ready for school.

When asked whether it helped to focus the Initiative, responses were mixed.

I felt like, at every level, we were always talking about, how is this gonna work for the evaluation? That was very good. I felt like I was constantly being reminded and also refreshed on what we need to do.

I think by design, it should have. I think that it wasn't followed closely enough by the providers, or by the sort of group as a whole. Not that the evaluators made a plan and then just did something different. I think we had a little bit of a hard time as a group sticking to that plan. No blame on the evaluative team for that, obviously.

Another area of focus was whether the evaluation provided sufficient feedback to other team members. In response, again the comments were mixed.

The August 15 [2016] presentation about the initial report was good feedback, which looped information back to us. I think all of the time that we spent up front really thinking about this, all the time you put in with outside consultants, with the university as far as setting up the research parameters, the conversations we had as a team. ... We decided that they were gonna be called observers. That level of collaboration around those pieces I think was a big—it was just very important because we're talking about going into people's homes.

Well, not really. I mean, it did not have a direct program impact, is what I would say. I think what [the evaluation] did do was create a sense that this is important work for the providers. Does that make sense?

There was general agreement among the team that the evaluation did not create any barriers.

I didn't run into any barriers. I think because our team had experience working with you guys as the evaluators, it was a lot easier. Our job is typically made easier by the evaluative team. That team can provide the structure and the idea of what we're supposed to be collecting. Then we just fit into that structure. For us, it was a pretty smooth process for that.

Not that I can think of. I appreciated that [CEPR] continued to be at the table at all the meetings, because sometimes you just can't anticipate what needs to be shared either way. I think that ongoing, again, communication.

To close out, team members were asked if the Initiative was to be extended in the future whether there were other areas that needed to be evaluated that had not been. Some worthwhile suggestions were offered, such as provider professional development and provider exchanges with parents.

Outcomes, I think things like professional development....Seeing how much education and professional development in general the providers are involved with. I would imagine that that would be an important piece to track and to figure out. Then, I said this in the beginning, and I still feel very strongly about this, is I would feel that the project would be more complete if parents were more targeted. If the provider had more of an opportunity to have parental involvement, but also if the visitor had more of an opportunity to visit with the parents and provide some of this information to the parent as well, which we were not—we were told not to do, because really, our focus was the provider.

I'd love to see growth trends. Just less descriptive statistics sometimes....That's something I find more interesting, because you end up getting context. You end up getting some story behind some of these pieces, rather than just fact, fact, fact....Once it hits the legislative floor, once it hits wherever, I think that story, that context is important. The numbers are also important, but it's contextualizing those numbers in a way that people remember the story about them. Really, what I think the message is, is we are helping family-run childcares run at a more mature, efficient model.... I think that's the story that I hope that the numbers do contribute to.

Concluding Comments

As the previous excerpts attest, team members saw the Initiative as an effort that produced positive outcomes. Whether these outcomes were seen in the collaborative nature of the coordination team, the effective training approach that resulted in improved skills for the FCC visitors and the providers, or the improved quality of family child care provided to children in the two pilot communities. Other aspects of the Initiative included offering FCC providers networking opportunities that in one community supported their professional growth and giving them access to many materials and resources that helped them to create effective and developmentally appropriate learning spaces that enriched the daily experiences of the children in their care. Due to various reasons, while attempted the group connections component was not fully developed in the other community.

However, what was also recognized was that the lack of a cohesive data plan and an operational database until the end of the Initiative served as an impediment to the Initiative. The consequences of having neither a data plan nor a data base included an overreliance on paper records, the inability of program managers to run administrative reports that could help inform their decisions, improve staff performance, or meet project compliance obligations. It also inhibited giving FCC providers the data to help them make decisions in the operation of their business related to how they used their time or applied the information they received through their bi-weekly visits with local agency staff.

Overall, the interviews point to the existence of a promising model in the Initiative for outreach, training and support for a group of child care providers that serve many families and their children in New Mexico. The relatively modest financial support of \$1,000 for material resources supplemented by the bi-weekly home-based education visits they received from local agency staff have improved the quality of the care these providers offer. The collaborative nature and civil discourse that the coordination team engaged in throughout the Initiative served as the underpinning for its ongoing administration and as a model for future endeavors the state of New Mexico can look to for guidance.

Section 5

Parent Survey Results Summary

An important element of the evaluation was including a survey for the parents or caregivers of the children receiving services. Members of the CEPR observation team distributed these surveys to each of the providers, who in turn, were asked to distribute to parents/caregivers of the children in their care. Attached to the survey was a cover letter that explained the purpose of the document and a pre-addressed mailer for having the completed survey returned to CEPR. For their effort, the parent/caregiver was provided a \$10 dollar gift card. Each of the materials was provided in both English and Spanish language versions and it was the responsibility of the provider to decide the appropriate one for their respective parents.

By using a projected average number of two parent/caregivers per provider we estimate that at minimum fifty-six received a copy of the survey. CEPR received thirty-five of these surveys through the mail for an estimated response rate of 60 percent. The following provides a summary review of results drawn from twenty-eight questions that included six open-ended responses. The survey was informally grouped into five sections, with a synopsis of findings for each provided prior to summary tables that include the question asked, average score and the number of respondents for each both in aggregate and broken out by local agency, i.e. South Valley Albuquerque or Luna County. Average scores for each community are not provided because we consider the number of respondents from Luna County (8) as too low to serve as an effective representation of the perspectives of that population.

Section 1: Satisfaction of parents with the experience their child is receiving with the care provider.

The first section of questions that were asked on the parent survey was in reference to the care that the child has received while with their care provider. The questions cover the basics, such as safety and interaction with other children, as well as care in learning and ability to complete activities. Thirty-five people took the survey in its entirety, however, answering in the “Don’t Know/Does Not Apply” category is not taken into consideration and the numbers do not appear in the table below; only answers with a specified score are included. For this first series of questions respondents were asked to provide a score on a five-point scale where one meant “Not Satisfied At All”; two “Somewhat Satisfied”; three “Satisfied”; four “Very Satisfied”; and five “Extremely Satisfied.” A majority of the scores came back with an average ranking of 4.7, with one having an average of 4.8. From this data, the reader can assume that generally speaking parents are experiencing a high level of satisfaction with the care their child is receiving through FCC providers.

Table 28

<u>Question</u>	<u>Average</u>	<u># of Respondents</u>	<u>South Valley</u>	<u>Luna County</u>
How satisfied are you that your child will be safe while with your child's care provider? (5 point)	4.7	35	27	8
How satisfied are you that your child's care provider offers creative activities (art/dress up/etc.) that seem right for your child's age? (5 point)	4.7	35	27	8
How satisfied are you that your child's care provider offers learning activities (learning letters, numbers, etc.) that seem right for your child's age? (5 point)	4.7	35	27	8
How satisfied are you that your child's care provider offers enough time reading to your child? (5 point)	4.6	33	25	8
How satisfied are you that your child's care provider helps your child learn to get along with others ? (5 point)	4.8	34	26	8

Section 2: Ability of care provider to provide information about the child and their experience with the care provider.

The second section of questions has a focus on the information that the care provider is able to share with the parents of the child. These questions range from how often the information was distributed to a parent, to how useful the information was to receive as a parent. This section consists of four questions with various types of scales that were either between one and five or one and six. An additional two questions requested open ended responses. The scales used covered aspects of frequency or usefulness:

- 1 (Never); 2 (1 to 2 Times); 3 (3 to 4 times); 4 (Once a Week), 5 (Every Other Week) and 6 (Monthly)
- 1 (Never); 2 (daily); 3 (Weekly); 4 (Every Other Week); and 5 (Monthly)
- 1 (Not At All Useful); 2 (Somewhat Useful); 3 (Useful); 4 (Very Useful); and 5 (Extremely Useful)

For the questions with scaled responses, the averages varied from as low as a 2.7 to as high as a 4.6. The data suggests that while parents were not frequently receiving information from providers regarding the child's time in childcare, when providers shared information, parents found it very useful.

Table 29

<u>Question</u>	<u>Average</u>	<u># of Respondents</u>	<u>South Valley</u>	<u>Luna County</u>
During the past year, how often did your child's care provider share information with you about your child's day in care (for example, at pick up time?) (6 point)	3.9	35	27	8
When your child's care provider has shared information about your child's day, how useful was that information to you as a parent? (5 point)	4.6	35	27	8

In response to the following question:

Do you recall what was useful about these talks?

Thirteen respondents gave no answer, one each answered, "yes" and "no" without elaboration. An additional twenty provided short written answers that, in general, focused on how the provider helped the child learn or accomplish something new daily.

Table 30

<u>Question</u>	<u>Average</u>	<u># of Respondents</u>	<u>South Valley</u>	<u>Luna County</u>
During the past year, do you recall how often your child's care provider shared a story or information with you about something new that your child was able to do? (5 point)	2.7	34	26	8
How useful did you find that information to you as a parent? (5 point)	4.4	34	26	8

In response to the following question:

Do you recall how those talks helped you to support your child as he or she was learning new things?

Seven provided no answer, thirteen gave an answer of “yes” with elaboration, and an additional fifteen provided a written response. From the written responses the trend that emerged is that, for the most part, parents are positive about the care their child is receiving, mainly about how their child learns something new or how the provider helped them to solve a problem.

Section 3: Usefulness of materials provided to parents for continued learning at home for the child.

This section included questions primarily focused around the activities and information that providers give to the parent in order to help home growth and learning for the child. There were eleven questions with a numerical scale between one and four, one and five or one and six, and there were three questions with open-ended responses. The scales used covered the usefulness of information given, as well as how frequently they received it.

- **5 point** - 1 (Not at all useful); 2 (Somewhat Useful); 3 (Useful); 4 (Very Useful); and 5 (Extremely useful)
- **4 point** - 1 (Never); 2 (1 to 2 Times); 3 (3 to 4 Times); and 4 (5 or More Times)
- **5 point** - 1 (Never); 2 (Daily); 3 (Weekly); 4 (Every Other Week); and 5 (Monthly)
- **6 point** - 1 (Never); 2 (1 to 2 Times); 3 (3 to 4 Times); 4 (Once a Week); 5 (Every Other Week); 6 (Monthly)

This section of questions has an average range between 2.6 and 4.3. The data suggests that the information and activities that providers gave to the parents for at home completion did not get used all that frequently, nor were they completed at a very high rate. However, when the activities were given to the parents for at home completion by the child, and were completed, the parents said that the information and activities were relatively helpful.

Table 31

<u>Question</u>	<u>Average</u>	<u># of Respondents</u>	<u>South Valley</u>	<u>Luna County</u>
During the past year, do you recall how often your child’s care provider talked with you about a challenge your child was having? (5 point)	3.2	33	27	6
How useful did you find the information to you as a parent? (5 point)	4.3	31	26	5

In response to the following question:

Do you recall how those talks helped you support your child when she/he was responding to challenges?

Fourteen gave no answer. Three others answered yes with elaborations and eighteen gave written responses. Respondents tended to focus on how the provider helped the child with bathroom or eating problems.

Table 32

<u>Question</u>	<u>Average</u>	<u># of Respondents</u>	<u>South Valley</u>	<u>Luna County</u>
During the past year, do you recall how often your child's care provider provided you handouts of activities that you could do with your child? (5 point)	3.2	32	24	8
If you received handouts of activities to use at home, how often did you do those activities at home with your child? (4 point)	2.6	28	20	8
How useful did you find those handouts when you and your child completed them? (5 point)	3.7	25	18	7

In response to the following question:

Do you recall what was useful about those handouts?

Nineteen gave no response, one answered “no” without elaboration, and the other 14 provided a written response. The comments in this group centered on the child learning and benefiting from the activities in the handouts as they related to numbers, letter, shapes, colors, or other learning games.

Table 33

<u>Question</u>	<u>Average</u>	<u># of Respondents</u>	<u>South Valley</u>	<u>Luna County</u>
During the past year, do you recall how often your child's care provider offered you books to take home or tips for reading with your child at home? (6 point)	3.2	31	25	6
If your child's care provider offered books or tips about reading with your child, how often did you make use of them? (4 point)	2.8	28	21	7
If you did make use of those books or tips about reading with your child, how useful did you find them? (5 point)	3.8	27	20	7

In response to the following question:

Do you recall what you found useful about any of those books or tips about reading with your child?

Fourteen did not respond, one answered, “no” without elaboration and the other twenty provide written responses. The major theme that emerged from these latter responses focused on how much their child was enjoying reading and learning new words.

Section 4: Resources in the community provided to the parents by the caregiver

The fourth section of questions consists of three questions with quantifiable answers, and one question with an open-ended answer. This segment was structured to ascertain if the FCC provider was able to give information or materials regarding community resources to parents, and if so, how helpful the parents found that information. The scales used covered how often providers gave information to the parents, and usefulness of the material or information:

- **6 point** - 1 (Never); 2 (1 to 2 Times); 3 (3 to 4 Times); 4 (Once a Week); 5 (Every Other Week); and 6 (Monthly)
- **4 point** - 1 (Never); 2 (1 to 2 Times); 3 (3 to 4 Times); and 4 (5 or more times)
- **5 point** - 1 (Not useful at all); 2 (Somewhat Useful); 3 (Useful); 4 (Very Useful); and 5 (Extremely useful)

The scores compiled in this section range from a low of 2.6 to a high of 3.6, indicating a relatively mid-range average all around in this section. The data suggests that information given to them regarding materials about community resources were given fairly often, and were relatively useful to the parents. However, the data can also suggest that the parents only used the information or resources one to two times throughout the time of the childcare.

Table 34

<u>Question</u>	<u>Average</u>	<u># of Respondents</u>	<u>South Valley</u>	<u>Luna County</u>
During the past year, do you recall how often your child's care provider shared materials with you about resources in your community that are available to you or your child (such as health care, getting food stamps, income support, safety, etc.)? (6 point)	3.6	28	22	6
If your child's care provider shared materials about resources in the community, how often did you make use of them? (5 point)	2.1	29	23	6
If you made use of resources in the community that your child care provider referred you to, how useful did you find them for you or your child? (5 point)	3.3	27	20	7

In response to the following question:

Do you recall what was useful about any of those materials?

Twenty-five gave no response, one answered no without elaboration, and the remaining nine provided a written answer. Those parents who responded tended to enjoy getting information about resources or other things happening in their community.

Section 5: Child's preparedness for schooling after childcare:

The final section of questions consists of two quantifiable answers. These questions are both based on a five-point scale and are focused primarily on parent perceptions of how prepared their child is for entering school after being under the care of a FCC provider. The scales used covered satisfaction of parent, and belief of readiness of the child to attend school.

- **5 point** - 1 (Not satisfied at all); 2 (Somewhat Satisfied); 3 (Satisfied); 4 (Very Satisfied); and 5 (Extremely satisfied)
- **5 point** - 1 (Not ready at all); 2 (Somewhat Ready); 3 (Ready); 4 (Very Ready); and 5 (Extremely ready)

Based on the data, the reader can assume that the parents are both very satisfied with the care that the child's care provider has provided, and believe that the child is very prepared to enter schooling post child care.

Table 35

<u>Question</u>	<u>Average</u>	<u># of Respondents</u>	<u>South Valley</u>	<u>Luna County</u>
Thinking about when your child enters kindergarten, how satisfied are you that your child's care provider has helped your child be ready for school? (5 point)	4.0	31	24	7
Thinking about when your child enters kindergarten, how ready to start school do you think that your child will be? (5 point)	4.0	31	24	7

Summary and Conclusions

To recap, members of the CEPR observation team distributed copies of this twenty-eight question survey to providers enrolled in the NM HVFCC Outreach Initiative during the spring of 2016 and requested that they distribute copies parents/caregivers of the children in the care.

A total of thirty-five parent/caregivers completed and mailed the survey back to CEPR for which they received a \$10 dollar gift card. The first section of questions was in reference to the care that the child has received while with their care provider. With the relatively high scores of 4.7-4.8, respondents appear pleased with the overall quality of the care their children are receiving.

The second section of questions focused on the information that care provider share with the parents of the child and addressed from how often the information was distributed to how useful parents found the information. The data suggests that parents generally did not receive information frequently from providers, but found it very useful when they did.

The next group of questions, the largest at eleven fixed scale and three open-ended, primarily centered around the activities and information that providers give to the parent in order to help home growth and learning for the child. Once again, the questions were structured to assess how useful the parents found the information and how frequent they received it. The range of responses from a low of 2.3 to a high of 4.3 indicate more of a mixed collection of responses and suggests the providers did not give information on at-home activities between parents and children all that frequently nor were these completed on a regular basis. However, the results also suggest that when the handouts were directed toward activities for the children to complete, the parents found the information and activities helpful.

The fourth section of questions consists of three questions with quantifiable answers, and one question with an open-ended answer. This segment was structured to ascertain how frequently the FCC provider was able to give information or materials regarding community resources to parents, and if so, how helpful the parents found that information. The scores compiled in this section range from a low of 2.6 to a high of 3.6, indicating a relatively mid-range average all around in this section. While the data suggests that information was distributed on a regular basis, parents also found the information relatively useful, even if they did not use it all that often.

The final section of questions only consists of two quantifiable answers. These questions are both based on a five-point scale and focused primarily on parent perceptions of how prepared their child is for entering school after being under the care of a FCC provider. The two questions approached the issue from the perspectives of satisfaction that their child was prepared to enter school and their belief in the child's readiness for school. Based on the data, the reader can assume that the parents are both very satisfied with the care that the child's care provider has provided, and believe that the child is very prepared to enter schooling post child care.



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