

FAMILY CHILD CARE (FCC) REPORT

December 2015



Center for Education Policy Research

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. 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.

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. 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

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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, 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.

During the period that the OIRB was processing its 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.

Due to scheduling challenges posed by the December holidays, the formal visits to FCC provider homes did not commence until the second week of January. CEPR held a final review training to ensure that everyone was ready for formal observations in the field.

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Provider recruitment to the initiative occurred concurrently to the rollout of evaluation activities. Local agency personnel were responsible for the formal recruitment to the initiative. During the initial meetings, local agency staff would inform a prospective FCC provider of the evaluation and ask if they were interested in voluntary participation. If the provider expressed an interest, the local agency contacted CEPR staff to initiate the next steps.

These 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 would explain the evaluation to the provider and reviewed the informed consent process. 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 it if they did not want their child present during the time of the observation. 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 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.

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 8 of the observers in this process, we achieved a compliance level of 21 percent (8 of 38 observations).

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.

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 similarly structured, 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

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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 first phase of the FCCHV Initiative implementation evaluation provide important information on providers and family child care homes at baseline and provide insight on the successes and challenges of the initiative at mid-point. These findings are provided in three sections:

1. A baseline picture of providers and their initial 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 at the start of provider participation in the initiative.
3. Summary findings from the 15 surveys conducted with members of the initiative implementation team.

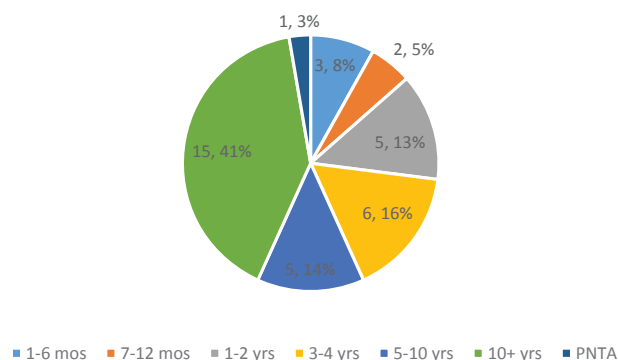
The Provider Survey

CEPR designed the initial survey primarily to collect baseline data on FCC providers. Comprised of a set of both open-ended and structured responses the survey addressed various dimensions of their background including length in the profession, their confidence levels related to the care they give to children and the outreach they offer to parents/caregivers, registered or licensure status, and demographic information, etc.

The first five questions asked how long providers had been in their profession; how long they planned to stay; if they were considering leaving, why they were interested in joining the initiative; and how the initiative found them. The term “PNTA” that appears in the legend of the first two graphs below is an acronym for “Prefer Not to Answer.”

When asked how long they had been in the profession, the highest number (15) of providers indicated 15 years or more. The next highest group (6) indicated 3 to 4 years, followed by a tie of 5 each for 1 to 2 and 5 to 10 years. A total of 5 indicated they had been in the field less than a year. Finally, 1 provider chose not to answer.

Graph 1
Q1) How long have you been a family child care provider?
Q1 (N=37)

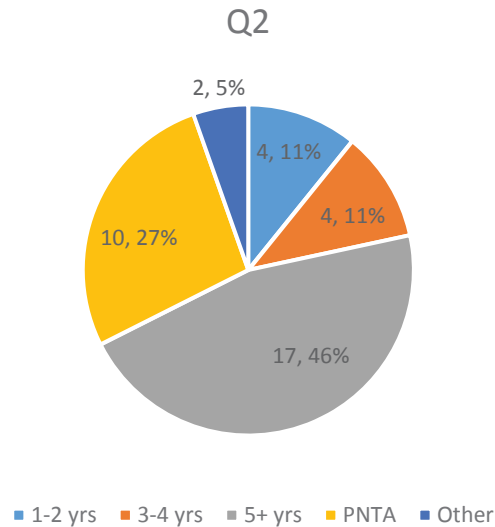


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Asked how much longer they expected to stay in the profession, the highest number of providers (17 or 46%) chose more than 5 years. This response was followed by 10 who indicated they preferred not to answer. Four providers indicated 1 to 2 years and another 4 chose 3 to 4 years. The remaining 2 indicated a choice outside the ranges offered.

Graph 2

Q2) How much longer do you plan on being a family child care provider?



For question 3 we directed the query at providers who indicated that they would be leaving the profession in less than a year and asked them to give a brief reason for this decision. The list below provides these responses that range from a desire for a better job to an indication that there would be a future end point.

Q3) 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.)

- Better job with benefits, I plan to work outside the home after my children have gone to school.
- Does not know when I will stop taking care of children.
- Does not plan to stop.
- I am preparing for an operation
- I don't plan to stop unless family no longer needs me to watch kids.
- If the parents stop bringing me the children.
- Yes, at some point.

Why providers chose to enter the initiative was the focus of Question 4. Drawing from a list of 7 options, which included “Other” and “Don’t Know,” providers could select as many choices as they wanted. By far the most common choice (28) centered on improving their skills as a FCC provider, followed by the motivation to learn about FCC related resources available in their community (24). Sixteen providers expressed an interest in learning how to become licensed or registered, while 11 want to improve their knowledge as a businessperson, and 8 want to meet other FCC providers. None of the providers indicated “Other” or “Don’t know.”

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Q4) Why are you interested in participating in the family child care visitor program? (Check all that apply)

Table 1

Reason for Participating	Count
Improve your skills as a family child care provider	28
Learn about resources for family child care providers in your community	24
Learn how to become a registered or licensed family child care provider	16
Improve your knowledge as a businessperson	11
Meet other family child care providers	8

One of the biggest challenges initially facing the initiative was identifying potential enrollees. To help determine successful enrollment strategies, the survey queried providers about how the initiative found them. The majority of providers offered an answer, except 3 who did not. Ten indicated that local agency staff located them and 8 indicated their participation in the food program was key. Five wrote that a friend was instrumental, and 2 each noted that a mother of a child in their care, a relative, or a class or conference was the critical link. One each noted CYFD and NewMexiKids for their connection. Somewhat puzzling were the 3 responses that indicated “Very Good.” As all 3 of these responses were from native Spanish speakers, it is possible that they read the question as inquiring how they found the program (i.e. their perception) versus how the program found them. The question is provided in both English and Spanish versions.

Q5) How did the home visiting program find you? (Please give a brief answer here)

Q5) ¿Cómo la encontró a usted el programa de visita a los hogares? (Por favor, incluya una breve respuesta aquí)

Table 2.

Response Category	Count
Local Agency Staff	10
Food Program	8
Friend (or other care provider)	5
Mother of Child in Care	2
Relative	2
Class or Conference	2
CYFD	1
NewMexiKids (The State of New Mexico’s Children Health Insurance Program)	1
Very Good	3
No Answer	3

Confidence about Supporting and Engaging Young Children

We then posed questions to providers that addressed their self-perception of their confidence level regarding various aspects of their profession as a family child care provider. For each question, providers could select responses on a scale of 1 “not at all confident” to 4 “very confident.” Providers could also select five, “Don’t Know/Not Sure.” For each question a mean score (i.e. average) is provided in the graph along with the number of respondents (i.e. the “N”).

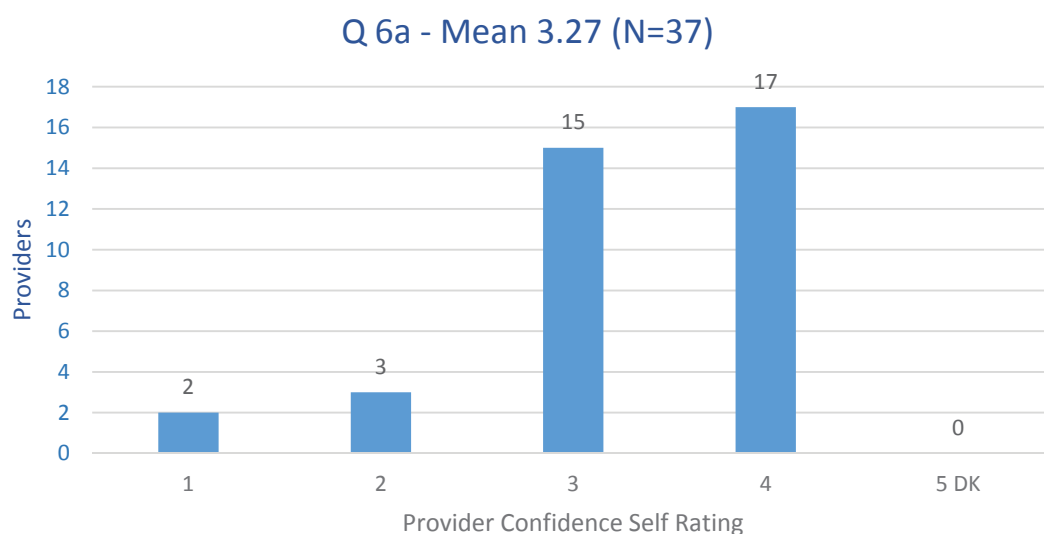
Overall, the set of providers who agreed to participate in the evaluation reported a fairly high degree of confidence in their perceived abilities as an early child care provider across various domains. While this level of self-confidence is admirable, it poses some interesting questions about why most of the providers in this group gave themselves such high ratings. On one hand, it may show a high degree of agency and capability on the part of providers. This agency and capability may be tied to the large number of providers (15 of 37 or 41%) who reported that they had been in the field of being child care providers for 15 years or more. On the other hand, the overall level of formal education achievement of the FCC providers in the study is limited, generally no more than a high school diploma.

Across the five domains addressed in this series of questions, the mean scores range from 3.24 to 3.57 on a four-point scale. The results for this series appear below.

6). 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.

Graph 3

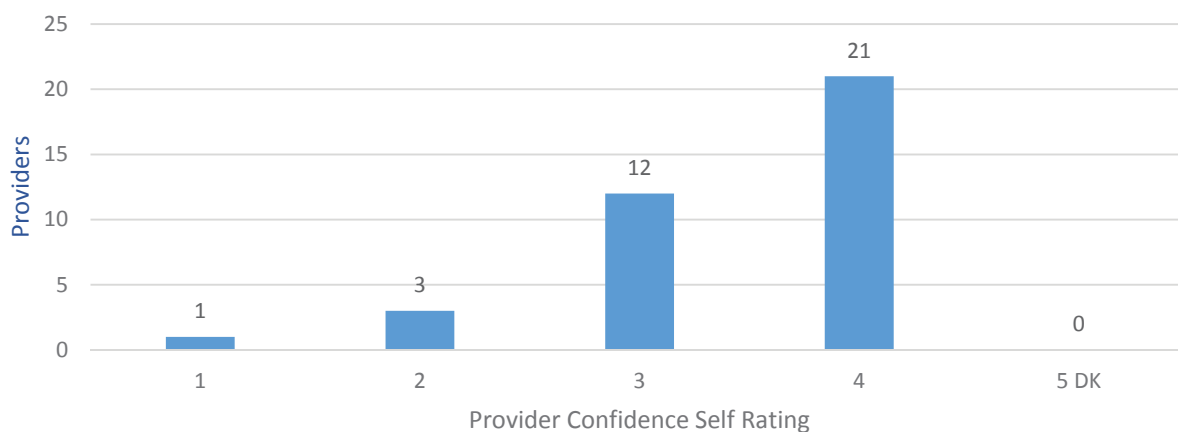
Q6a: Offer activities that meet the needs of children of different ages



Graph 4

Q6b: Support children's social-emotional development

Q6b - Mean 3.43 (N=37)



Graph 5

Q6c: Use positive ways to guide and discipline children

Q6c -Mean 3.57 (N=37)



Graph 6

Q6d: Help children be ready for school

Q6d - Mean 3.35 (N=37)



Graph 7

Q6e: Provide a stimulating learning environment

Q6e - Mean 3.24 (N=37)



Time Allotments

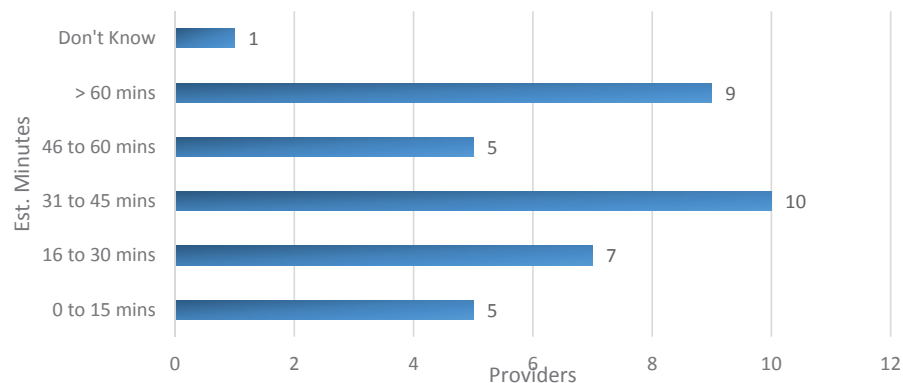
Providers also estimated how much time they spent engaging children. The areas that we addressed included: talking to children about things they found interesting; reading or looking at books; playing with children; exploring things with children; and helping children get along with each other. In this series of questions, respondents were asked to provide time estimates in 15-minute intervals, starting at 0 to 15 and ending with greater than 60 minutes. Because these scales provided ranges and not set minute allotments, CEPR did not determine mean figures for the responses.

Q7) During a typical day, about how much time do you spend doing the following activities with the children in your care?

Graph 8

Q7: Time Spent Talking to Children about Topics They Find Interesting

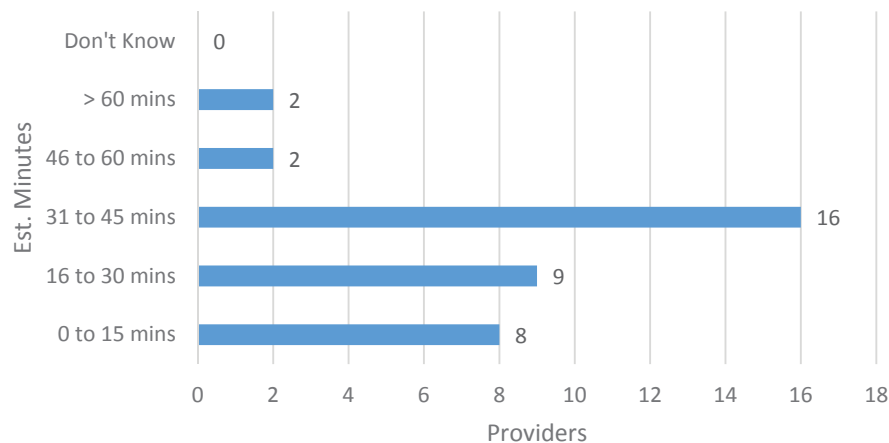
Q7a (N=37)



Graph 9

Q7b: Time Spent Reading or Looking at Books with Children

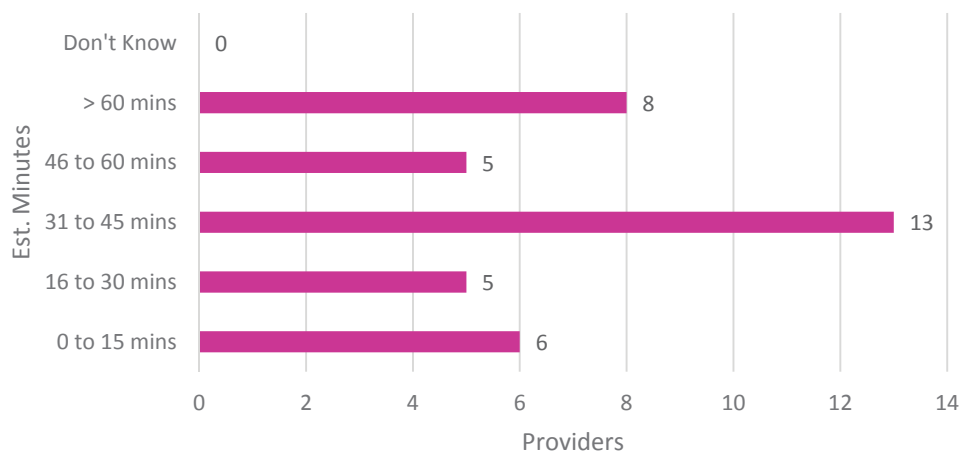
Q7b (N=37)



Graph 10

Q7c: Time Spent Playing with Children

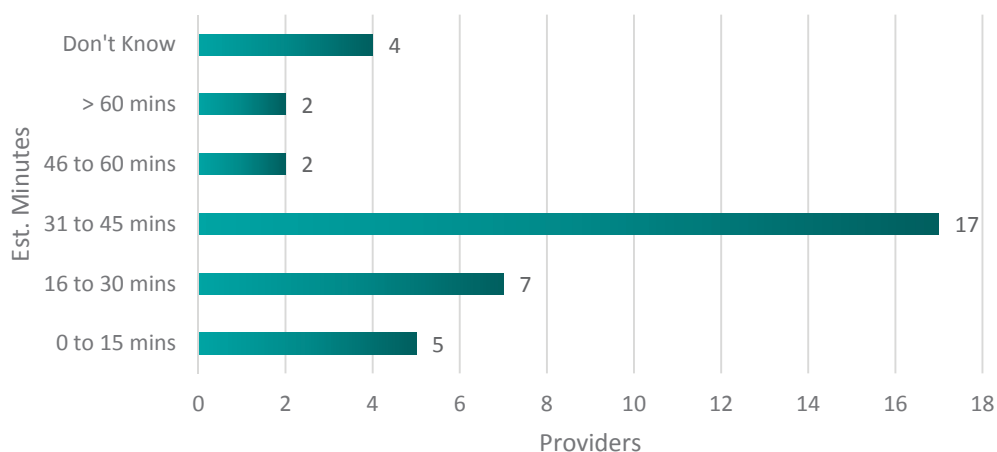
Q7c (N=37)



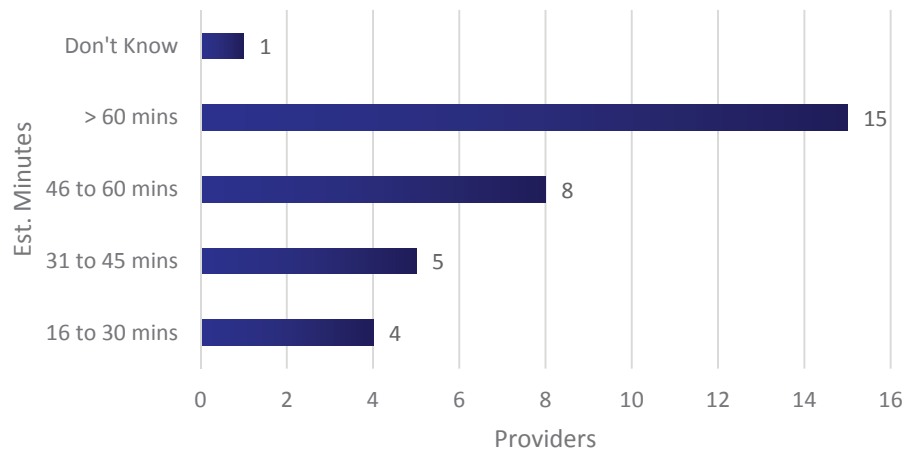
Graph 11

Q7d: Time Spent Exploring Things with Children

Q7d (N=37)



Graph 12
Q7e: Time Spent Helping Children Get Along with Each Other
Q7e (N=33)



Each of the areas addressed in these questions on time allotments has the potential to impact the socio-emotional development of children as well as provide opportunities to enhance their learning and support their readiness for school. Consequently, parent educators from the local agencies could possibly use these findings as a starting point to orient and inform their discussions with providers during outreach visits or group presentations.

Confidence about Parent/Caregiver Engagement

The next group of questions addressed the providers confidence in their ability to engage parents about various issues related to their children. Providers chose from a range of 1 “not at all confident” to 4 “very confident.” Providers could indicate they did not know and choose 5 as a response.

Since it is generally acknowledged that the parent/caregiver serves as the child’s first teacher, their engagement with their children in concert with their child’s care provider helps build strong foundations upon which the child’s early development and learning can take place. Encouraging the provider’s sense of agency in engaging parents/caregivers is therefore a critical component to help this process along. FCC providers indicated a uniformly high level of confidence in their ability to engage parents with mean scores ranging from 3.3 to 3.7 across the 4 questions in this series.

If local agency personnel chose to do so, they can use this information to build on the strengths of providers to enhance their abilities to engage parents/caregivers of children in their care.

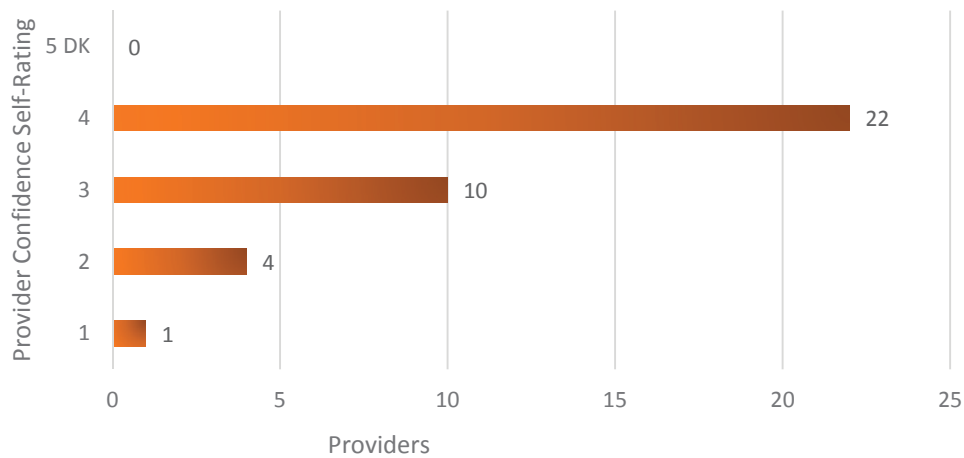
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8) How confident do you feel in your ability to do the following? Please mark your level of confidence on the scale from 1 ("not at all confident") to 4 ("very confident"). If you don't know, you may mark that option.

Graph 13

Q8a: Talking To Parents about Their Child's Development

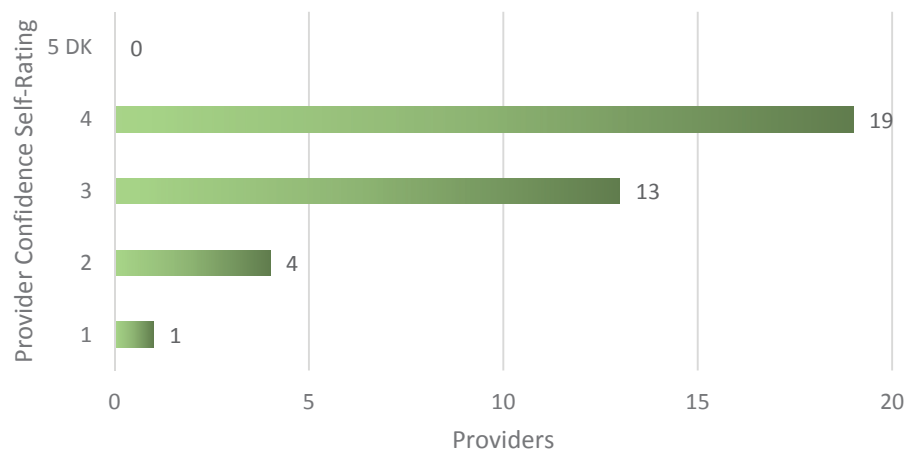
Q8a - Mean 3.70 (N=37)



Graph 14

Q8b: Talking to Parents about Their Children's Social-Emotional Development & Nurturing

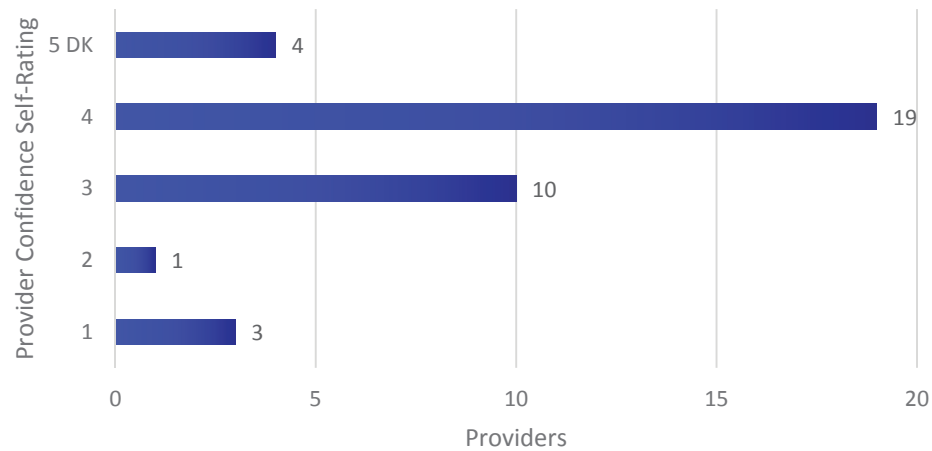
Q8b Mean 3.35 (N=37)



Graph 15

Q8c: Encouraging Parents to Read or Look at Books with Their Child

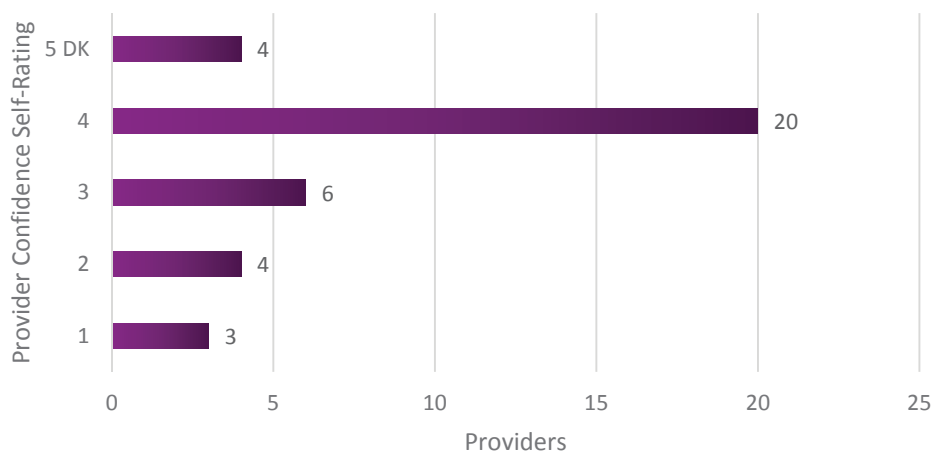
Q8c Mean 3.36 (N=37)



Graph 16

Q8d: Sharing Activities Parents Could Enjoy with Their Child

Q8d Mean 3.30 (N=37)



Confidence in Providing Information on Local Resources

As a means of supporting parents/caregivers in caring for their children the need sometimes arises to refer individuals to community-based resources. Whether these resources relate to family-oriented fun and recreation, health, economic assistance, interventions related to development, or safety issues connected to household members, the child care provider can serve as a guide for parents who want or need to access these resources. The selection options ranged from 1 “not confident at all” to 4 “highly confident.” If they did not know they could select 5. With a mean score ranging from 2.93 to 3.27, the provider responses across this series of questions are generally not as high as those expressed in the series discussed previously. Providing parents/caregivers information on these various services can help both the family and the children lead more stable, productive lives, thus contributing to their welfare and that of the larger community.

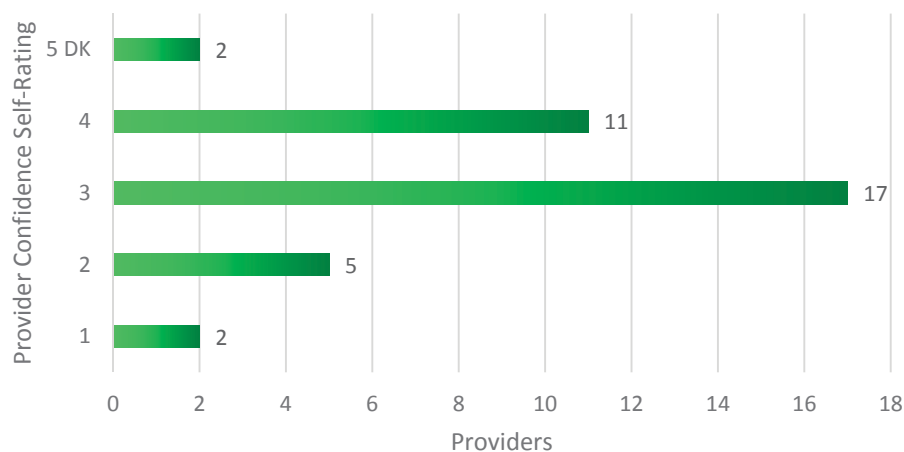
Local agency parent educators using their knowledge of the types and availability of resources in their geographic areas can help ensure that providers have the latest and most accurate information that can inform their discussions with their parents/caregivers, who may benefit.

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

Graph 17.

Q9a: Knowing about Fun, Recreational Family Activities in Local Community

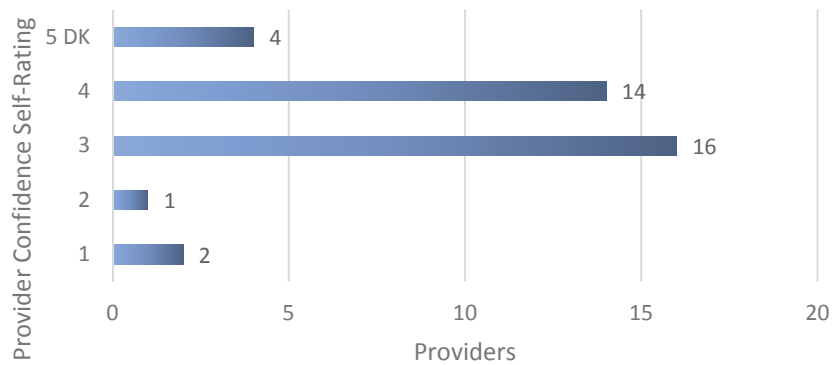
Q9a Mean 3.06 (N=37)



Graph 18

Q9b: Knowledge about Health Services in Local Community

Q9b Mean 3.27 (N=37)



Graph 19

Q9c: Knowledge about Economic Services in Local Community

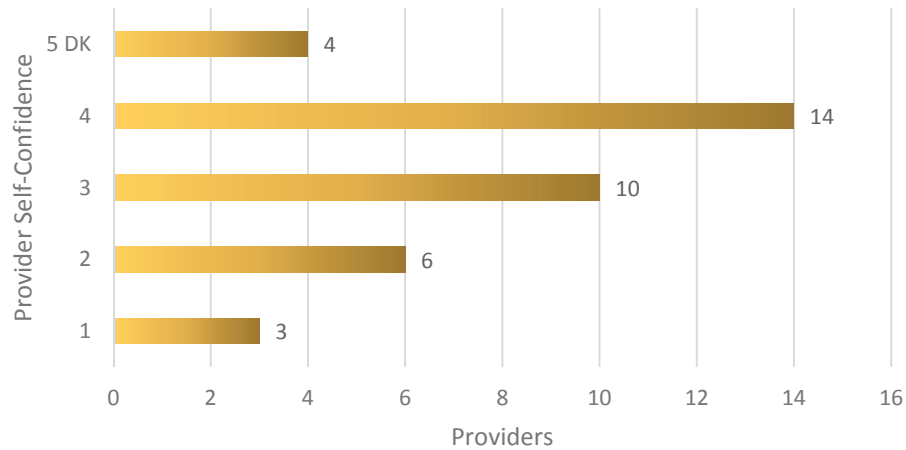
Q9c Mean 2.93 (N=37)



Graph 20

Q9d: Knowledge about Early Interventions in Local Community for Children with Possible Developmental Delays

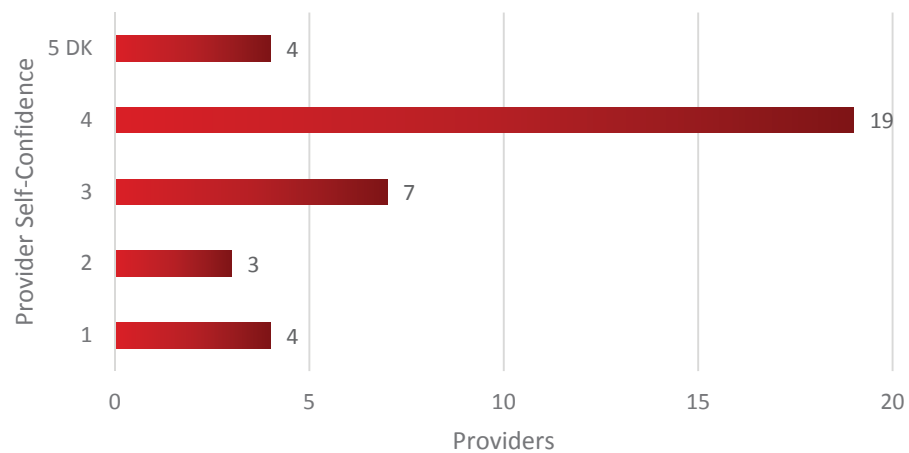
Q9d Mean 3.06 (N=37)



Graph 21

Q9e: Knowledge about Help in Local Community with Safety Issues Such as Family Violence

Q9e Mean 3.24 (N=37)

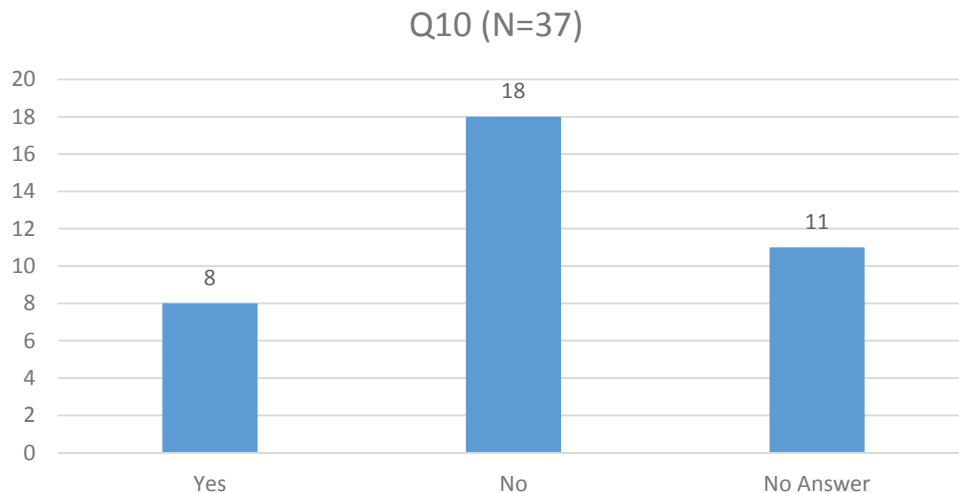


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A follow-up question to the query on local resources asked whether or not they had referred any parents and families. Although there was not a distinct yes or no response available, 8 providers indicated that they had made a referral of one type or another; 18 indicated no, they had not; and 11 provided no answer.

Graph 22

Q10: Have you referred families to any of these services? If so, please describe or list the types of services you have made referrals or recommendations to.



The eight providers who responded yes to the question gave the following responses:

- HELP, CYFD & Title 1 programs
- clinic and summer recreational activities
- the family violence program
- ENLACE, after hours clinic, Catholic Charities, St. Vincent de Paul
- school district for EC screening
- Child Find and Life Roots
- a mother who was not speaking
- foster children referred

As these responses indicate, the providers offered several different referral types depending upon the perceived needs of the various parents or their families. That said, the number of respondents (8/22%) who indicated they had referred one of their parents or caregivers to one service or another was relatively small and suggests a possible area for visitors to explore with providers in relation to expanding provider knowledge of and parents/caregivers awareness of such services.

Professional Self-Identification

Providers were asked a series of questions related to whether they were licensed or registered and, if not, whether they would like to become one or the other. The response rate (20) for the first question appears to be high for this population. It is possible that providers confused being registered with a food program

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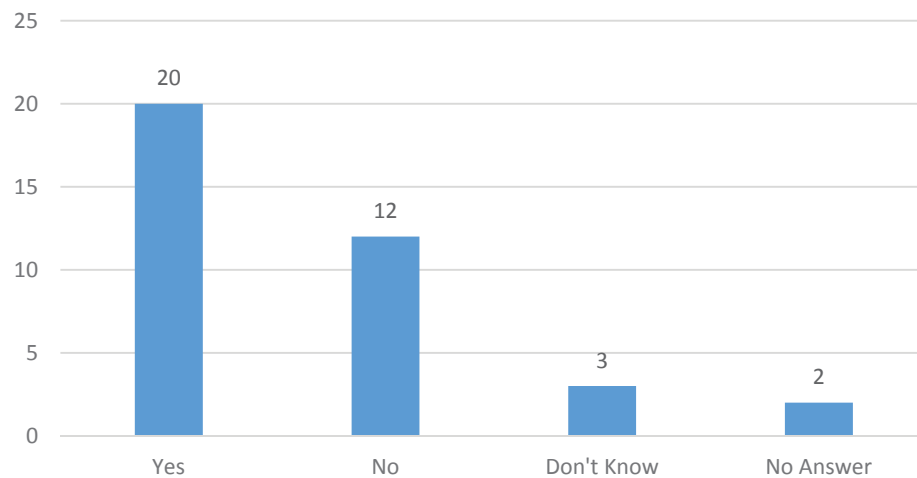
as being registered with CYFD. The third question related to licensure, appears also to raise a question related to provider interpretation as 13 respondents indicated yes.

Q11) The next set of questions relate to your registration or licensing status as a FCC provider:

Graph 23

Q11a) Are you a Registered child care provider?

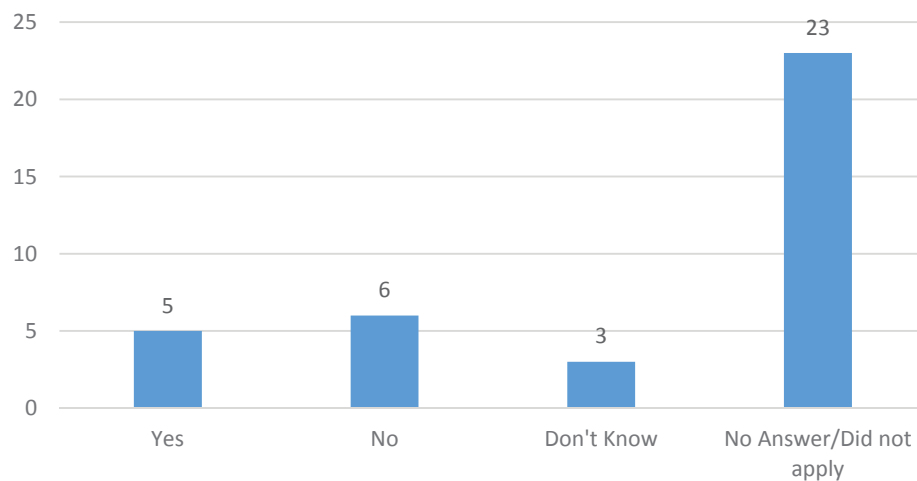
Q11a (N=37)



Graph 24

Q11b) If not, would you like to become Registered?

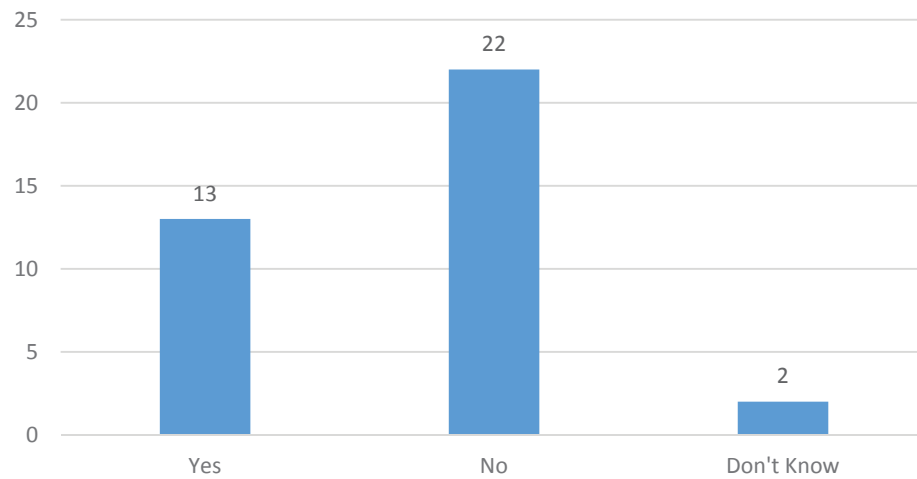
Q11b (N=37)



Graph 25

Q11c) Are you a Licensed child care provider?

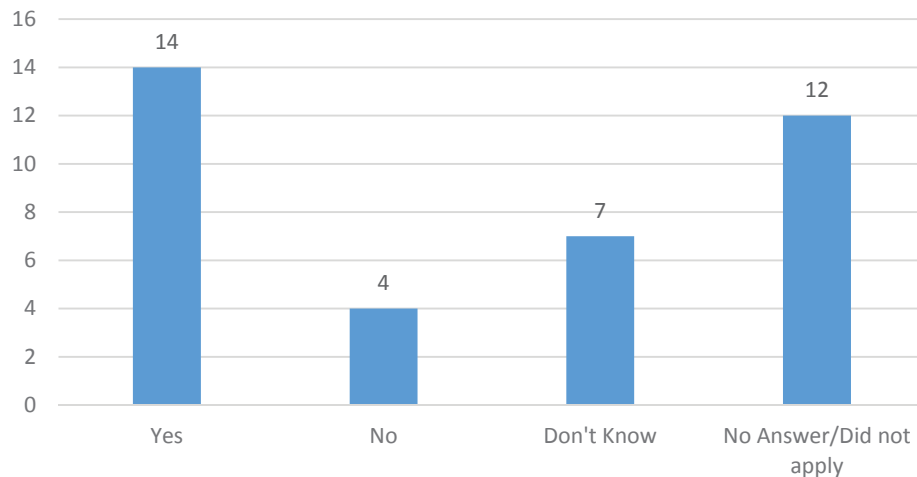
Q11c (N=37)



Graph 26

Q11d) If not, would you like to become Licensed?

Q 11d (N=37)



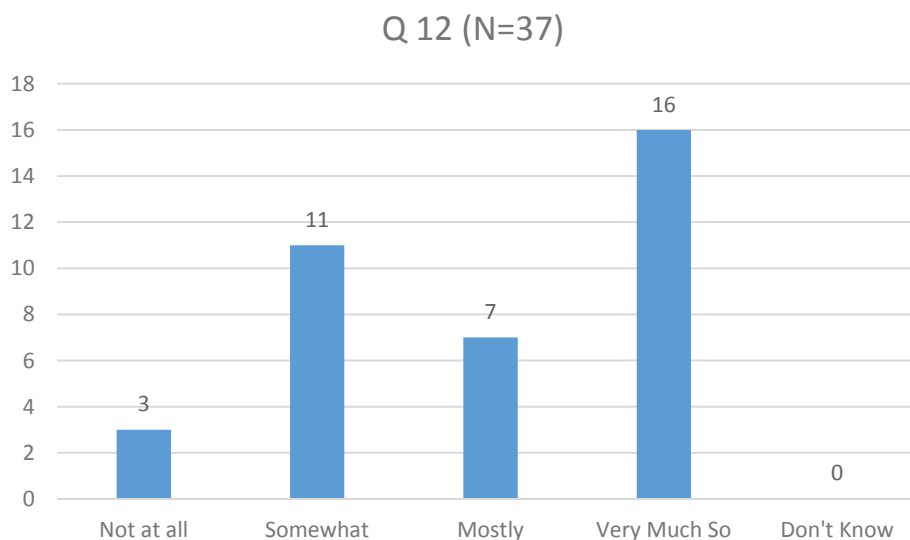
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The professional self-identification of FCC providers was probed further through questions about their sense of themselves as an early childhood professional and as a small business owner. Asking these two questions was tied to goals of the initiative to improve the quality of family-based child care in NM and encourage the development of providers' sense of being small business owners. When asked about their identity as an early childhood professional 23 (62%) responded with "mostly" or "very much so"; a little less than one-third of the respondents (11/30%) indicated that they had "somewhat" an identity; and a relatively small number (3/8%), responded with "not at all."

In response to the companion question regarding their self-perception as a small business owner a majority of the respondents (20 or 54%) indicated a response of either "mostly" or "very much so." In contrast, 8 (22%) chose "somewhat" as their response, 7 (19%) of respondents indicated "not at all," and 2 (5%) selected "don't know." The significant minority of respondents (47%) who hold either no or a minimal sense of themselves as small business owners provides a target audience for professional development support that local agencies may wish to provide to assist these individuals in moving them to a different identity than simply that of day care providers.

Graph 27

Q12) Do you think of yourself as an early childhood professional?

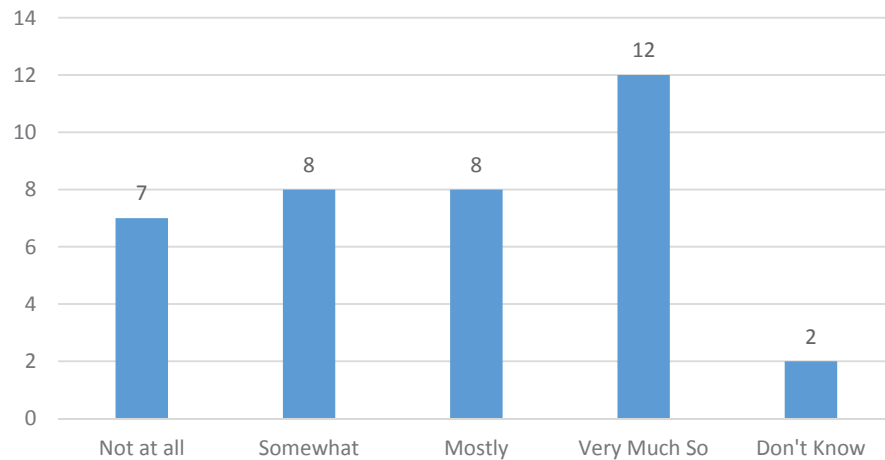


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Graph 28

Q13) Do you think of yourself as a small business owner?

Q13 (N=37)



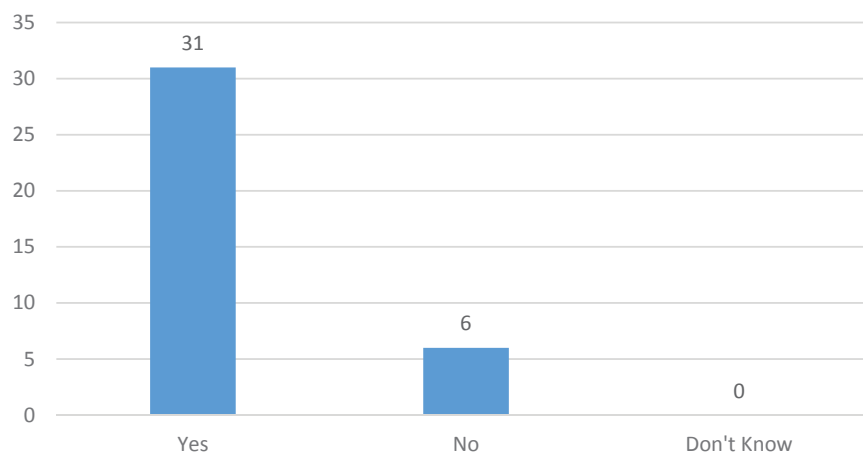
One of the key supports that both the local agencies and CYFD offer to FCC providers is professional development activities of various types. To get a sense of where providers in the evaluation stood in regards to professional development, we asked both a general question related to whether or not they had attended any professional development instruction, and a follow-up question related to the types they had participated.

A large majority of providers (31/84%) indicated that they had attended some form of professional development related to the early childhood profession. Another 6 (16%) indicated that they had not. We asked respondents who indicated yes to provide the professional development. The two most frequent responses were CPR (15) and nutrition (12). Six listed first aid, five each gave social-emotional development and the 45-hour course in early child education. Four indicated the CDC or child development certificate and seven gave no answer.

Graph 29

Q14) Have you attended any professional development activities for the early childhood profession?

Q14 (N=37)



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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 3 Summary of FCC Provider Professional Development

Type of Professional Development Coursework	Count
CPR	15
Nutrition	12
First Aid	6
Child or Social-Emotional Development	5
45-Hour Certificate Course	5
Child Development Certificate (CDC)	4
No Answer	7

Providers were asked what type of professional development they would like to take from a list of 8 different choices, in addition to “Don’t Know” or “Other.” The provider responses are rank ordered below. Those who chose “Other,” indicated nutrition, running a business, and outdoor activities.

Table 4

Q15) What kind of professional development would you be interested in attending? (Check all that apply)

Rank	Desired Professional Development	Count
1	Talking and reading with children	25
2	Guidance and discipline	24
3	Child Development	22
3	Supporting children’s social-emotional development	22
4	Setting up a learning environment	21
4	Working with different aged children	21
5	Health and safety practices	19
6	Getting parent’s involved with their children’s learning	17
7	Other (asked to specify answer)	3
8	Don’t know	1
9	No answer	1

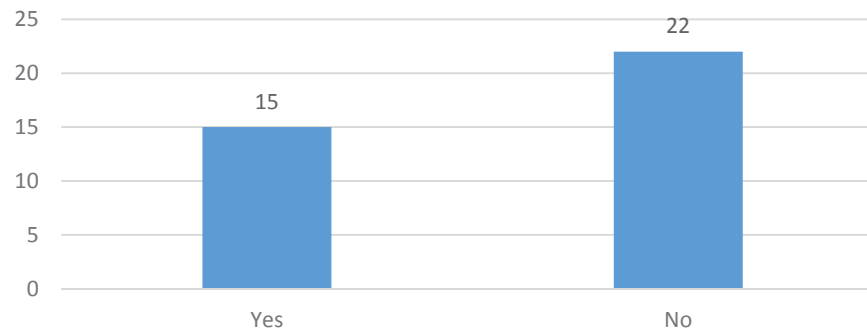
Professional Relationships

The last questions focused on relationships the providers had among each other. When asked whether or not the provider got together with other providers to socialize or talk about work, 15 indicated “yes” and 22 chose “no.”

Graph 30

16) Do you ever get together with other child care providers to socialize or to talk about your work?

Q16 (N=37)



For those who answered “yes,” we asked what they focused on when they did get together. The responses are ranked ordered below. Twelve providers gave no answer to this prompt, another 6 indicated they talked about various classes, 2 referred to membership in the Albuquerque Family Child Care Association, 4 gave general comments, and 1 responded with “visiting providers” with no elaboration.

Table 5

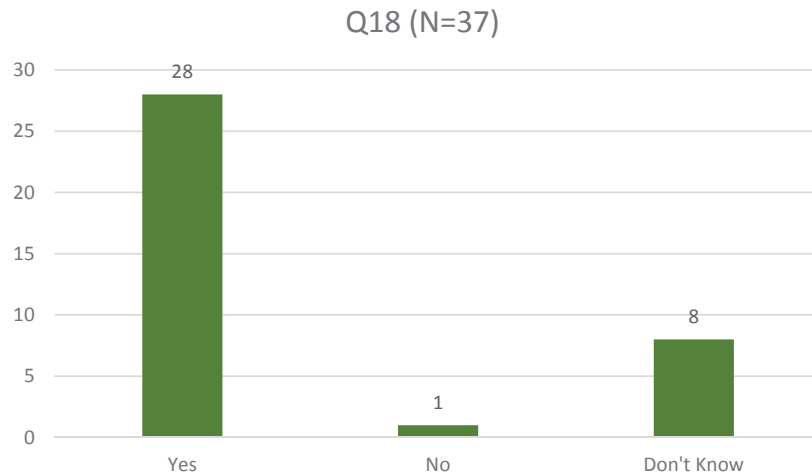
17) If you do get together, please describe:

Q17 Summary Results - Providers Describe Getting Together	
Type	Count
No Answer (Provider did not offer a response)	12
Classes (Various Types)	6
Direct Reference to Albuquerque Family Child Care Association	2
General Comments about Getting Together with Other Providers	4
Visiting Providers	1

Asked whether they would be interested in getting together with others in their profession, 28 (76%) indicated that they would, 1 responded “no” and 8 chose “Don’t Know.”

Graph 31

18) Would you like to get together with others who share your profession?



Provider Demographics

Part of the survey included a series of questions related to demographics that covered a variety of topics. Among these were: gender, ethnicity (of the providers, the children they cared for, and the families of these children), languages they spoke, their age, whether or not they cared for children of relatives, levels of educational attainment, days of the week and hours of the day they cared for children, and estimated monthly income they derived from their service as a FCC provider.

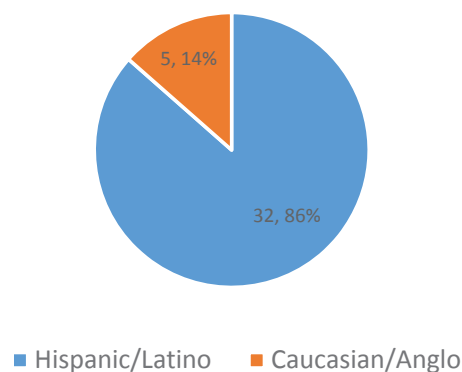
The data reported here should be used cautiously, as it is derived from a small number of FCC providers distributed across two communities, one being the South Valley of Albuquerque and the other is Luna County in southern New Mexico. The results are not reflective of the state as a whole. In all cases, providers could select “I prefer not to answer,” or “I don’t know” when appropriate.

All of the providers are female, and 32 (86%) are Hispanic/Latino and 5 (14%) Caucasian/Anglo.

Graph 32

D2 What is your ethnicity?

D2 Ethnicity of Providers (N=37)



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As a follow-up, we inquired about the ethnicity of the children providers cared for. This distribution was broader while the number within other ethnic groups was small. The two primary categories were Hispanic/Latino at 36 (97%) or Caucasian/Anglo at 13 (35%).

D3 What is the ethnicity of the children you care for?

Table 6

Ethnicity of Children in Care	Provider Responses	Provider %
Hispanic/Latino	36	97%
Caucasian/Anglo	13	35%
African American	2	5%
Native American/Alaskan Native	3	8%
Asian/Pacific Islander	1	3%
2 or more races	4	11%
Unknown	0	0%
I prefer not to answer	0	0%

When asked “what was the ethnicity of the families of the children in their care,” the results basically mirrored, with some variation, the responses from the previous question: Hispanic/Latino (36/97%) or Caucasian (11/30%) with small numbers for other ethnicities.

D4 What is the ethnicity of their families?

Table 7

Family Ethnicity of Children	Provider Responses	Provider %
Hispanic/Latino	36	97%
Caucasian/Anglo	11	30%
African American	2	5%
Native American/Alaskan Native	3	8%
Asian/Pacific Islander	1	3%
2 or more races	3	8%
Unknown	1	3%
I prefer not to answer	0	0%

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The age of children in the care of FCC providers was a measure used to determine eligibility to participate. The FCC HV initiative is focused on the services for children in the age ranges of birth to age 5 (prior to entrance to school) and the numbers within each age group are indicated in the following table.

Table 8

D5 How many children do you care for in each of the age groups below?

Ages												
	(B-1)		(1-2)		(2-3)		(3-4)		(4-5)		(5+)	
Child Count	Prov. Count	Pct.	Prov. Count	Pct.	Prov. Count	Pct.	Prov. Count	Pct.	Prov. Count	Pct.	Prov. Count	Pct.
0	20	54%	18	49%	13	35%	20	54%	22	59%	12	32%
2	3	8%	6	16%	6	16%	6	16%	3	8%	9	24%
3	1	3%	2	5%	3	8%	0	0%	0	0%	1	3%
4	1	3%	2	5%	3	8%	2	5%	0	0%	4	11%
5+	0	0%	0	0%	1	3%	0	0%	1	3%	2	5%

To be eligible to participate in the initiative and the evaluation, providers had to care for a minimum of two children. High percentages of providers reported that they have zero children in any of the six age categories with the highest being 22 (59%) in the “4 to 5” age range. The next highest counts were 20 (54%) with no children in both ranges of “birth to 1” and “3 to 4.” While most providers offer care to children across various ages, 9 (24%) offered care to the 5+ age group. We are unable to discern whether this count reflects children who were over age 5, but had not yet entered kindergarten, or children who are provided afterschool care. Six (16%) providers apiece indicated they cared for two children in the age groups of “1 to 2,” “2 to 3,” and “3 to 4.” Three (8%) indicated they cared for children in the age groups “birth to 1” and “4 to 5.”

A small numbers of providers indicated they were caring for children in counts of 3, 4 and 5. In only one instance each did a provider indicate that she cared for more than five children in the age groups of “2 to 3” or “4 to 5.” An additional two providers indicated that they had children in the 5+ age bracket. Again, these two latter examples may be reflective of afterschool care arrangements.

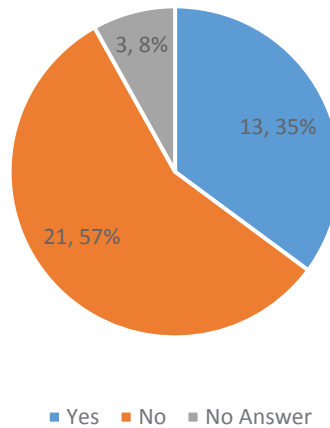
In about one-third (13/35%) of the cases, providers indicated that the counts included their own children. In response to this question, 21 providers (57%) indicated no and another 3 (8%) gave no answer.

FAMILY CHILD CARE (FCC) REPORT

Graph 33

D6 Are any of them your own children? ☐ Yes ☐ No

D6 (N=37)



D6a If so, how many? _____ What are their ages? _____

Table 9

Provider Children					
Ages	1	2	3	4	≥ 5
Count of Children	2	3	4	1	11

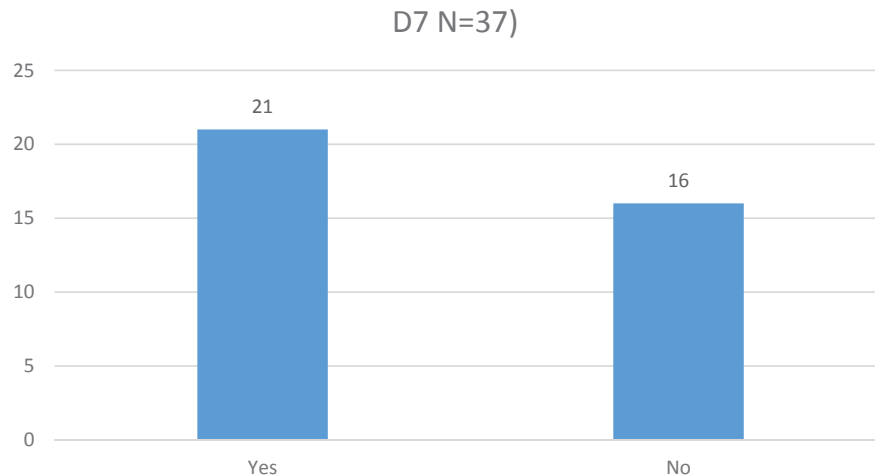
In various instances, providers indicated that they had more than one of their own children under their care, hence the disparity between the 13 reported in graph 32 and the total of 21 summarized from table 8. In any case, the survey results show a relatively common characteristic of individuals as stay-at-home mothers who provide home-based care for children from other families as a means of generating income for their household.

Another question that sought to determine the characteristics of children being cared for by FCC providers asked whether the children were relatives, such as nieces, nephews or grandchildren. Twenty-one (57%) providers answered yes to this question.

FAMILY CHILD CARE (FCC) REPORT

Graph 34

D7 Are any of them relatives such as nieces, nephews or grandchildren?



For those who answered yes, we asked a follow-up regarding how many and what were the ages. Providers were straightforward in most responses. In other responses, however, the counts of related children being cared for appear to be excessive, with one reporting six related children, and another nine. Not all providers gave the ages of related children. When reported, the ages varied widely with a range of 4 months to 19 years old.

Table 10

D7a If so, how many? What are their ages?

Number of Related Children Provided Care	Providers
0	1
1	7
2	6
3	1
4	2
5	2
6	1
9	1

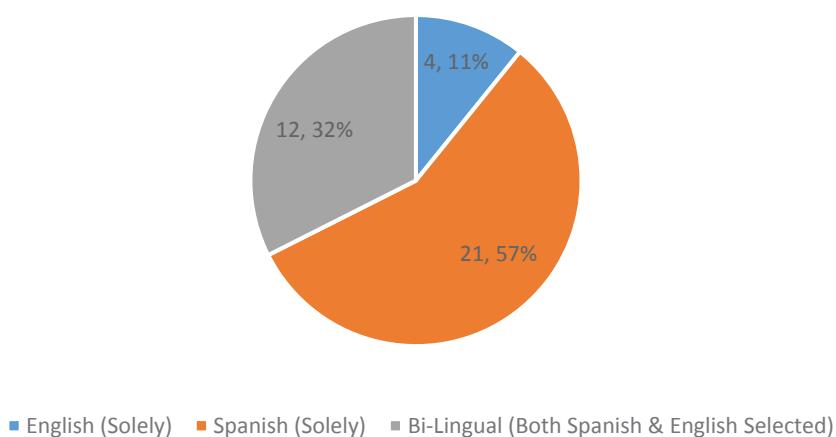
FAMILY CHILD CARE (FCC) REPORT

When asked what languages they spoke at work 21 (57%) spoke Spanish exclusively, 4 (11%) spoke only English, and another 12 providers (32%) indicated they spoke both English and Spanish during their work day. The count of 12 was extrapolated from the surveys of providers who selected both these languages and is represented in the following graph as “Bi-Lingual.”

Graph 35

D8 What languages do you speak in your work? Select all that apply:

D8 (N=37)

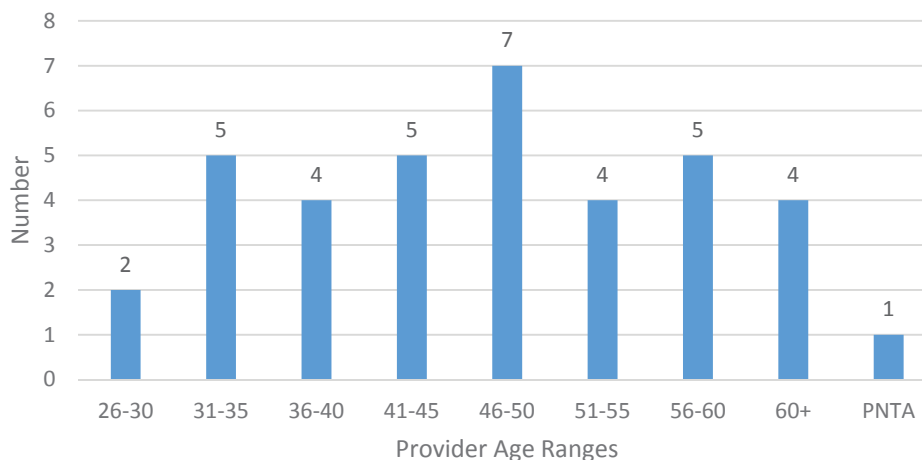


We asked providers to indicate their ages from a range of ages in five-year spans with the last selection being “60+.” Seven selected “46 to 50,” with another 16 placing themselves across the various 5-year groupings beginning with 26 and ending at 45. A total of 14 providers placed themselves in the two ranges spanning 51 to 60+, and one selected “Prefer not to answer” (PNTA)

Graph 36

D9 Please indicate your current age, using the ranges given below:

D9 (N=37)

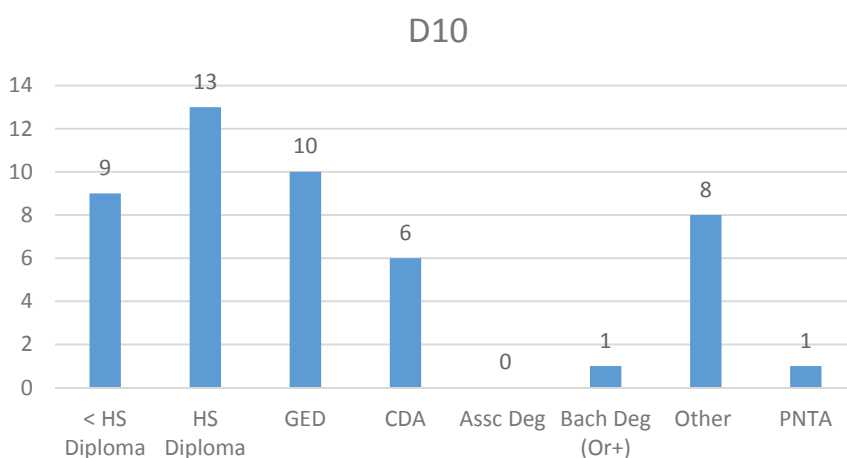


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Another question asked about provider educational attainment from a list of options. Providers could make more than one selection in response to this question and many of them did. Thirty-two (87%) indicated they had a GED, a high school diploma or less. None indicated an associate's degree and one had a bachelor's. Six (16%) indicated completion of the child development associates certificate (CDA). Eight (21%) selected "Other" as an answer with most noting some college or other forms of professional development coursework. The low levels of educational attainment reported for this group is characteristic of the field nationally.

Graph 37

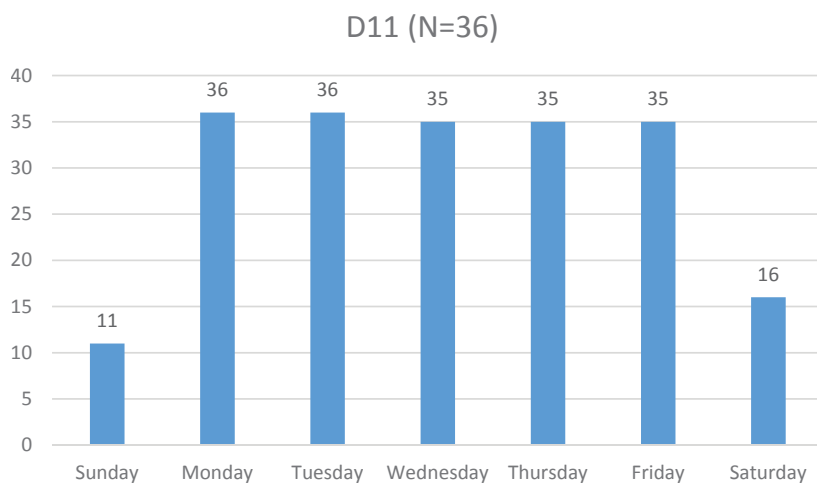
D10 What is the highest level of education you have attained? (Select all that apply.)



Providers were asked about the days of the week they offered care and most do so Monday through Friday. Thirty-six (97%) provide care on Monday and Tuesday and 35 (95%) do so Wednesday through Friday. A few providers offer care on either Sunday (11/~30%) or Saturday (16/~43%), which may suggest that these FCC providers offer a critical support for parent/caregivers who work non-routine hours over the weekends.

Graph 38

D11 On what days of the week do you generally care for children for pay in your home?

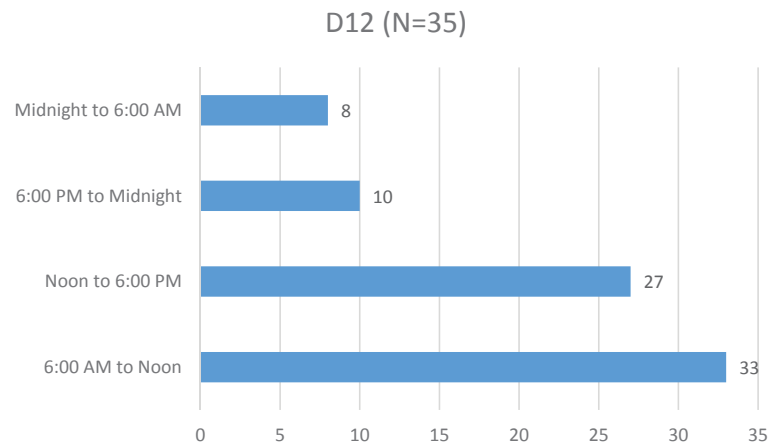


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A corollary question related to the hours of the day they provided care. The question allowed for providers to answer by selecting among four 6-hour blocks (Midnight to 6:00 AM; 6:00 AM to noon, etc.). Most providers offered care during the stretches of day time from 6:00 AM to noon (27/73%) and noon to 6:00 PM (33/89%). Smaller numbers offered care during the evening hours of 6:00 PM to midnight (10/27%) and midnight to 6:00 AM (8/22%). As with non-routine days of the week, providing care during the evening can support parents/caregivers who have to work night shifts in order to support their families.

Graph 39

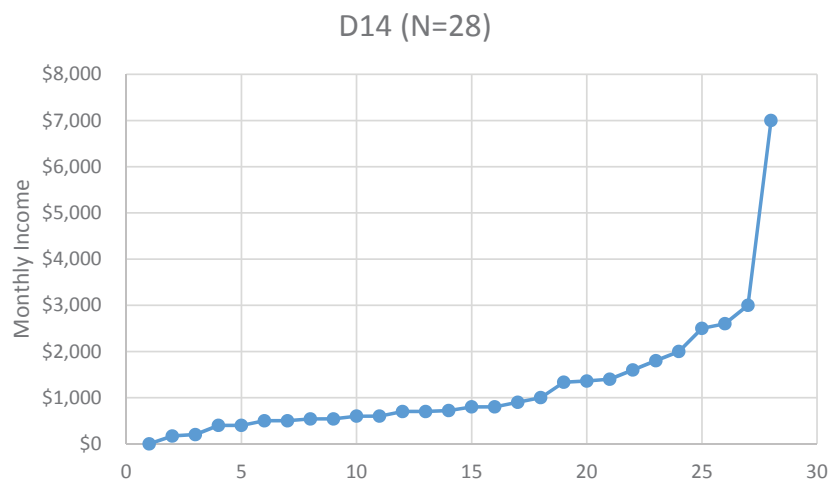
D12 What are the hours that you generally care for children for pay in your home? Select all that apply:



Another question we asked related to the number of hours they offered care. The largest number of providers (21/57%) selected either 36 to 40 or >40 hours as their response. Fewer providers (1 to 3) indicated they were currently offering care from 1 to 5 through 31 to 35 hours. Another three indicated that they didn't know how many hours they were providing care for pay.

Graph 40

D13 How many hours a week do you care for children for pay in your home?



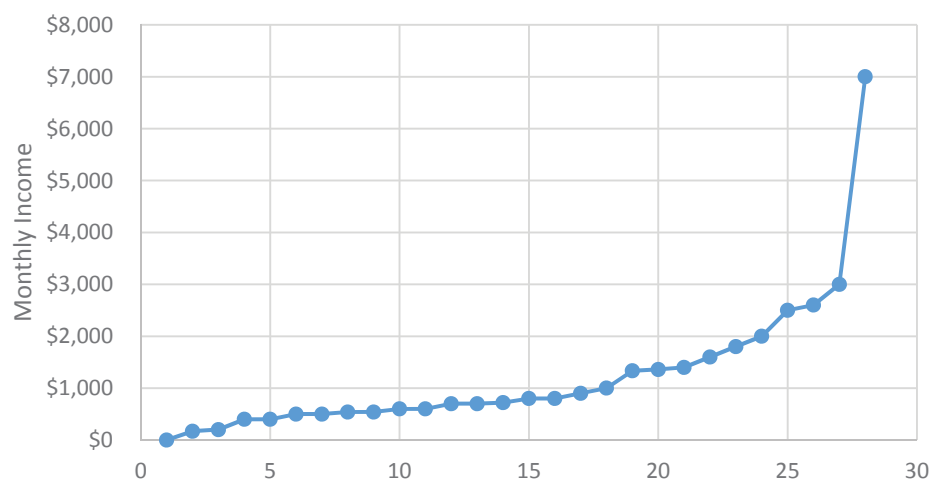
FAMILY CHILD CARE (FCC) REPORT

Finally, we asked providers to estimate how much monthly income they received from providing child care in their home. Only 28 providers gave an answer and 9 preferred not to answer. The distribution of responses ran from \$0 to \$7,000 per month. The average estimated monthly income based on the distribution from all the providers comes to \$1,238 and when the two outliers (\$0 and \$7,000) are eliminated the average is calculated at \$1,064. The median income (considered a more accurate figure for reporting income of a population) for this group was calculated at \$760 per month compared to the 2014 monthly median income for a family of four in NM of \$3733.* We asked providers to estimate only what income they made from their child care services and did not ask whether they received any other income, whether from another household member, another job or a supplemental income. Eighteen estimated they made less than \$1,000 a month, 9 made between \$1,001 and \$3,000, one above \$3,000. The distribution of estimated monthly incomes are displayed in the following graph and summarized in the next table.

Graph 41

D14 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.)

D14 (N=28)



*The figure of \$3,733 was calculated by dividing the 2014 annual median income of \$44,803 reported by the American Community Survey of the US Census Bureau by the number of months (12) in a year. Source: (1901) MEDIAN HOUSEHOLD INCOME (IN 2014 INFLATION-ADJUSTED DOLLARS) - United States -- States; and Puerto Rico

Universe: Households 2014 American Community Survey 1-Year Estimates <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

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The QUEST (Caregiver Rating Scale (CRS) and Environmental Checklist

The Quality in Early Childhood Care Settings (QUEST) instruments, developed by researchers at Abt Associates in Boston, are intended to measure early and school-age care, program quality, efficacy and sustainability. CEPR used the Caregiver Rating Scale (CRS) and Environmental Checklist in the evaluation as a means of gaining a set of baseline measures on the providers who enrolled in the initiative and agreed to participate in the evaluation.

The observations visits usually lasted approximately 3 hours and typically were scheduled during the morning to ensure that normal routine activities a provider would typically engage in would be available for observation.

The CRS is structured to provide 64 observation scores across ten domains. Findings in this report are summarized by domain:

- Caring and Responding
- Does no Harm
- Supervision
- Supporting Cognitive Development – Instructional Style
- Supporting Cognitive Development – Learning Activities – Opportunities
- Supporting Language Development & Early Literacy
- Supporting Play
- Supporting Social Emotional Development
- Televisions & Computers
- Using Positive Guidance & Development

It should be stressed that these observation measurements were conducted at one point in time and solely as baseline. CEPR ensured observation visits would be conducted prior to local agency parent educators so no effect from the visits would be measured prior to the year-long engagement between the visitors and providers. As with the provider survey, CEPR will undertake another set of observations with providers roughly a year after the first one was completed to measure the effect from the parent educator visits.

Caregiver Rating Scale

This first series of graphs (QUEST CRS Data Depiction 1) display the distribution of observation scores across the various domains. These are composite index scores drawn from 67 separate observations across 10 domains made with the 37 completed Caregiver Rating Scale (CRS) instruments. The scores were based on a 1 to 3 scale whereby 1 indicated that an item construct almost never occurred or was true; 2 that it sometimes occurred or was true and; 3 that it almost always occurred or was true. To establish a more nuanced data depiction, we arranged the graphs to show breakouts at the .5 level between 1 and 2 and 2 and 3 giving us 5 data points versus the 3 had we used a straight distribution across the possible scores.

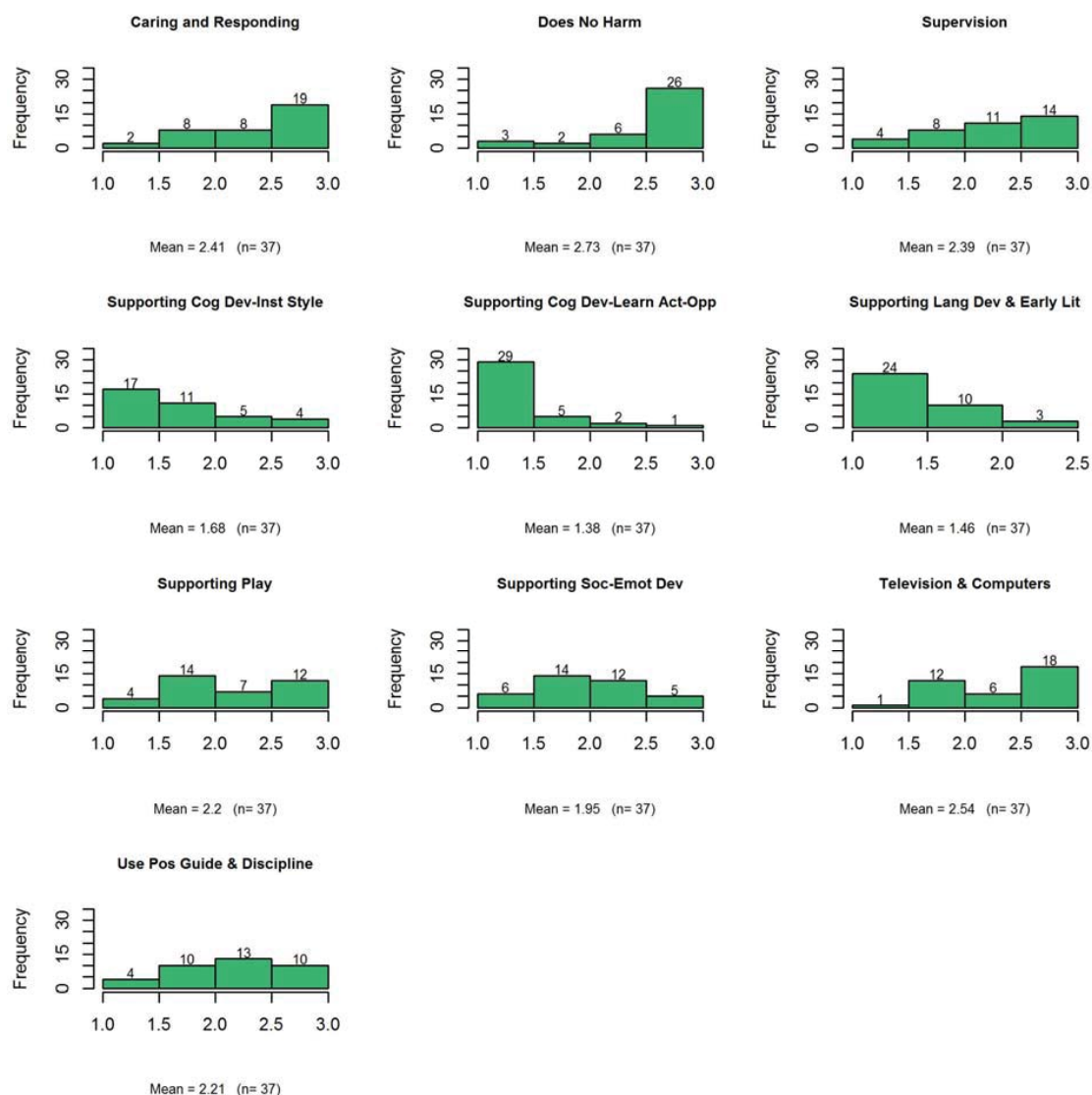
The reader can thus interpret the various graphs as follows. The mean (average) score along with the number of responses (N=37 for each domain) is provided in the legend below the graph. The horizontal

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X axis provides the possible score and the vertical Y axis indicates the frequency or number of times a score was reported.

It is not surprising that the scores on the indices for “Caring and Responding,” “Does No Harm,” and “Supervision” are generally fairly high at 2.41, 2.73 and 2.39 respectively as it would be expected that child care providers would be expressing these types of behaviors in relation to the children in their care. Nor is it surprising that the scores are fairly low for “Supporting Cognitive Development – Instruction Style,” “Supporting Cognitive Development-Learning Activities and Opportunities,” and “Supporting Language Development and Early Literacy” that show respective scores of 1.68, 1.38, and 1.46 as these engagement skills might need a fairly robust level of formal training to support receiving higher scores. Whereas the scores for “Supporting Play” basically has a bimodal distribution (i.e. two peaks and valley in the middle) and a mean score of 2.2, the mean score for “Supporting Social Emotional Development” is 1.95. “Using Positive Guidance and Discipline” has a mean of 2.21. Finally, the relatively high mean of 2.54 for “Televisions and Computers,” is reflective of limited reliance on the use or allowed viewing time of these technologies.

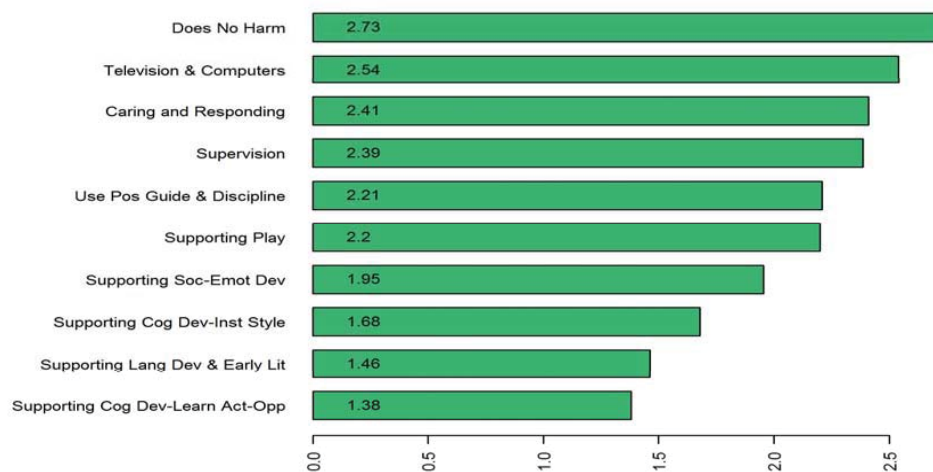
QUEST Caregiver Rating Scale Data Depiction 1 (1 = Low; 3 = high baseline score)



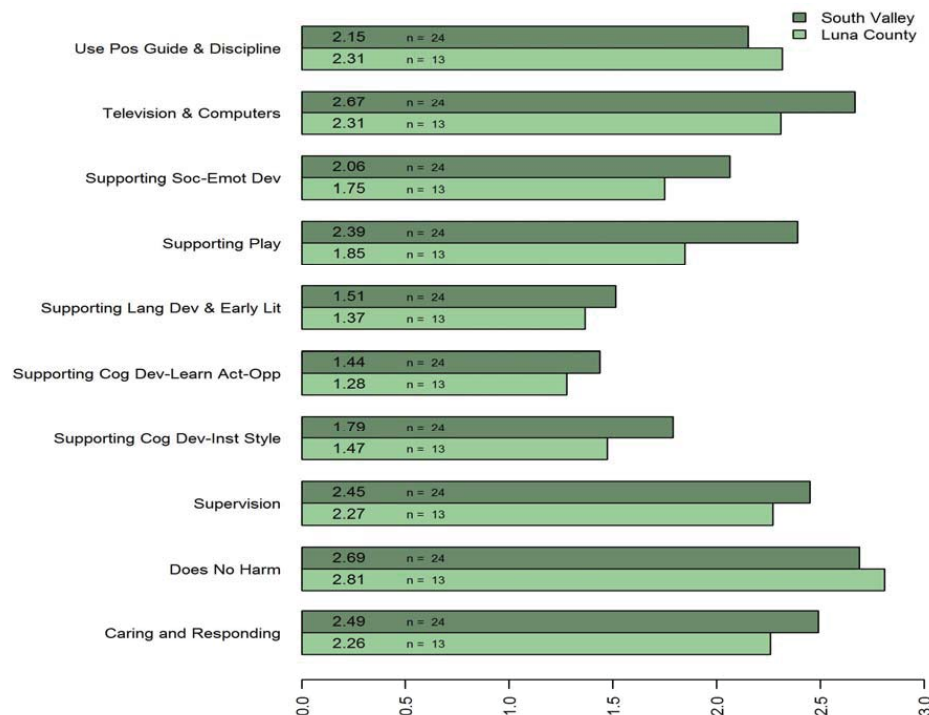
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The remaining three data depictions drawn from the Caregiver Rating Scale provide different composite and comparative illustrations of the collected data. The first (Data Depiction 2) illustrates the composite averages for the ten domains calculated from the sites in both communities—South Valley Albuquerque and Luna County. The second (Data Depiction 3) provides a breakout of the composite averages among the domains between the two communities. And, finally, the third (Data Depiction 4) offers another comparative view on a web graph that illustrates the scores from Luna County across a solid black line and those from South Valley Albuquerque in a broken dash red line.

QUEST Caregiver Rating Scale Data Depiction 2
(Composite Averages across Sites)



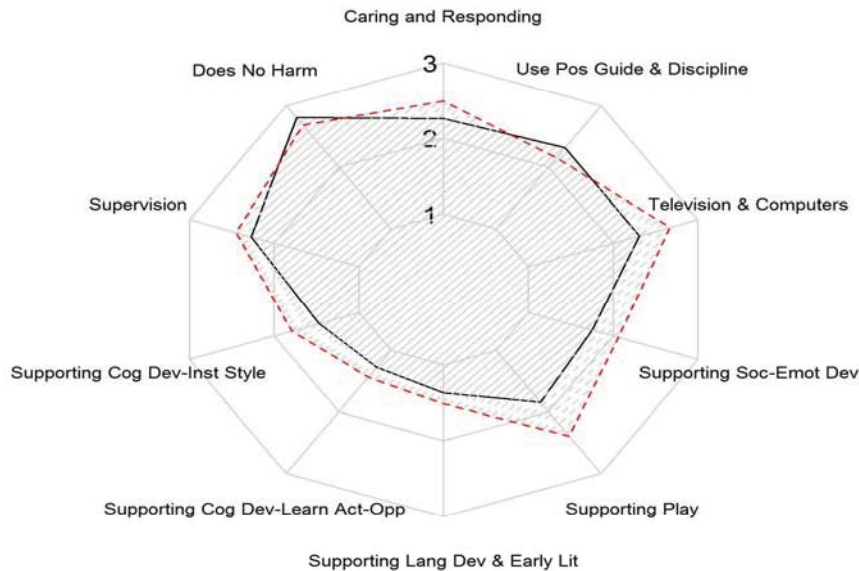
QUEST Caregiver Rating Scale Data Depiction 3
(Comparative Averages by Community)



QUEST Caregiver Rating Scale Data Depiction 4

(Graphical Comparison by Community)

(Luna County = Black Solid Line; South Valley Albuquerque = Red Dashed Line)

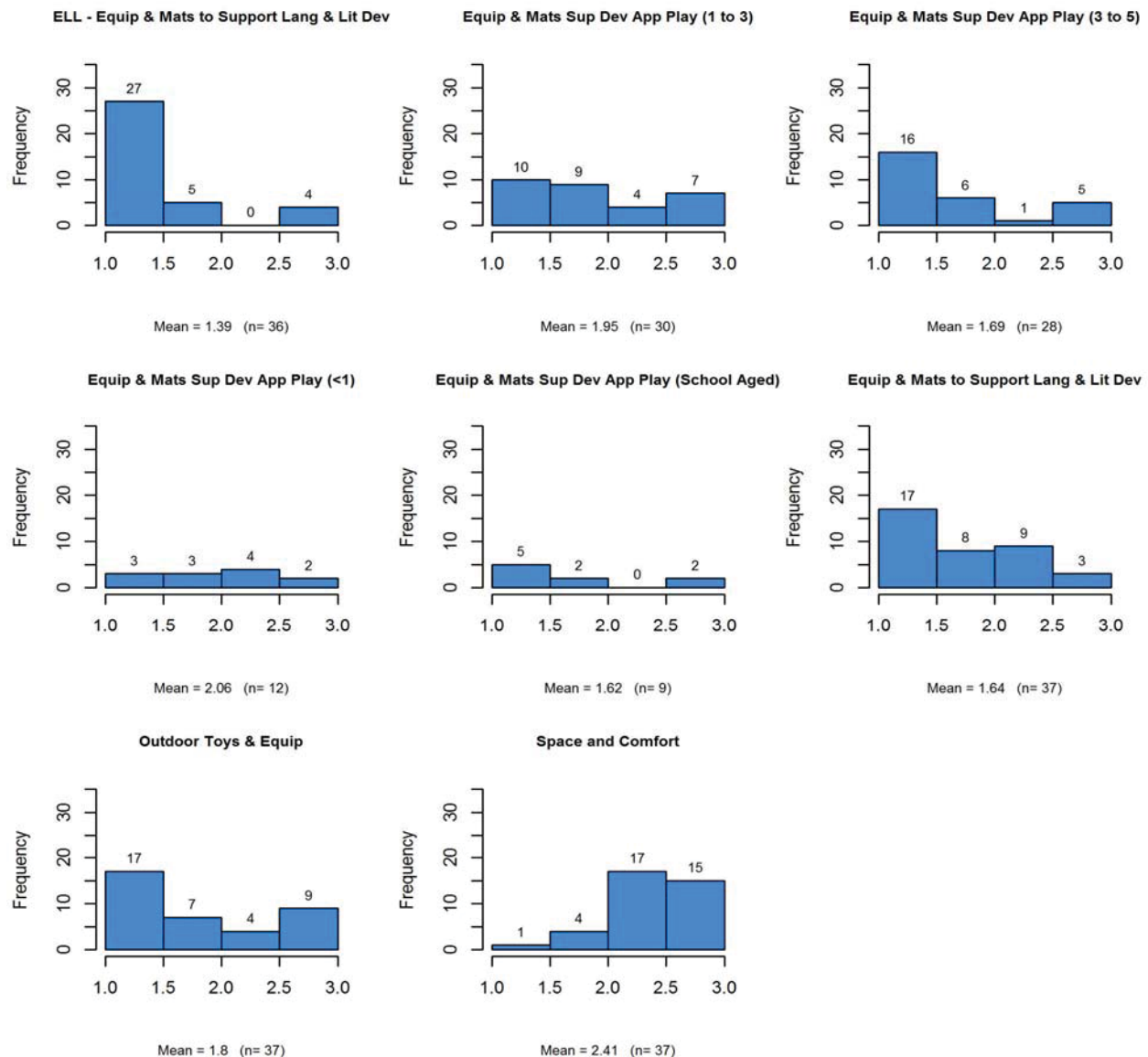


Environmental Checklist

The second QUEST instrument, the Environmental Checklist, is comprised of 55 different items across 8 domains that included some differentiation based on appropriate applications for different ages. In analyzing this data, we made the decision here as we did with the CRS to develop composite indices from the various items found under each of the 8 domains. Here also we have expanded by .5 the 3-point scale. It should be stressed that with these graphs, we often do not have a full complement of 37 based on the age range of children under care. As shown in Data Depiction 1, the index for Equipment & Materials to Support Language and Literacy Development was uniformly low with a mean score of 1.39 for English Language Learners (ELL) and 1.64 for the other children. For the four graphs reflecting Equipment and Materials Supporting Developmentally Appropriate Play for the three age groups (<1, 1 to 3, 3 to 5, and school aged) the mean scores were respectively 2.06, 1.95, 1.69 and 1.62. For the graph illustrating Outdoor Toys & Equipment the mean score was 1.8 and for Space & Comfort, it was 2.41.

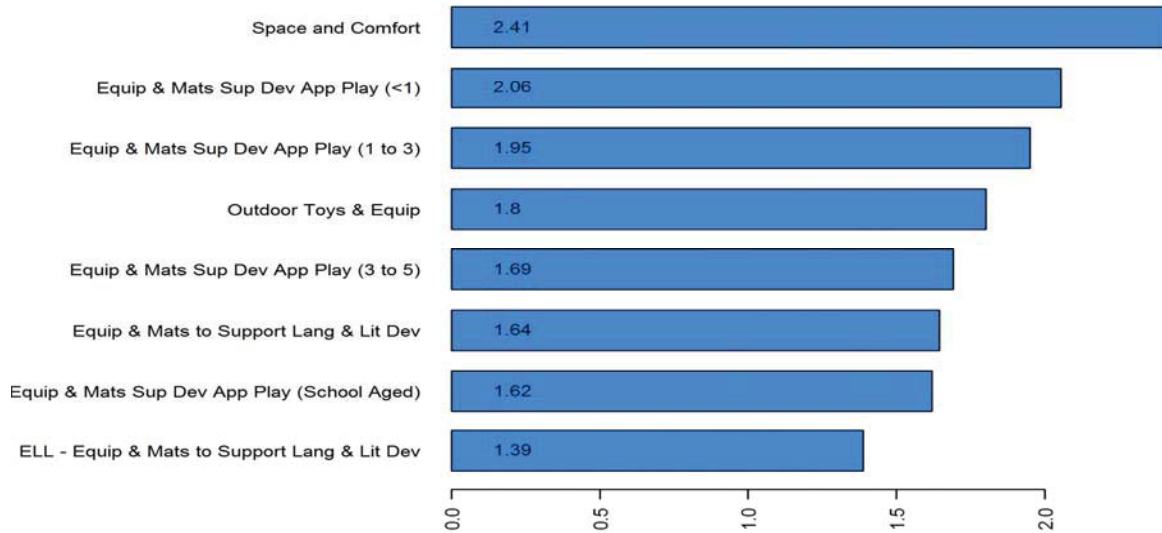
FAMILY CHILD CARE (FCC) REPORT

QUEST Environmental Checklist Data Depiction 1 (1=low; 3 = high)

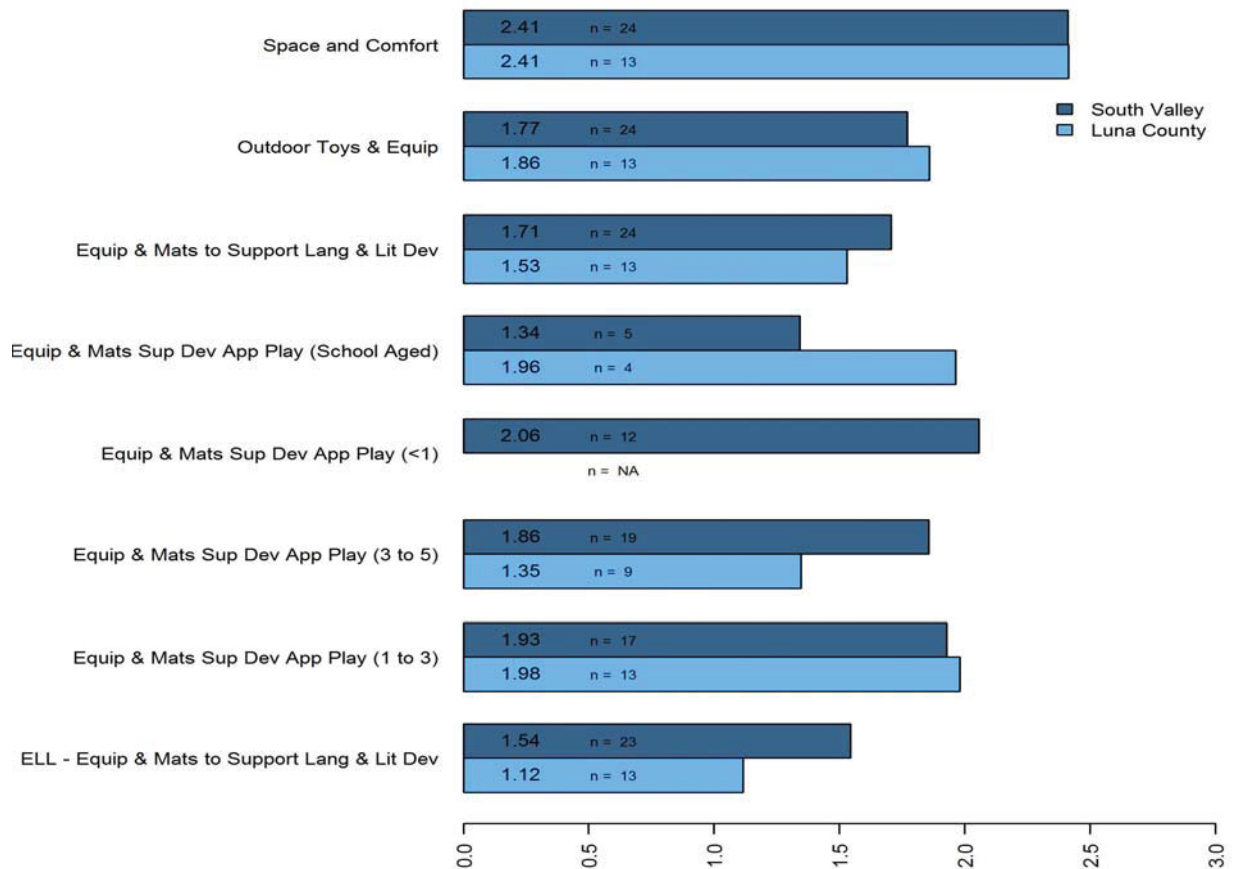


The following data depiction, QUEST Environmental Checklist Data Depiction 2, provides composite mean scores for the two communities of South Valley Albuquerque and Luna County for the eight domains. Whereas the Data Depiction 3 illustrates a breakout of the means for the two communities in a comparative manner. Please note that there were an insufficient number of providers (i.e. <10) to display the results for Luna County providers with children in the <1 category. Finally, Data Depiction 4 shows this comparison of means in a web graph that uses a solid black line for Luna County and a dashed red line for South Valley Albuquerque.

QUEST Environmental Checklist Data Depiction 2
(Composite Averages across Sites)



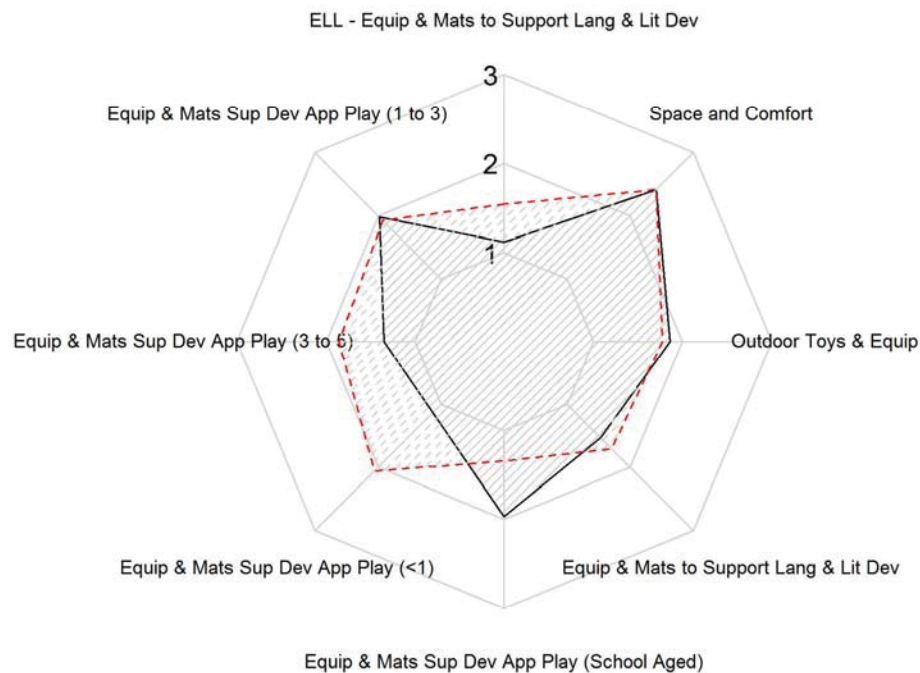
QUEST Environmental Checklist Data Depiction 3
(Comparative Averages by Community)



QUEST Environmental Checklist Data Depiction 4

(Graphical Comparison by Community)

(Luna County = Solid Black Line; South Valley Albuquerque = Dashed Red Line)



Summary of Interviews

As part of the evaluation activities, CEPR interviewed 15 individuals who played a role in the NM FCC HV Initiative implementation. Interviews all followed a similar semi-structured protocol that differed based on the role the individual played in the implementation. Five protocols were used to address the different roles—CYFD/CDD; Local Agency Home Visiting (LAHV) Managers; Local Agency Home Visitors; UNM Continuing Education; and Consulting. CEPR consented and received a release to be audio recorded from each informant. To encourage candid responses, the consents stipulated CEPR would not use names of individuals in the analysis or reporting. CEPR conducted each interview in a private setting with only a CEPR staff member and informant present.

We used the CYFD/CDD protocol to interview 5 members of the team that held key administrative and managerial responsibilities (including training) in relation to the implementation, we used the LAHV protocol to interview the two managers who held direct supervisory roles in the local agencies located in the communities where the FCC providers lived. The CEPR team used the Home Visitor protocols to interview 4 local agency staff members who are in direct contact with the FCC providers. The UNM Continuing Education protocol provided the framework for the interview related to the development of the FCC database. Finally, we used the Consulting protocol to interview a contractor involved in much of the early work surrounding community outreach and determining readiness prior to the launch of the initiative.

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We asked interviewees to respond to a series of prompts related to their perspective of the effectiveness of twelve different dimensions of the implementation. We used a scale of 1 “Not Effective at All” to 4 “Highly Effective” to collect these initial responses. Informants could also select 5 as a response for “Uncertain/Don’t Know.” The twelve dimensions are as follows:

1. The Home Visiting Family Child Care Outreach Initiative as a Whole
2. Coordination of the Initiative
3. Overall Curriculum Development and Use
4. Recruitment 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

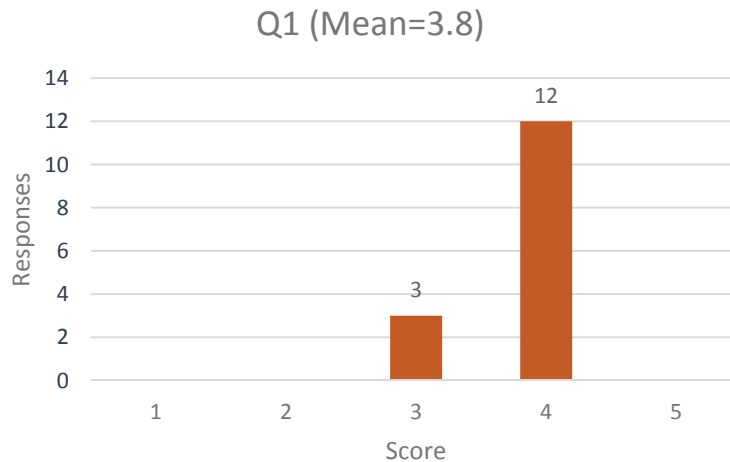
After we asked this series of prompts we moved into asking sets of open-ended questions on each domain focused on perceived successes, challenges, and recommended changes as the implementation moves forward. It should be noted that we did not address the initiative as a whole as part of the detailed questioning. We also consolidated the question series for training from PAT National and UNM CDD into one set. The following narrative includes for each domain a graph of responses on the perceived effectiveness, a summary of responses, and a selection of representative quotes. It needs to be noted that we calculated the mean scores based on the responses given on the scale of 1 to 4 and did not use responses of 5 (Uncertain/Don’t Know) in these calculations. It should also be noted that where necessary, verbatim responses have been edited to provide brevity and tighter cohesiveness in the narrative.

The Home Visiting Family Child Care Outreach Initiative as a Whole

The initial graph shows that members of the FCC implementation team hold a uniformly positive view (mean score of 3.8) of the overall initiative. This shared positive perspective of effectiveness underscores the basic theme of cooperation and collaboration among all team members who share a joint commitment to facilitate the coordination of the initiative addressed next.

Graph 42

Q1: The Home Visiting Family Child Care Outreach Initiative as a Whole

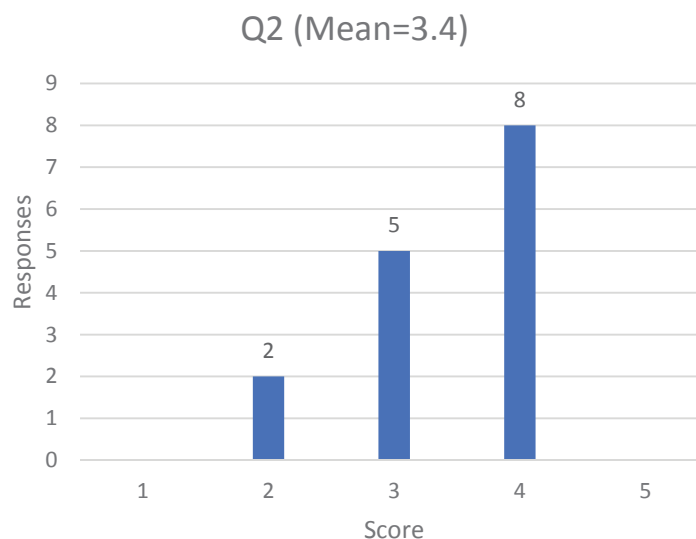


Coordination of the Initiative

Most members of the team gave the ongoing effort high marks for coordination with 8 (53%) selecting either effective or highly effective. In 5 instances (33%), respondents indicated a score of effective (3) and 2 (13%) chose somewhat effective (2). The mean score was 3.4.

Graph 43

Q2: Coordination of the initiative



A recurrent theme that appeared across many of the team member responses related to elements that supported successes in coordination was the appreciation for ongoing, regular implementation team meetings. Members saw the meetings as a means for each to be informed of initiative activities and to serve as a forum to provide input into how the initiative was unfolding.

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We can talk about communication, but it can happen a lot of different ways, like through email or “you tell this person and this person,” but by having everybody around the table at the same time... it took us light years ahead.

The ability to, at every step of the way, have all the team members involved, meant that everybody understood everybody else’s piece and if there was an evaluation piece that we said, “Really?” we could talk about it right then and there and we could raise those issues there, which doesn’t mean that there aren’t going to be some glitches. There’s more opportunity to be able to talk things out in real time.

[T]he people who are here now really are supportive of the project. They want to see it succeed, and it just feels like everyone that is participating is on the same page. We don’t always agree but I think for the most part we’re able to iron things out, make it work.

Others mentioned the coordination that occurred with the participating communities.

The fact that we collaborated with the communities and collaborated with the agencies, and that the work—to me, it’s all that preliminary work. I actually think that was pretty amazing and highly effective of how everyone as a team really worked together, that we could talk about those things and work through them and discuss them. Don’t agree with this, okay, let’s talk about it.

In terms of barriers to successful coordination of the initiative, informants gave different responses based on their position. Barriers were perceived in the coordination of: the project as a whole, meetings, and research requirements. Speaking to the overall project coordination, respondents addressed overall planning and foresight:

I think organization is always key in projects like this, and, honestly, for our team we’ve felt...a lot of the way along the line that a...more firm plan across all agencies would have ...made the process a lot smooth[er].

Another addressed meetings:

I think the piece about becoming more intentional about what we cover and how we cover [it] means that we cut down the amount of time that we needed to meet. I think some of the early meetings kind of went on and on sometimes. [Laughter]

One respondent discussed the readiness of the communities not included to meet the requirements of the implementation:

[T]he whole Quay County “not enough licensed providers” piece...became a barrier that we hadn’t foreseen. We didn’t expect it to be a barrier because we thought that we would begin with the licensed--not licensed--registered providers and then open it up over time as the project matured to unlicensed, unofficial providers. [T]hat turned out not to be the case, so those sorts of things were difficult.

Others commented on the eligibility requirements related to the implementation and the research study:

Yes, definitely the research requirements [were] probably our biggest barrier. Because we had at least a minimum of 60 providers. The fact [was] that some were really only taking care of one child from zero to five in the home. I think for the most part they were just taking care of one child. The other children that were enrolled were already school-age so they were attending school.

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The last set of questions on coordination related to the perceived need for changes. Among the suggestions included: who should be brought in as partners, eligibility criteria for participation, altering the time allotted to meetings, reviewing the structure of the implementation, and community outreach:

I do think we always should look at, “Do we have to have new partners coming on board?” Especially, I feel, our next part of the phase should be getting the actual FCC home providers involved in these conversations. We should be having a representative from that bunch...teleconferencing in, so we can hear from them directly what’s going on in their region.

[T]he policy decision not to include unregistered providers...was a policy issue at the coordination level. If that were revisited in the future, it would be a very different implementation.

[A]s we move forward, it’s going to be important to think about do we need to meet as much. Again, being thoughtful about what...we need to accomplish...every step of the way. What is [it] that we need to accomplish and what’s the best use of everybody’s time?

I think, understanding [the structure of the model of coordination], and yes, looking at if we do need to change that. I think that’s the next quality move for us.

I think if they advertised in the radio or TV, there would be more people interested.

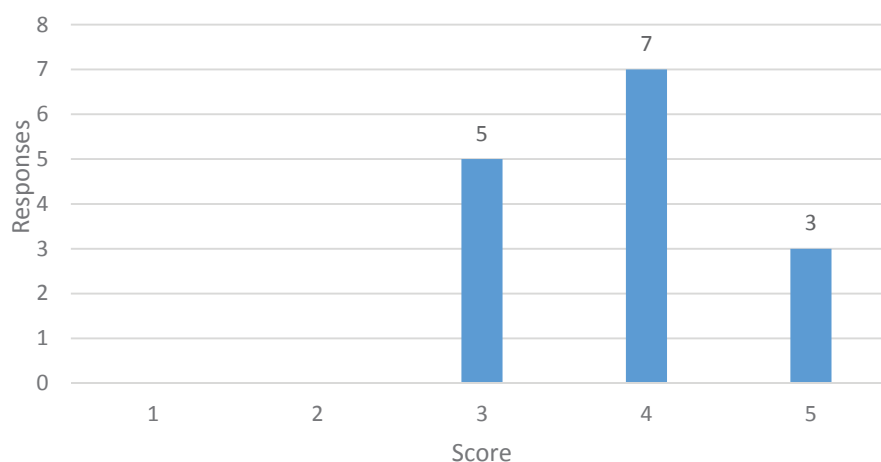
Overall Curriculum Development and Use

In response to the prompt concerning Overall Curriculum Development and Use, one fifth (20%) of the respondents chose 5 (Don’t Know/Uncertain), citing insufficient background to answer. For the remaining twelve, 5 (33%) chose effective and the other 7 (47%) chose highly effective for a mean of 3.6.

Graph 44

Q3: Overall curriculum development and use

Q3 (Mean=3.6)



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Most informants thought that the curriculum was effective and met the needs of the visitors. In particular, the discussion surrounding the PAT National curriculum focused on the effectiveness and flexibility of activities and handouts (for both providers and parents) that each of the modules contained. For the UNM CDD curriculum, respondents spoke to its practical application and the hands on nature of the training. A repeated point addressed the way providers incorporated the use of handouts and activities.

They're very, very effective. One of the good things that I like about the Parents as Teachers is that you can use your eight foundational visits, and then after that, you adapt. Let's say we're gonna talk about autism. There's information on autism in the Parents as Teachers curriculum, but you can always bring in from other resources. It's the same with activities. You're providing an activity on gross motor skills. You can grasp activities from different resources from gross motor skills, not just on the PAT information.

[I like] how the curriculum is broken into...sections for different activities that target different developmental domains. I can give you an example of cookies in a bag. It's the activity page, and then it shows the importance of which developmental domains are targeted in that activity. Then there's the care provider page, which gives more in-depth information for them. Then lastly there's the parent handout, which takes the care provider information and simplifies it for them, and allows them to have the same idea of what was done during that activity and how it can be applied at home.

I think activities are the main component. Another thing that I really like about the curriculum is that the PAT curriculum for the FCC has information for parents as well. When the visitors go to the provider's home, they can take information for their parents of those children. That's really, really neat. One of the [visitors has] a provider [and] every time she goes, she tells her, "Did you bring me some information, the same information you brought me for the parents?" She very excited because when they come and pick up the children, she gives them the information for the parents.

While the general consensus from the informants was that the curriculum offered many positive aspects and supported implementation of the initiative, there were parts that did not. Whether it was the inability of families to utilize the materials, some curriculum aspects that appear out-of-date or out-of-step with contemporary thinking, English-only materials, or the lack of detailed instructions, various informants pointed out issues surrounding the curriculum that were problematic as the following comments illustrate:

We are using that curriculum. It's been a comprehensive and good curriculum. There's things about it we don't agree with. It talks about issues about time outs and issues about learning two languages that we don't agree with. (*CYFD has a directive in place that timeouts should not be used.*)

Because our other challenge is our visitors are bilingual. Many of them, Spanish is their first language. Our training is not translated in Spanish. We did not have an interpreter during our training. I think there are some things that they just don't translate the same from Spanish to English.

I think the provider handouts sometimes didn't explain the steps [about] how to do the activity. It just gave you an idea. Some of them wanted a step-by-step. I don't know if it's because they only have a high school degree, but for some of them it was hard to read [and] understand [the] information.

We know from our experience with families and the work, you have to meet the family where they are. It doesn't matter what curriculum you have or what lesson you're going in with, you're not gonna be [able to] deliver that if they don't want to hear it.

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Looking to the future, most informants indicated that they liked a majority of aspects of the curriculum; however, if they had their way they would provide them in a bilingual format and with a less complex vocabulary:

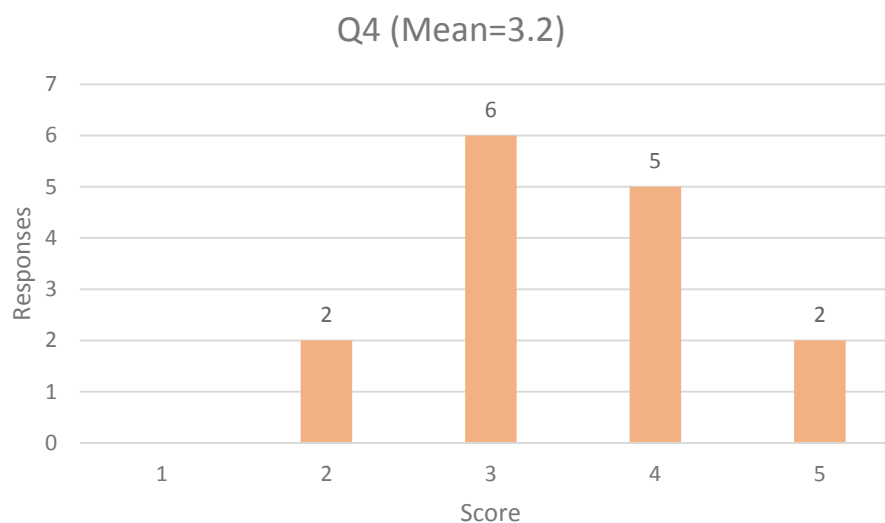
To have it in Spanish. We have it in Spanish a lot of—with the curriculum, but still I need more information in Spanish.

I think just the way how they word things should be at a level lower than what it is right now.

Recruitment of providers

The question on recruitment produced a mean score of 3.2. Six (40%) respondents chose “effective” and another 5 (33%) chose “highly effective.” Two each selected “somewhat effective” or “Don’t Know.” The score may reflect how identifying home based child care providers who met the enrollment criteria as well as who would be interested in enrolling in the initiative and eventually into the evaluation proved a serious initial challenge to recruitment.

Graph 45
Q4: Recruitment of providers



Throughout the recruitment period, the staffs of both local agencies worked diligently and took advantage of various opportunities for outreach. A major breakthrough happened with recruitment in both communities after the local agencies began accessing the list of enrollees in the local food programs, which facilitated enrollment. The inclusion of incentives as a positive appeared regularly as did the importance of face-to-face contacts. Whereas knocking on doors was often fruitful as was connections among providers, the use of cold calls proved nearly useless.

Use of the incentive program also provided key to some interviewees.

The incentive plan that really engaged them. You explain something to them and...once they saw the incentives and they say, “Oh, okay.” Now, they just open their mind up to much more. Okay, so I’m getting these really cool things. What else am I learning, too? Before it was just like, “Yeah,

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okay, it's nothing new." They didn't feel like it was something that they needed. It was just general information, another home visit. Because they were already in the food program.

I can say we have two categories of providers. We have the providers that enrolled because they that they needed the support and the guidance and the activities that the program offers. Then we have another little group that enrolled because they started seeing the incentives that the program offers.

Methods of recruitment was discussed often.

We went door-to-door to almost every single, if not every single apartment complex. After that, we went through the entire list of registered providers with the food program, and called them, and made home visits and appointments with them. We would set up at different community events, like job fairs. Even though we're not hiring, just to get the information out there.

Contacting the women in the FYI [Family, Youth, and Infants] program. That was a good success. We did several presentations in our health council meetings—anything that was going on at the moment, we would take the advantage to present our new program to the community.

A lot of it was [one of our staff] having people from the community itself to recruit providers. Some of it was really word of mouth. Once one provider found out, that provider told [an]other provider, and would give us information on how to contact [her], and we would go ahead and contact her.

I'd have to say cold-calls, yeah. They were the least successful of both the recruitment approaches.

The importance of personal communication was critical to many informants.

Well, I talked to social workers around the community. I spoke to people who work at schools, families, my families to see if they knew anyone. How we recruited mostly was by word-of-mouth.

We did outreach as well, we did the nutrition class at CNM several times. I attended a [CDC] class—it was at CNM as well. There was many providers there, [and] each of us present[ed]. [T]hat was another avenue for outreach.

Informants also discussed impediments to recruiting, including: the shift in eligibility criteria put into place by CYFD, time of year, rates of unemployment in one of the communities, hesitation by some providers to allow outsiders into their homes or the belief that they already knew enough about child care.

The whole deal with registered versus not registered and all of those issues surrounding that was just huge.

Well, calling everybody that was on that list. We saw 60 [and] got really excited. We said, "Okay, I know we can at least get 24." Then after we called, we realized that just because they were registered, didn't mean they were qualified or they met the requirements for the research.

[W]e totally forgot about our unemployment rate, how it's extremely high. I don't know how we'd miss that if it's one of the biggest things—one of the biggest problems here in our area besides teen pregnancy and all that stuff—it's the high unemployment rate, and it's all related. We just didn't think about that or consider it.

A lot of people they don't like when people go to their houses. A lot of people don't have children for [the] different requirement(s) of birth to five years— they have only one child. [So,] they don't qualify for that reason.

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I think at first when they started, and they started recruiting, the providers were not sure if they would enroll in the program or not. They were, like, “Should we? Is this gonna be a lot of work? Is this gonna take a lot of my time?”

Well, even when we were at events where we didn’t get sign ups, it was a chance to spread the word in the community, to get the word out. Phone calls were not effective. They used the phone list from NewMexiKids [a resource and referral service], but providers would say, what, no, sorry, this is a busy time for me. When I asked about visiting in person or calling at not such a busy time, they weren’t interested in a follow-up. Person-to-person, face-to-face by referral was much more effective.

Can I tell you what people said to me? Some said they already have too many visitors from the state, from FOCUS, and don’t need or want any more. And I understand that. They may not feel they have time, or that they need the help.

In terms of suggestions for the future, informants offered various views including: changing the eligibility requirements, to the need to have a media campaign from the start, to reaching out to individual mothers, having an incentive package at the beginning, or leveraging connections with other programs.

I would’ve preferred that we would’ve gotten enough families just in terms of the research. If the provider wants support and they’re only seeing one child a week, that’s still important.

If communities start, I think starting with media, announcements, billboards, presentations [is important].

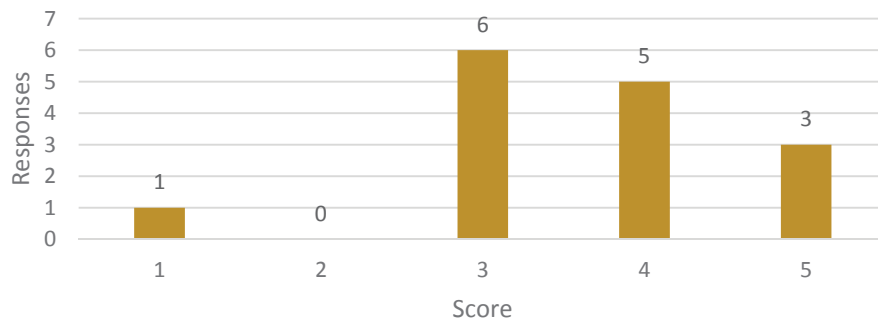
There are a couple of pilots around the state, known as family, friend, and neighborhood networks that actually go door-to-door and hav[e] lunch with groups of moms on a very informal basis to try to get into family care settings and influence them and bring them supplies.

Definitely have the incentives in place and ready to go since day one. People wanna know what’s in it for them [and] sometimes knowledge isn’t enough. When you have something else to back it up, ... they’ll be more open-minded to join.

It would be good to have more coordination with some of the bigger state programs, like FOCUS, to cross-recruit at their trainings or other events [and] the PAN food program. Building more working relationships with other programs would be helpful.

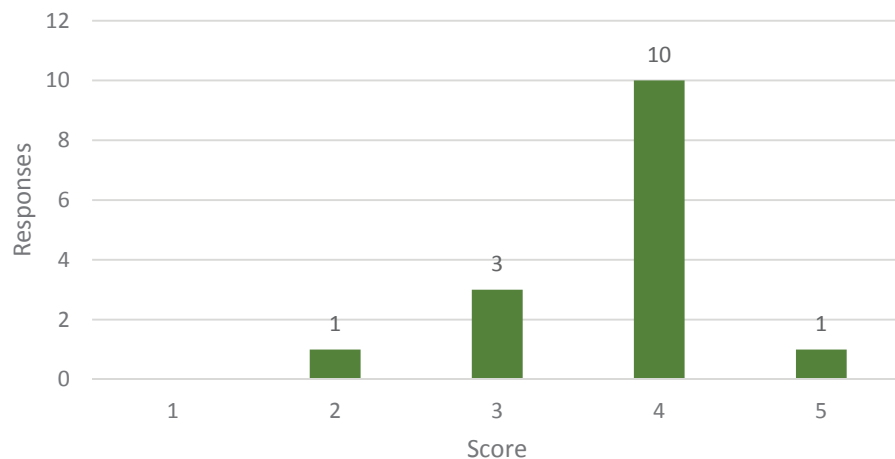
Visitor Training from PAT National

A majority of team members gave the PAT National Visitor Training scores of either effective (6/40%) or highly effective (5/33%) for a mean of 3.8. Three (20%) answered “Don’t Know” and one gave the training a score of 1, “Not Effective at All.”

Graph 46
Q5: Visitor training from PAT national
Q5 (Mean=3.8)


Visitor training from UNM CDD

When asked about the training provided by UNM CDD, 10 (67%) gave a score of 4 “Highly effective”, 3 (20%) “Effective,” and 1 (7%) “Somewhat Effective.” Another member of team gave a response of 5 “Don’t Know.” The result was a mean score of 3.6. Questions 5 and 6 will be addressed collectively below as the interview protocols CEPR used addressed them in unison.

Graph 47
Q6: Visitor training from UNM CDD
Q6 (Mean=3.6)


Most informants view both venues of training positively. Responses were often linked with the position an informant held. Training staff elaborated on the intentionality of how they structured sessions and local agency visitors discussed the in-depth and ongoing nature. Visitors explained how important it was that they learned functional strategies for approaching their provider clients and the trainers focused on the collaborative development efforts with visitors. Both groups touched on how trainers are readily available to visitors to provide guidance. Repeatedly, informants focused on the relationship-based, reflective and strengths-based practices approach that is a foundational aspect of the training.

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Part of the curriculum and part of our training addresses child development and what developmentally appropriate activities [are], and what does a learning environment [that's development centered] look like. The visitors will talk about different activities they did that included a two-year-old. We see the gaps as they're talking and as they're presenting.

It was very, very important that we made the assumption that it would be similarly wanted in Luna County, that we collaborated. We went to those South Valley Community Partnership meetings and asked 'em, "what would you like to see in your family childcare providers? What would you like to see them learn? What is important for your family childcare providers?" They themselves identified they want help and support to have better interactions with parents, how to engage parents; how to understand child development more; and to have activities more specific to child development. Culture and traditions are important to us [and] were addressed in the training [that] we developed in collaboration around their needs.

I think just how to be culturally confident, and therefore making the best out of their home visits. Knowing that they have to individualize visits again for each family, 'cause each family's completely different with different problems.

I learned how to participate, how to improve the information and [how to use] the materials they give us. We use a lot of material and a lot of information we get in those trainings with the providers.

I would say the hands-on nature of the training. The training wasn't just one person just kind of giving information out, but it was really let's break down the components of the curriculum. How would we deliver it [and] what sorts of things might we need in delivering the services.

Let's say they had an issue and you didn't know the answer you can call the trainer and get the answer from her. I think they were great for us to have an understanding of what we were supposed to be doing.

Although one informant saw the training as too limiting, a suggestion that emerged was that all managers should attend the training and that it be conducted in Spanish:

I have a really hard time with the training limiting folks, and so when it's so limited to a curriculum I don't feel like it's all that effective. I feel like you're just kind of pinning yourself into one thing or another. That's why I like things that are a little more flexible.

I think it's important for the directors, core managers, supervisors, whatever, to also receive the training so they know what kind of work is expected from their visitors. Instead of, "This is what we think you should be doing. Go ahead and do it.

That's number one that it's in Spanish...that the trainings are actually done in Spanish. We want our slides translated in Spanish, and all the material that we give out in Spanish just because our visitors are bilingual and many of them, their first language is Spanish.

The continued use and reinforcement of the relationship-based, reflective and strengths-based approach to guiding the training was a theme that repeatedly appeared in the comments whether by the visitors, the managers or the trainers themselves.

I think all three trainings that they went through, both of those with the PAT—the zero to three and the three to five, and the home visitor training—they all emphasize on relationship-based, reflective and strength-based practices.

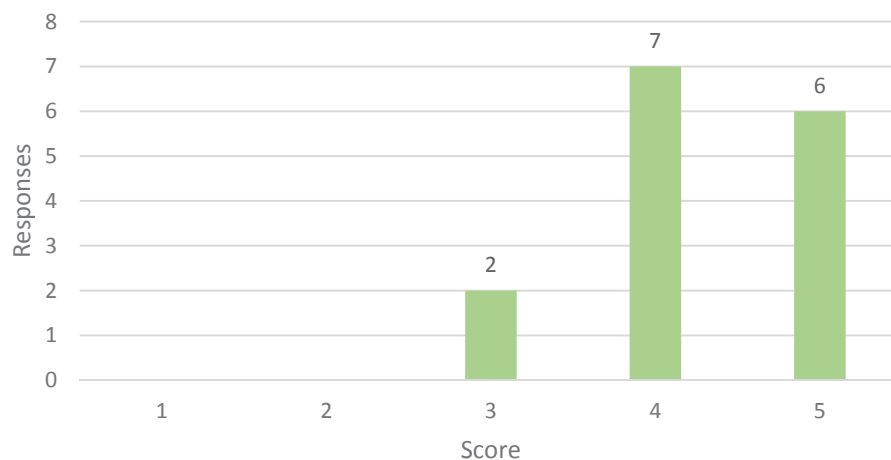
Supervision of Visitors

When asked about supervision of visitors, 7 (47%) indicated “highly effective” and 2 (13%) selected “effective.” Several team members (6/40%) gave 5 (Don’t Know/Uncertain) as their answer, perhaps explained by many of the team members not being in a direct supervisory role.

Graph 48

Q7: Supervision of Visitors

Q7 (Mean=3.8)



As a matter of functional practice, each local agency has a chain of management that guides and supports parent educators (visitors) who engage FCC providers through face-to-face bi-weekly meetings. The regular support and training that UNM CDD staff provides to visitors affords an important component of professional development and quality enhancement. Within the CDD staff there is a separate dynamic of supervision that operates. While the CDD trainers are not supervisors of the visitors, the local agency visitors often look to them for guidance and support. The focus on the use of reflective supervision encouraged by CDD and followed by local agency managers and supported by the cultivation of a culture of trust and respect within the workplace informs the work of visitors across all component organizations.

The most key? I think reflective supervision is important. We deal with relationship-based [processes], and the whole point of reflective supervision is to help the provider be aware where they are at. If they're not aware, then things can play out and be a challenge for the child-parent relationship or the child-adult relationship. So, I think reflective supervision is super important to the caregiver.

I'll start with supervision and the people that I work with. We do monthly reflective supervision where I spend an hour with [each of my staff] individually. They get to make the agenda as far as what aspects of the work that they would like to look at for growth and development. My job is to ask questions and help them reflect and then together come up with next steps or look at strengths, things that really worked— it's a relationship-based activity. I take off my administrator hat during that hour. It's not about critiquing, evaluating the person or their work. It's helping them think more deeply about it, to learn, and to progress.

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Regular meetings between supervisors and staff help with ongoing coordination of the initiative.

For the case audits, we're still playing around with what this quarterly reflective supervision pieces [are] looking like. We're still shaping that. We've had them [the visitors] bring things they were concerned about, and we talked [it] through with them, listened and supported them, [then] gave suggestions and resources. It was nice to have the visitor, who is part of the family, come in and do it the best [they] could.

As part of our ongoing TA, we just had our family childcare visiting quarterly meeting last week [and] the visitors participated in. We were hearing direct stories from the visitors, which is huge. We do get that direct communication.

I feel like that's a really important piece to be able to meet with them on a weekly basis to find out what their barriers [were] that week. Were people present when she showed up? Were the children there? Were there more children than normal? Did she compare it enough? What were the things that supported her that week? How were the providers engaged? I find out that information mostly through just asking them.

Accessibility of the supervisory appears as an important component of local agency operations.

In this field where things happen at a drop of a hat, it's really important that people in my position are very knowledgeable as to what's happening. I can't physically go every single time so the only way I know what's happening is if I'm in constant contact with the visitors. So that's why I meet not only with them weekly on an individual basis, but then we meet as a team.

[T]he meeting[s] with my supervisor, and we have weekly staff [meetings]. If it's a busy week and I don't meet with my supervisor, we have that. We can talk about resources we need, or the ASQs, Child Find, and things like that.

The use of the relationship-based, reflective and strengths-based model was invoked regularly as a process that builds team cohesiveness, trust and respect.

I think that one of the effective [pieces] is the reflective supervision. That builds relationship between the supervisor and the parent educator. They feel supported. They feel that they're not alone, and they feel that they can bring any type of issues to your supervision. That builds the relationship. {By} building that relationship, you keep them happy, and they do a happy job. [Laughter]

In order for the provider to accept and to practice the information that's being delivered, they have to first establish that relationship and feel comfortable enough to be visited by these visitors. I think the entire program, and everybody involved, especially with their T.A.s, practice the relationship-based reflective and strength-based approach with us.

We do that when we have our own reflective supervision on one-on-one. We come in and [my supervisor] gives us suggestions on a certain client or what we're doing or what we should [do to] better ourselves. In the staff meetings, we really don't mention a lot about our personal clients, but she brings up things for our program.

CDD trainers don't serve as supervisors of visitors, but visitors look to them for guidance and support. Nonetheless, both the CDD and local agency staff understand their respective positions and responsibilities.

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Initially, we thought to provide reflective consultation for the FCC visitors. Both program managers wanted to do their own reflective consultation. The two managers are already in home visiting reflective consultation groups. They're involved in that monthly group as program managers. We offered to do reflective consultation for the visitors. They both said they wanted to their own because they wanted to know, as a supervisor, what their folks are dealing with in the field.

We approached the supervisors and said, "Well, we want to provide reflective supervision for your visitors," they said, "No. We do that already for our visitors." They didn't want to hand that over to us. For me, I'm like, "Oh, yeah, these supervisors are supervisors of home visitors, have been providing reflective supervision to their home visitors in the other big part of their contract. They know how to do this. They know the value of it. They're not gonna hand it over to us."

Supervisor support of their staff is a critical part of the infrastructure that makes the implementation process work. Sometimes visitors go to homes where the situation can be overwhelming. When this happens, supervisors provide practical application of reflective practice and offer the necessary support and guidance to address these tense situations.

A lot of the times they don't know what they're gonna run into in a home visit. Sometimes the visitors come back overwhelmed because they weren't prepared to listen to personal problems. Especially at the beginning, they were only there to provide information about children and activities. You listen and you help them go through their feelings and, hopefully, not take that home with them so they don't feel overwhelmed or get burnt out.

I try to treat them like they're out there doing the best that they can and figuring out what their needs are to get the work done better. So, how do we support them when we come in? Does this provider prefer that we bring materials beforehand? Does she prefer that we come at a certain time and not others? Whatever it is that we can [do to help]. We're trying not to be a burden on an already complicated situation.

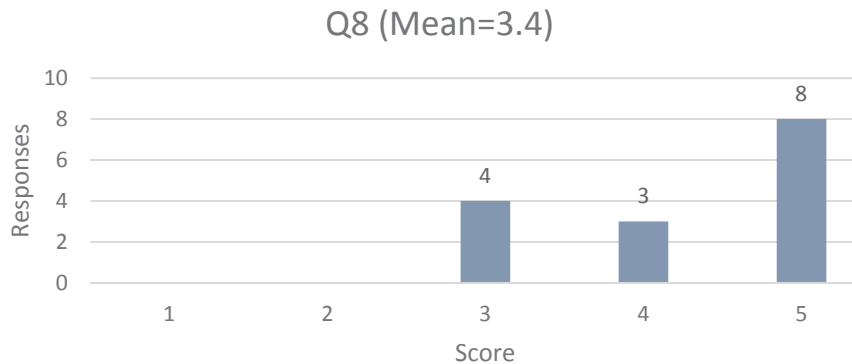
Most interviewees agree the current practice of reflective supervision appears to be working very well.

I don't think I would make any changes as of right now, maybe in a year.

Monitoring of Visitors

Responding to the question on monitoring of visitors, 8 (53%) of team members answered with 5 "Don't Know/Uncertain." Four (27%) said 3 "effective" and 3 (20%) responded with "highly effective." The large number of team members who said "Don't Know/Uncertain," probably did so because they were not in one of the local agencies where this question actually applied.

Graph 49
Q8: Monitoring of Visitors



Informants discussed effective management practices when asked about visitor monitoring. A few commented on the role played by CYFD program monitors, a process only beginning at the time of the interviews. Because of their position, other informants were self referential concerning their relationship with their supervisor.

The following provides perspectives from informants in different roles:

You monitor their files once the data's out, you're monitoring where they're going, and you're making sure that they're doing everything that they're supposed to be doing. That's where you know that they're doing really good because you see the visit plan and the activities. Right now, if we go pull out one of the files, you'll see [how] one of the parent educators prepares the visit for the next time. You'll see all the materials that she has for the next visit are ready to go. In case they [don't] come back to work tomorrow, I need to know that I can go pick up the file, and I can go do that visit because everything is ready.

I monitor every single time they come from a home visit, they come into my office, straight. Sometimes they don't even stop at their office. They come into my office, and they give me an overview, how the visit went, [etc.]. Of course, they don't tell me, "Oh, I provided information on brain development" or something. No, we just talk about, "Hey, how's she doing? What does she think about the incentives?" or "What does she thinks about the activities?" Things like that. They always come and talk with me.

We have a check in and check out [system]. I know they're doing their jobs and when they have the group connections, everything. That's how I monitor.

We're responsible to our supervisor. We do check-ins [and] whether we have questions. Also, we have monthly check-ins. We basically talk about what we've seen happening. If something came up that needs immediate [attention], we make a time with our supervisor, [who] always will find a time. That's what's really reassuring.

We really haven't had a lot of monitoring. Well, CDD staff have been out here, and we've showed 'em how we're doing with our files and how everything's coming along with our paperwork, and they're very happy. They're very satisfied with what we're doing, how we're bringing it together. We're gonna be having someone [from CYFD] in this month of July come down and accompany us to do an actual visit with the provider, so that will be something that will be getting started.

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This informant provided a summary of what was perceived as the monitoring activities across the implementation effort.

We went from two monitors to four monitors at this point, and we're seeing really nice effects on that in terms of compliance. We're not supposed to serve as compliance. It should be the monitors. It doesn't mean we're not monitoring, we just aren't enforcing. There should be multiple levels. I think there should be a base level—quality improvement—that should probably be the first program manager level. One of the manager's tasks is about how she can make her services better, how her visitors can be more successful. Then the next level—there's the data team and then the consulting team. That can be another level of monitoring.

Another discussed the roles of other partners in monitoring activities.

Actually, the Families, Youth, and Infants, FYI [Las Cruces-Based Services Provider]—do a monthly visit at their homes to make sure that they're doing everything properly. They require these providers to have six credits per year on child development. We offer those credits with the group connections. I know that they're monitoring that. We have a really good relationship with the director of FYI, and we're constantly talking about what's going on, what's working, what's not. There's sometimes she tells us, "Why don't you guys do this class about CPR? It would be nice if you guys bring somebody to do CPR. We have so many clients that need to recertify their CPR." We collaborate with them.

The only significant item that came up in terms of a potential change related to monitoring focused on the data base.

Just having the database ready.

Well, I would love to have a database team.

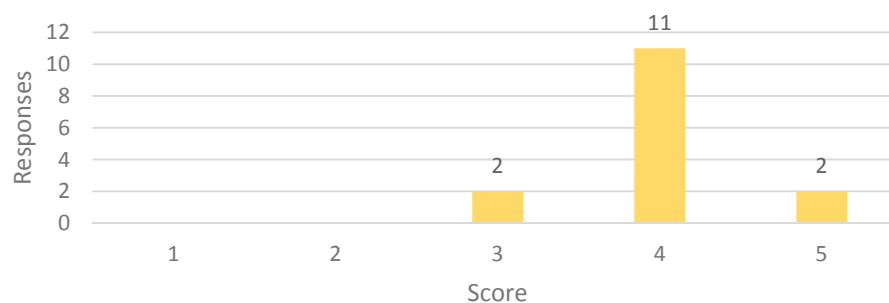
Materials Purchased for Providers

In response to this prompt, 11 answered 4 "highly effective" and another 2 rated it 3 "effective" for a mean score of 3.8. The remaining 2 responded with 5 ("Don't Know/Uncertain") and indicated that they did not have enough background to give an informed response.

Graph 50

Q9: Materials purchased for providers

Q9 (Mean=3.8)



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As discussed in the section on provider demographics, the calculated median monthly income for individuals in the study cohort was \$760 per month. Based on this figure, it appears that the FCC providers who are in the initiative don't have many material resources. Some resources the initiative provided included curricular and other materials, such as paper, crayons, art supplies, books (in Spanish and English), foam building blocks, wooden building blocks and musical instruments. These are basic items that any early childhood caregiver or educator would be expected to use in their daily routines. Others received fire extinguishers or smoke alarms that helped them become compliant with state guidelines and thus eligible for participation in the initiative.

Participation in the initiative gave providers access to some "large-ticket resources" they may not have ever been in a position to get because of financial constraints. These included items such as, water tables, sand tables, child-size tables and chairs, or bicycles, items one might expect to see in private child care settings. Providers in the FCC initiative could select items from a list compiled collaboratively by UNM CDD staff and local community representatives and agency staff. The educational and professional background of the CDD staff informed the selection of the materials. The CDD staff intentionally considered items based on applicability and appropriate use across various ages and for durability.

To fund these purchases, CYFD provided UNM CDD an allotment of \$1,000 per enrollee. The CDD considered how the items could be used in conjunction with curricular materials. In general, providers could select from two choices for an item. CDD also considered the timing of the distribution of resources in that the provider had to show good faith in building a relationship with the FCC home visitor. Consequently, the provider had to engage in several visits prior to receiving the distributions. The effort worked and based on information from local agency visitors, providers felt both honored and recognized by the state for being beneficiaries of this support.

Well, where do I begin? They have never had this kinda support before. Their supplies are limited. We're talking about really poor communities. Many of them don't have anything.

These learning materials, the visitors are linking them with the goals that the visitors wanna have. It's not just toys, they are the tools of the work. The toys are really the tools of the work. Even though someone who is less experienced would say, "Why are they getting these gifts?" they shouldn't—[those are] the tools of the work. It's what they need to provide good learning activities for young children.

[CDD staff] spent a lot of time thinking about what should go into the initial resource package for the providers. They invested a lot of time in thinking about the types of materials and actually also where to purchase materials that would make sense that pretty much all of the providers would benefit with that up front allocation of resources. Then they spent a lot of time developing a needs survey for additional resources. It was important to not leave it to wide open and to give limited options that really related to the work they do. They invested a lot of time doing that as well that made it more meaningful, and more effective than an open-ended, "What do you need? We'll buy it for you."

Matching available resources to wants and needs of providers was as important as the durability and safety of each item.

We tried, to the best of our ability. We couldn't get everybody everything that they wanted, but we tried to get them what was on their wish list.

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What we did was we tried to get two of [each] whenever possible, so that they could choose from two different kinds, which was really hard—we didn't do that for everything. What we did was we looked at their wish lists, and then we worked from that.

We made sure that we got from reputable companies, so the stuff is sturdy, but it's also not painted with lead. We went through all of that stuff.

Ensuring that the materials could be used with different ages and aligned with curricular resources and goals provided another touch point for the acquisition of resources.

They can also be used in multiple ways for different age groups. Cuz we realized there will be a two-year-old with a five-year-old. It has to be something that's reason[able]—now, that doesn't take the responsibility off of the provider. They still need to know. We made sure that the items that we had could be used with the younger children. I'm a firm believer in blocks—blocks teach math. The books that we chose had elements of science, math, diversity.

Establishing buy-in and commitment by participating providers served as a guiding principle to the distribution of resources.

Another thing that we decided is we didn't want the resources to be given out on the first visit or the second visit. There was a certain amount of time so that relationships would be established. The main focus of the program would be established before they got the resources so that we increase the chances of buy-in, of being part of the project.

Various aspects posed challenges for various team members. These included staff time commitment, the purchasing process itself, and storage of items (both at UNM CDD and the local agencies) once they were received.

Purchasing things—the University of New Mexico purchasing things—how difficult that is. Then working with these different entities that we were purchasing from, some were back ordered or they didn't have—it's been a nightmare. We are gonna work on streamlining it. I think, again, a lot of the up-front work was done as far as now we know what items and we know where to get 'em, but it's taking up way too much staff time.

The whole hassle of ordering stuff and storing it and all that but not with the providers, no.

Storage. I wish the programs had a line item or something for storage. Cuz, [with] things like bikes, chairs and table; they're sturdy, but they're big.

One change that was offered included moving the acquisition process from CDD to the local agencies.

We all decided that that money should probably be in the budget of the agencies.

The end result of these efforts is that the providers feel respected, honored and happy they are recipients of these resources.

What's been successful, it sounds like some of the anecdotal stories about how delighted the providers are to be able to have some—because many of the providers don't have their own funds to really purchase materials—just being delighted to be able to have something to offer the kids. I think there's more practical stuff like fire extinguishers.

But the overwhelming response was, oh my God, I can't believe that this is coming to us, and that we're being recognized and honored. Everyone, they just cannot believe how amazing this has been to receive these items. We're also building activities around the items. Now with these art supplies,

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what is an activity we can do around that, and how do we gauge it for the three-year-old, and the two-year-old, and the six-year-old?

We wanna encourage them to use what they do have, but this [providing material resources] was a nice piece. What aspects? Here's one aspect that contributed: the fact that it showed that the state cared enough about them to give them these learning materials. That was an incredible thing. I heard one of our program managers[say that] the messages they've been hearing is that they [the providers] felt honored and respected—like the work that they're doing is important. It was a gift.

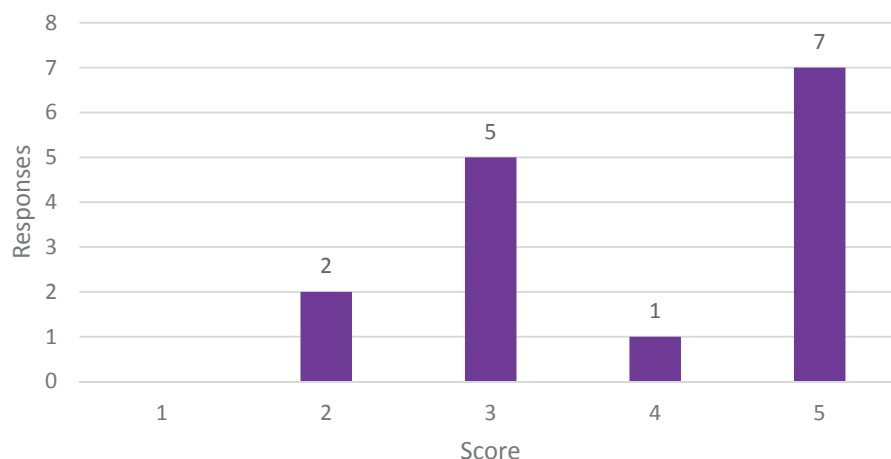
Networking opportunities for providers

In response to prompt number 10 nearly half (7/47%) gave a response of “Don't Know/ Uncertain.” Another 2 (13%) selected “somewhat effective,” 5 (33%) gave a response of “effective,” and 1 gave “highly effective.” As indicated in the high number of “Don't Know/Uncertain” responses there was not a broad awareness of the networking opportunities available to providers. At the time of the interviews, while both local agencies understood the importance of supporting provider networking efforts only one of them had started active engagement that appears to have built on the established effort through the home visiting program. The other was getting prepared to move forward.

Graph 51

Q10: Networking opportunities for providers

Q10 (Mean = 2.9)



In some instances, the efforts were already beginning to pay off in terms of providers who expressed an interest in getting a degree or becoming licensed, both of which support a larger goal of the initiative of improving the quality of child care in New Mexico. Another primary goal associated with the initiative was to help increase their sense of themselves as professionals and business owners.

Part of the curriculum involves setting up opportunities for that to happen through a learning theme or something like that. I'm quite sure they've done some of this but I haven't paid that much close attention.

They're just trying to just build those initial relationships with the visitor. Part of the curriculum is that there will be a monthly group meeting of the providers. As the home visiting part of it,

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they're already doing a monthly, what they call group connections. That's with the home visitors and the parents. I know Luna County was thinking about combining those rather than having them separate. I think right now it's combined with the home visiting group connections, which is both parents and providers. To me, it's still in the process.

I mean they're doing that through the monthly group meetings, but again that's new to be up and running. I think that's a key piece of them feeling like they're not out there by themselves. I would say that it's still in the early stages because it took so long to recruit, and that as far as them all coming together on a regular basis, I think it's still in the early stages.

The aspect of the Group Connections meetings appeared often.

We've not done anything yet with the Group Connection piece with this project. That's something that's now being developed, and one of the things that I'm going to be doing is providing the providers with a survey to kind of get a sense of what they would like to do in terms of Group Connection and get a sense of when they might be able to even get together. Can they meet after hours or do they need a weekend to be able to come out, and what's the frequency? How frequently can they meet as a group? Then what might be beneficial to them? What sorts of information might they like to have?

The Group Connections and bringing presenters to the group connections, presenters that pertained to the type of work that they're doing.

The women really like the Group Connections 'cause they get credit hours for the topic that we're having, and that's gonna help them with the FYI program for the credits that are being required from that program. We try to get good topics out there. Our next one, July 6th, is gonna be early literacy, so we're focusing on showing how important it is to read to the child since very small. We give books with our learning material, so that will be great in that Group Connection 'cause they have the books, and we have the reading foundation, and they're distributing books also in the community one day a week.

One of the agencies described how the Group Connections served as meeting ground for providers and a forum for speakers from organizations in the local community and helps to build trust and awareness.

I think in January we brought someone from Immigration Services to come and do a presentation on immigration services. We got a lot of—we had a really good turnout, but we did not get enough of the providers. We didn't get a lot of providers how we wanted it because it didn't pertain to them. We brought a teacher from the elementary school to talk about school readiness and the importance and what the children needed to be learning and all that. We had a lot of providers, and they were very interested.

I think that bringing presenters that engaged with the type of job that the providers are doing is very important. That way providers build that trust and that relationship with those agencies. For instance, bringing Life Quest. Life Quest is an early intervention program that we have here in Luna County. It's the only early intervention program that we have in Luna County. A lot of the times there [are] children, but they might [have] a speech impairments or something. They need to get the speech therapy, but they don't [have] that trust with the Life Quest. Sometimes it's kind of awkward for these providers to accept Life Quest into their home, but we take 'em to the Group Connection. "It's okay for them to accept them at your house, and this is what they do." For them learning the different type of programs that are out there in the community.

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Bringing in guest speakers. One thing that we did do, is at our first group connection in January. When we started, it was all the participants, or all the attendees, they came up with their own list of topics that they wanted to know more about. We thought since they would come up with their own topics, they were more likely to come and attend. It was a hit and miss. Some months it would be really successful and others we didn't. It's just networking, networking. All these presenters came and did it for free of charge. [A]t [one] meeting we had a pediatrician...who came in [on] her own time.

Although much of this early effort was concentrated at the local agency level, UNM CDD also conducted some networking efforts through outreach to other partners and at Central New Mexico Community College (CNM), specifically through working with the early childhood education certification programs.

Actually, we've been doing a lot. We did the two-day foundational training. Then we created a two-hour overview of that two-day training. We've actually presented that overview to folks at CPER, to other folks in our home visiting at ECLN. We've presented it to the group that's working with the non-registered providers in Santa Fe. We presented it to CYFD licensing; we actually networked with licensing. They had their annual meeting. We just did that two weeks ago. Providing the overview to folks who either have heard of the project or don't know anything about the project. Of course, their question was how can get this for the other family childcare providers in the state?

We've also networked with CNM because CNM teaches classes on child development. They have actually an infant family studies certificate. They have a child development certificate. They have associate degrees in those. They are already providing classes to family childcare providers. It's an avenue so that information that we've been giving out to the visitors that they've been sharing with the providers is that you can actually take these classes at CNM. It's affordable...they are offered in Spanish, which is huge.

Others discussed the impact of the initiative on providers' sense of themselves as professional and increasing their business sense.

I think this has been very beneficial. Not all of 'em attend, but there's a couple here and there, and they're really interested. They're really focused on the topic, and it's giving 'em more knowledge on things that I feel they should know and will benefit the children under their care, and even to the rest of their family.

The curriculum and the fact that we're going in there and we're providing structure, a routine, developmentally appropriate activities, we're addressing issues as they come up. If a provider's having issues with getting children to transition from one activity to the next, we might do a whole activity lesson on that, and how do we do that. Being in there, being able to model for them how we might be with the children, but also bringing her into that process, bringing the provider into that process so that she's also feeling like this is not just people coming from the outside and telling her how to run her business, but really people who are interested in what's her style of doing things and then developing that with her.

That's been very positive 'cause they like receiving all the information—anything that's gonna help 'em to advance their business. They're real happy.

Others commented on the impact the initiative was having on providers' motivations to get licensed, grow professionally and how the providers feel supported in their work

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Now there's some of them that they're, like, "Oh, I wanna become a licensed child care provider." Now they're looking more—now they're looking at a different level than what they were. There's some of 'em, especially the younger providers. They're looking at a different level. "How do I do this?" or "How do I become certified from this?" They're getting motivated on the job that they do, and they're motivating themselves to grow professionally.

Well, I know we knew one or two families that were just in the licensure. Other than that, everybody just seems really happy. Once they enrolled, they have discovered that there's a lot of benefits that the visitors are there to provide a lot of information that's only helping them. Information that they didn't even know. You have to sell your program to all the pediatricians, OBs, you know, anywhere you can think of where parents go—schools. Then, they can make referrals to the program.

There's some that can't really make it 'cause they have children late in the hours that we offer it, but some are there, and I have a lot of my clients that are interested in becoming licensed.

We discuss things. We know a little bit about her the better. We know about her style. We have talked about maybe some goal development with her. I see that more as the next phase. How do we get her to really think about the parents as a resource and getting the parents more involved. Really allowing them to see themselves as agents, as a resource for the parent, and getting her to realize that that's a part of the work that she does.

Perhaps most importantly, the networking opportunities and other initiative activities have enhanced some of the providers' abilities with their children.

A few—a provider tells me. For example, they make a comment, "Look, I did this activity with my children and they [are] so happy. They learn the colors. We have a puzzle—the hammer, the saw—and so a little boy learned all the names.

They're very happy, and they appreciate everything that's helping 'em—how they're structuring and how they're helping the children learn. The activities that we take and plus the learning material—it's very beneficial. I don't like to go directly and tell 'em, "Oh, you're not supposed to have the TV on," [laughter] but I try to give 'em tips and ideas that they could be doing other activities with the children that's gonna help with their learning and development.

It's hard, but one of the things that the parent educators do with the providers—sometimes they identify delays in these children. They relate it to the parent educators. Then the parent educators say, "Talk to the parents," or "This is the way you should talk to the parent, and this is how you should approach the parent. Then if they want, we can do a referral." Because there's some parents that are in denial. They don't wanna get those referrals, and they wanna do nothing.

One of the informants expressed hopes for the future of the networking efforts and thus expand exposure and awareness of the efforts being coordinated through the state.

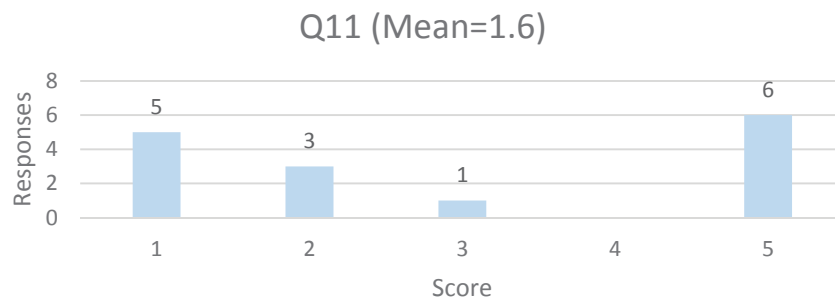
I do hope that we can reconnect. Now, with all the turnover with CYFD staff, I 'm not quite sure if this will be possible. I do hope that we can reconnect the early childhood coalition piece with the family child care piece so that the coalition can brainstorm and sponsor networking activities that perhaps reach beyond the enrolled FCC provider base, but would include them to do broader networking to bring in--just knowing the communities where we're talking about—almost by default...unregistered providers who wanted some exposure to other ideas and other providers.

Data System Use and Support

This question generated the lowest overall mean score of 1.6. While 9 of the team members weighed in with a response, another 6 (40%) chose “Don’t Know/Uncertain.” Five (33%) gave “Not Effective At All,” 3 (20%) indicated “Somewhat Effective,” and 1 (7%) chose “Effective.” It is not surprising that this question had such a low mean score since there was no data system in operation. At the time of the writing of this report, the data system has yet to become operational.

Graph 52

Q11: Data system use and support



Informants agreed on the need for and importance of a data system for the initiative. There is a shared understanding that data can help inform perspectives on the providers who are participating in and being served by the initiative as well as provide clarity on elements such as the frequency and length of visits to FCC provider homes and the elements covered during these visits. Management of the local agencies want an operating data system to help inform and support their administrative role related to the activities of visitors and their required reporting obligations. The lack of a data system has doubled the work for the visitors who currently collect information on paper but will need to input it into the database once it becomes active. In addition, because of the elapsed time between paper collection and input into the database the ability of visitors to recall specifics of any particular visit are likely to be diminished. The CEPR evaluation team has also been affected by the lack of a data system. Without the ability to access and download collected data from the initiative, the team is unable to conduct various analyses and meet reporting elements identified in the evaluation plan. Consequently, CEPR’s development of this initial report has been formulated strictly on data collected during evaluation activities.

The delay in establishing an operating data system appears tied to staff turnover at CYFD and UNM Continuing Education, the agency responsible for its development. In addition, the lack of consensus at CYFD of what data elements are to be collected on the initiative for input into the data system impaired progress in its development. Without this consensus and direction from CYFD, UNM Continuing Education is unable to construct the database.

Various informants discussed the purpose and functionality of a database system and the impact that not having one has had on initiative activities.

It’s my understanding that the data system will help us definitely look at our demographics, how many children are receiving the services, what’s happening as far as specific gender/race/ethnicity, a lotta different things. So, that’d be helpful to see how these FCC homes are shaping up to look like.

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I am aware right now that the data system is not in place. It is my understanding that that is still being developed. So, I need to find out about what roles are people, and see who's responsible for pushing that, so that it gets developed. I think that we definitely would see that, if we get quality reports and they're not just the information and we also get the data to support it, then we can produce more effective policies around the FCC.

I think data's always a good thing. It's this love/hate relationship. [I]t shows you and it supports you so much, [such as] if FCC can grow because data's showing that need, then data's there to prove it. The...challenge of it, too, is what data do you collect? I think that's always the interesting part—what do you collect that makes it different from other programs? What are we collecting now [or in the future] that might be helpful?

The problem of false starts and lack of direction emerged as impediments to progress.

We went down a huge trail of building in the ability to do an anonymous ASQs (Ages and Stages Questionnaire), and then it was decided that we weren't going to do anything with children, and so that's a big piece of "we're not gonna use that."

There's no point, basically, to doing that work. I never felt like we had someone that said this is the way it's gonna be. I felt it was always like, "we could do this," or "we could try that." I know some of that is figuring out how we're doing this, how we're implementing the project. I think there is a time to say we've heard everybody. We understand what your needs are, and this is the way we're gonna have to do it because we have to standardize, ...we all have to collect the same information, and we have to be serving the clients in the same similar way.

Input from implementation team partners was important in the initial efforts to move forward on the data base earlier in 2015 but "fizzled" as a consequence of staff turnover both at UNM Continuing Education and CYFD.

I felt partners were really responsive most of the time when we needed something [for] the system. This is where, again, it's that organization piece where it was the partners figuring out what data points we might see in each section; where that might have been alleviated by having a little bit of a roadmap first of these are the things we absolutely need, and then here's some things the programs might want to consider doing.

[The data team] was at all the meetings through January, February. Then, it just fizzled because [data team members] left. Yeah, we were meeting with [them], December, January, giving [input]. Both agencies have cross trained all of their home visitors. [They] received the family childcare visitor training, so that if any point a home visitor wants to become a family childcare visitor, they've received all the training. [The data team] wanted the systems to be side by side so that if a home visitor is also a family childcare visitor, they could just switch systems.

Before the previous Manager Monitor left, I know that she was working with the data contract to define some of those areas in the data system. So, I think that it's just defining what FCC Home Visiting would be tracking.

The impact of not having an operational database system is seen across all team member organizations. Concerns expressed included not having readily available actionable data for administration and reporting purposes, duplication of efforts on the part of visitors, and the potential for diminished accuracy in data input once the system becomes operational.

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It is the barrier at this point. It's a barrier in the sense that the visitors are used to seeing themselves as professionals here. We've set it up so that, at least in the Home Visiting Program, they really are held accountable, and a part of the way that they're held accountable is by documenting. By not having a data system in which this is going into, while I've been able to manage the impact of that by having them use Word document and do that sort of thing, they still are seeing a difference..... There's a psychological thing that I think happens, and although I think I've been able to manage that well with them by helping them understand this is a work in progress and it's a pilot program, and the data system is trying to come up and running. I think that not having that as a management tool, for me is difficult.

Well, if it existed, it would [laughs] help support us 'cause we would have actual data to share with everybody. Real numbers, instead of just an estimation of things and how they happen. You can definitely track how often visits are being conducted, how often visits are being completed. There's times where people don't open their doors. That still happens.

To me, the benefits is we wouldn't do double work. We're doing it on paper, not—we're gonna have to go back and do, since day one, everything. I don't mind it, but it's gonna be more time consuming. We have to put all the information into the data system.

Not effective at all cuz it doesn't exist. Yeah, the biggest frustration is everyone's keeping hard copies of everything...the backlog that they're gonna have to enter. I know all the programs are already doing narratives on their visit. How much is gonna be lost because it happened six months ago? [H]ow much are we gonna lose because there's been such a gap of time.

Looking towards the future included suggesting steps that could occur to alleviate the lack of consensus on data points, what the training needs would look like, and the positive aspects of having the system up and running.

I think what I am going to suggest is that we actually have data conversations on a smaller scale. I sometimes feel like when we get together at these large FCC Home Visiting meetings, it can get lost in the discussion points of everything else that's going on. [M]y recommendation's going to be that data comes together with a few key people, and then we really give that time to data. I feel like it has to be a separate work group right now, because it has gotten lost in the development.

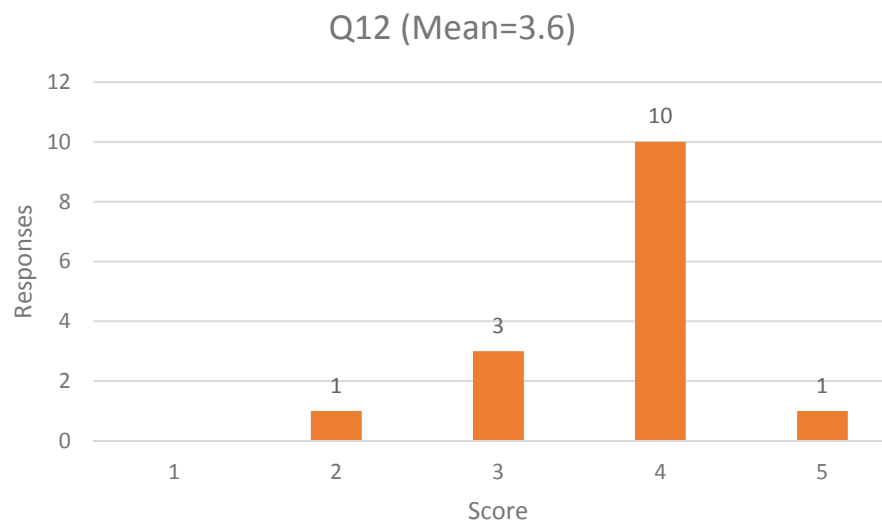
We've got multiple ways we can train users, right? Typically with an FCC project like this, our typical training implementation would be when we first set the system live we'll make an on-site visit with each one of the programs and do an overview. We'll walk through. It typically takes about an hour-and-a-half to do the overview, and then we'll spend additional time after, answering any questions, showing people real specifics. The overview is just basically saying here's the container for this. Here's the container for that.

Start off with the data. I think that having a good structure first...having the people that are gonna be doing the job, training them on the PAT fundamentals, on the PAT and the home visiting, then while all that is doing, working on the development of the data. Then while they do outreach and all those first things, then when they go out on the field, the data will be already ready, so everything will come together at the same time.

Evaluation activities

A majority of respondents (10/67%) gave a score of “Highly Effective” to the evaluation, while another 3 (20%) chose “Effective.” Both rankings of “Somewhat Satisfactory” and “Don’t Know/Uncertain” received 1 response each from a team member. The evaluation plan was developed in conjunction with a team from Child Trends that CEPR contracted with to provide input and professional guidance on its structure and methodology.

Graph 53
Q12: Evaluation Activities



Since the FCC initiative is focused on improving child care provided in FCC homes through professional development and material support provided by local agency parent educators, the CEPR evaluation is assessing the changes in these providers over a year of participation. The activities of the initiative are grounded on the parent educator visits made to the FCC provider homes in Luna County and South Valley Albuquerque on a bi-weekly basis. CEPR is using a pre/post approach to the evaluation by using a survey completed by the provider and the QUEST assessment instrument’s Caregiver Rating Scale and Environmental Checklist administered by trained observers at the start and end of provider participation in the initiative. Another component of the study is the interviews CEPR conducted with members of the implementation team. The responses in this section summarize perspectives from implementation team members at the mid-point of evaluation activities.

A major focus of comments on the evaluation centered on the collaborative nature of the evaluation team’s presence and working style with members of the implementation team.

I was very pleased with this piece that CEPR did. You all were very organized. You included us in some of that planning, too. I felt grateful for that. You also kept us informed. When one of our partners basically changed what we had—like added a piece or whatever—you let us know. You said this has to happen—those kinds of things—the process of planning really did help, I thought. It was really helpful.

Our early discussions. Again, everybody sitting around the table on a regular basis made it work. I

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mean, in some ways, it was almost daunting to think about, “Okay, we’re gonna create this system of service delivery, and we’ve gotta measure it.” I don’t know how we did it, it was incredible. I think that was an incredible accomplishment that we were able to do both simultaneously. I just remember there was just so much back and forth conversation. We had conversations with Child Trends. We thought we were gonna do one kind of evaluation, we were able to come back and say, “No, we can do it this way.” We had talked about control groups. It [the study] wouldn’t have happened if we had to find people for control groups. The flexibility, the willingness to have a dialogue with all the partners, all of that was so critical. I mean, it could’ve went nowhere.

It really mirrors what we put in practice as far as a reflective approach. Going to the people doing the work as the experts and not an expert in the sense necessarily that they are the top of their field, but they know the most about—when we do home visiting, the parents are the experts on their kids. Rather than us come in and telling them stuff where it’s just a shotgun approach. Let’s find out what they know. Let’s find out where their interest lies, and then work from there, meet them where they are at. It’s like, “Wow, this is so much application for that approach.”

I mean how cool is it that 12 people come together to talk about this, and that we’re all dialoguing, and collaborating. I think it’s been a powerful element, and that we’ll have the data and the research to back it up. Because that gives so much strength behind what’s happening. When we met with different folks—actually family childcare provider visitor agencies that went to that training in Kansas City, Missouri, and we were talking about this being a research project, they’re like God, you’re so lucky that there will actually be data behind and eyes on what we’re doing. Just the excitement of that [process] and the effect that we can have in New Mexico, which is powerful and nationwide.

The structure of the observations and use of bi-lingual observers also received positive commentary from informants.

Well, definitely, just hav[ing] the pre and post [observations], that is the only way that we’re gonna really find out how far a provider has come. How much they’ve developed over a year.

I felt that the observers were very key. Very key. My understanding from speaking to the visitors and my limited exposure to them as well, is that they were very courteous, very well-trained, very experienced. They went in really understanding what they were doing and they went in with the cultural sensitivity and understanding that they needed to have.

You guys made a point of making sure that the observers were bilingual, and had some training in the tool, and so on. I was very appreciative of that.

One challenge that caused some problems was the use of the QUEST Environmental Checklist. The decision to use this part came from CYFD and CEPR implemented it without a full previous discussion with other team members. The topic was brought up for discussion in the group, CEPR and CYFD staff explained the decision, and the group achieved resolution of the issue

Well, this project is not about rating the quality of the visitors. We’re looking at was there change in the provider, and the provider interactions with the children, and the provider interactions with the parents. We opted not to do that. Then, we all looked at and liked the QUEST. We were looking at the—specifically looking at the caregiver child interactions that the QUEST really addresses. The QUEST also has an environmental checklist. This is where there was some confusion because we talked about that we would not be assessing and evaluating the health and safety of the environment

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of the providers. We would certainly be teaching and training our visitors on that. Those would all be teaching opportunities for the visitors and the providers. It wasn't gonna be part of the initial observation. Then, we found out that it was. There was some miscommunication. After we got the information, and it was discussed. It was fine.

For one informant, the evaluation created the central reason why some providers chose not to enroll in the initiative, the fear they would have a stranger enter their home and assess their capabilities as a provider.

I think that's what turned away some of the providers from registering. Just because they felt nervous. They didn't see it as a person just coming in and doing a research project. They saw it as a person coming in and seeing how well they were doing. What were their strengths, what were their weaknesses?

One perspective centered on what was not being covered in the evaluation and that was a focus on small, rural communities that would have occurred if Quay County (one of the original four target communities) had been able to participate. Unfortunately, the lack of a sufficiently large FCC provider population resulted in their exclusion.

The real importance of this is the evaluation and determining whether this makes a difference that's worth the investment at the community level for family child care providers. If it does, then to create policy conversations at CYFD about new resources or shifted resources to support this effort because so few children are more apt to participate than the formalized group settings that CYFD funds, Pre-K especially. The hope is that this evolves over time into an alternative that matters to pre-K and other early learning settings because most small rural communities in our state can't support a high quality group setting such as Pre-K unless it's in the school setting. That's why it's so unfortunate that Quay County ended up being dropped by the project, because we're not going to learn how to work this project in a small rural community.

Finally, some informants commented on what they would like to see in future evaluation activities.

I think in covering the implementation piece, I think what's going to be useful is lessons learned for other states, other broad-spectrum in terms of that.

I would like to see [whether] there are behavioral differences that we can observe.

I think what would help is if we were to do this again next year, have the evaluators come in and do a presentation for everybody who signed up. Just so they can meet and greet them before they come into the home. They'll come in, do a meeting, meet-and-greet. Let people know their faces. Let 'em know that they speak Spanish.

Maybe in the very beginning of the evaluation, actually sitting down with the evaluation observers, and the visitors and myself, and whoever is the person in my role to sit together and really be able to see each other and say, okay, these are the folks involved.

Closing Comments

As can be discerned by the various quotes from the interviews covered in this section, the perspectives of the implementation team members provide a rich source of insight on the efficacy of the NM Family Child Care Home Visiting Outreach Initiative. Across the various domains of the initiative the interviews

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addressed, the initiative has been supported by the collaborative nature of the relationships among team members and the shared willingness to make it work. While hampered by the lack of a functional database, overall, the initiative continues to move forward through the activities of the various staff members from the involved organizations. The willingness to work through challenges in a civil manner and arrive at solutions characterizes the work of the team and underpins the current status of the overall initiative.