

**FINAL REPORT OF THE  
DEPARTMENT FOR CHILDREN ON THE**

# **Rural Child Care Project**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



## **SENATE DOCUMENT NO. 12**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
1990**





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MARTHA NORRIS GILBERT  
DIRECTOR

TELEPHONE: (804) 77

COMMONWEALTH of VIRGINIA  
DEPARTMENT FOR CHILDREN

805 East Broad Street  
11th Floor, 8th Street Office Building  
Richmond, Virginia 23219

January 1, 1990

To: The General Assembly of Virginia

Please accept this document pursuant to the provisions of Senate Bill 325, Chapter 198, 1988 Acts of the Assembly, as the Department for Children's final report of progress made toward the development of model child care programs in rural communities.

Respectfully submitted,

A handwritten signature in cursive script, reading "Martha Norris Gilbert".

Martha Norris Gilbert  
Director

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## **Executive Summary**

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Two years ago Caroline County, a rural locality, had no regulated child care services. When the Division of Licensing Programs, Department of Social Services, responded to concerns about the number of children in unregulated care in Caroline County, community leaders were alerted to the magnitude of existing child care problems in rural areas.

**Critical barriers to overcoming the lack of child care were:**

- \* Lack of community-wide support for the development and implementation of child care strategies,**
- \* Lack of financial resources, and**
- \* Lack of regulated and/or qualified, trained child care providers.**

Caroline County has worked to overcome these barriers through the Rural Child Care Project. A Caroline County Task Force on Child Care rallied citizens to alert the 1988 General Assembly to their child care dilemma. There was no licensed or regulated child care in the county. The legislature responded quickly, mandating the Department for Children to collaborate with the Department of Social Services and the Virginia Cooperative Extension Service to develop pilot rural child care programs (Senate Bill 325, Chapter 198, 1988 Acts of the General Assembly).

The Caroline County Task Force on Child Care, appointed by the Board of Supervisors in 1987 and responsible for informing legislators and the community about child care problems, became prime movers in implementing the Rural Child Care Project in 1988 and 1989, with the technical assistance of several state agencies. The local leadership of the County Planner and the Unit Director/Home Economist of the Caroline Cooperative Extension Service, was essential to the success of the project.

Project participants:

- Developed a state-level technical assistance model designed to be utilized in replicating the project in other rural areas.
- Developed and implemented a media campaign designed to gain grass-roots community support for child care strategies and to recruit child care providers.
- Established a child care resource and referral service within the local Cooperative Extension Service Unit to assist the community in recruiting and giving technical assistance to providers, coordinating training opportunities, and assisting parents to make decisions about child care.
- Enlisted a USDA Child Care Food Program sponsoring agency to assist providers with subsidies for good nutrition for children.
- Sponsored a ten-week child care training course through the Caroline County Adult Vocational Education Program.
- Collaborated with Rappahannock Community College to offer a one-time, tuition-free introductory child care course.

- Offered learn-at-home training materials for child care providers.
- Obtained and utilized child care subsidy funds for low-income working parents.
- Informed employers about child care benefits.
- Initiated community planning efforts for school-age child care programs.
- Created a viable working model for interagency cooperation.

## Conclusions

- State-level technical assistance is invaluable for rural areas which lack resources to develop strategies for the expansion of child care services.
- The high level of community commitment to eliminating barriers to the expansion of child care services is directly related to the success of the project.
- A multi-media effort, that includes personal contact with members of the community, is essential to gain support for local strategies and for recruiting providers.
- A community agency (child care resource and referral) that serves families from all income levels, as well as providers and employers, is needed to coordinate local recruitment efforts, training programs, public information campaigns, and outreach to various community groups.
- Providers need a variety of training opportunities which include in-service training, college level courses, and learn-at-home materials.
- Funding sources for child care are extremely limited, including local, state, federal, and private sources.

- Employers in rural areas are not aware of the impact of lack of child care services on their businesses.
- School-age child care programs require long range planning, and legislative change is needed to permit school sponsorship of child care in areas that have no other resources.
- Replication of the Rural Child Care Project will be possible with the proper allocation of resources in the future.

There are now fifty-five family day care homes listed with the Child Care Resource and Referral Service. Four of these homes are licensed, and two are locally approved by the Department of Social Services. A child care center has been licensed, and a church has established a program that is exempt from licensure. Parents and employers now have resources to deal with personal and community child care needs.

Much remains to be accomplished, however. Additional funding is needed to initiate and expand child care programs and services. Financial barriers to the development of a school-age child care program have not been overcome. A needs assessment survey conducted by the Task Force found a large number of young Caroline County children at home alone during out-of-school hours. A survey of employers in Caroline revealed that more information about child care strategies is needed. Low-cost, accessible provider training programs will continue to be needed since less than half of the providers listed with the child care resource and referral service attended training sessions during the project. Local health and

fire departments have indicated the need for additional resources to provide inspection and technical assistance services to unregulated and regulated providers in isolated rural areas.

The challenge to provide high quality and affordable child care in rural areas is considerable; however, the Rural Child Care Project has demonstrated that the challenge can be met by

- \* Committed **leadership** by local public officials,
- \* State-, regional-, and community-level **collaboration**,
- \* Enthusiastic **commitment** to project goals by all participants, and
- \* An established **infrastructure** for the expansion and support of child care services.



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## **Recommendations**

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### **General Recommendations**

1. Community support for child care solutions can best be gained through locally-based leadership. A local child care task force, commission, or coordinating council comprised of decision-makers from a cross section of the community is needed to assess local needs and generate actions on child care issues.
2. State- and regional-level technical assistance for the expansion and improvement of quality child care should be available to localities desiring to address child care issues.
3. Rural areas that lack financial resources to develop center-based child care options should consider a network of family day care providers to serve the locality.
4. Needs assessments should be conducted as a basis for project planning and implementation and to provide a baseline of data for project evaluation.
5. Planning grants should be made available to communities to assess needs and resources prior to the development of services.
6. Communities should plan proactively, rather than reactively, to address current and emerging child care issues.
7. A state-level coordinating body should facilitate replication of the Rural Child Care Project.

### **Specific Recommendations**

#### **Public Education**

1. A variety of public education activities should be utilized to stimulate discussion of child care issues when conducting a media campaign.
2. Public and private community organizations should work together to inform the community about child care issues.

3. Public education programs should be designed to increase trust between providers and public sector programs (USDA Child Care Food Program, subsidy programs, and licensing programs).
4. Providers of all types should be recruited on a continual basis.

### **Network of Providers/Support**

1. Locally-based child care resource and referral services should be developed through a variety of public and private funding sources. These can help expand child care services and improve the quality of care through the following activities:
  - a. Educating parents, enabling them to make informed decisions about child care services;
  - b. Recruiting new child care providers and assisting them in start-up activities;
  - c. Offering technical and resource support services for providers;
  - d. Coordinating community and regional resources for the training of providers;
  - e. Monitoring the supply of providers by type, and the demand for child care services by type (infant, get-well care, etc.); and
  - f. Providing information and resources to employers on child care issues.
2. Incentives such as subsidized training opportunities and a simplified checklist for licensing family day-care homes should be provided to encourage providers to become licensed.
3. Community action to assure project success should come from several levels of involvement including licensing specialists, building officials, county administrators, planners, school and Extension personnel, etc.

### **Training Efforts**

1. Outreach efforts should be initiated to promote the advantages and benefits of child care training, especially with providers who have less formal education and specific child care training or experience.

2. Child care training should be offered in a variety of settings including churches, clubs, and volunteer leadership organizations.
3. To improve training participation levels, daytime and evening child care services for trainees should be offered. Scheduling events on Saturdays may also increase participation.
4. Learn-at-home training methods merit consideration as a supplemental training method for family day care providers. Specific attention might be focused on the development of videos or television programs and self-study materials.
5. Prime distribution points for information on child care in rural areas should include grocery stores, schools, churches, and banks.
6. "Telephone Tree Programs" sponsored by a local resource and referral service should be established to spread the word about training offerings, learn-at-home packages, and other opportunities.
7. Training topics that incorporate readily useable information, such as activity planning, dealing with child behavior, tips on running a business, and child safety should be made available to all providers.
8. Easy to understand information about establishing quality child care settings, licensure, and liability insurance should be readily accessible to providers.
9. Non-credit classes and college credit classes should be available through adult vocational programs, the Extension Service, and/or community colleges in the evenings or on Saturdays when more formal educational opportunities are needed. A scholarship or deferred tuition pay-back program should be developed to assist rural child care providers.
10. Caregiver networks should be established to encourage the sharing of information. A resource and referral service could invest in subscriptions to child-care journals and magazines and serve as a meeting place for locally-based family day-care provider associations.

### **Funding**

1. Regional- and state-level social services offices should provide additional technical assistance to assist local administration of the Child Day Care Fee System Program in rural localities.
2. Sizeable public and private low-interest loan and grant programs are needed to plan and develop child care services in rural localities.
3. Low interest loan programs are particularly needed to enable facilities in rural areas to meet the Uniform Statewide Building Code requirements for child care facilities.

### **Employer-Related Child Care**

1. Rural employers should receive information about the variety of child care options available for small businesses and the benefits of child care services to employers.
2. Rural employers should be encouraged to become involved in any community effort to resolve child care issues.
3. New industry prospects and developers should be encouraged to incorporate child care options into employee benefits packages when locating a business in rural areas.

### **School-age Child Care**

1. Community-wide needs assessments must be conducted to determine the need for school-based child care, whether publicly or privately sponsored.
2. Local communities should enlist the support of community leaders and parents to develop school-age child care services.
3. Parents should be provided with information about the options they might consider for children during out-of-school hours.
4. A school-age child-care approach should utilize public and private non-profit and for-profit resources available to the community.

5. A minimum of six months planning time is needed prior to the implementation of a school-based child care program.

### **Transportation**

The General Assembly should mandate further study of rural transportation issues especially examining methods to increase parental involvement in child care.

### **Project Replication**

1. The Virginia Council for Child Day Care and Early Childhood Programs should coordinate the replication of the Rural Child Care Project. Replication should initially be limited to a small number of localities.
2. The Virginia Cooperative Extension Service should be responsible for implementing future pilots and should work closely with the Council on Child Day Care and Early Childhood Programs on all phases of implementation.

Three full-time employee positions will be required to adequately implement project replication in the neediest rural communities.

3. Sufficient funding from a variety of public and private sources is necessary to enable pilot localities to replicate the Rural Child Care Project.
4. Co-Chairs of the Caroline County Task Force on Child Care should be permitted release time during the first two years of the replication to provide technical assistance to localities. The Caroline County Board of Supervisors should determine the appropriate amount of release time for county employees.

**1988 SESSION**  
**VIRGINIA ACTS OF ASSEMBLY - CHAPTER 190**

*An Act to further define "family day-care homes" and establish rural child-care programs in certain counties.*

[S 325]


Approved *MAR 21 1988*

Be it enacted by the General Assembly of Virginia:

1. § 1. *That, until January 1, 1990, in counties having a population of not less than 7,940 nor more than 8,000 and not less than 17,850 nor more than 17,910, with respect to private family homes which would be designated "family day care homes" as defined in § 63.1-195 of the Code except that they accept up to ten children, at least five of whom are school age and are not in the home for longer than three hours immediately before and three hours immediately after school hours each day, such homes will not be considered "family day care homes" for the purposes of Chapter 10 of Title 63.1 if such school-aged children also remain in such homes during normal school hours, in addition to the authorized before and after school hours, when schools are closed for holidays, inclement weather, and during the summer, provided that at least two adults or one adult and one child fourteen years of age or older are present in the home and supervising the children.*

§ 2. *The Department for Children, with such assistance as it deems necessary from the Department of Social Services and the Virginia Cooperative Extension Service, shall, in any county having a population of not less than 17,850 nor more than 17,910, provide special technical assistance for the development of pilot child-care programs for rural communities. The Department shall provide an interim report on such model program to the General Assembly not later than January 1, 1989, and a final report not later than January 1, 1990.*

A TRUE COPY, TESTED

  
Speaker of the House of Delegates  
Keeper of the Rules of the Senate

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President of the Senate

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Speaker of the House of Delegates

Approved:

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Governor

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## Introduction

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Two years ago Caroline County, Virginia, a rural locality, had no regulated child day care services. Prior to April, 1987, very few members of the community were aware of licensing requirements for family day care homes and the overall impact an inadequate child care network can have on the economic fiber of a community. When the Division of Licensing Programs, Department of Social Services, responded to concerns about the numbers of children in unregulated child care in Caroline County, community leaders were alerted to the magnitude of existing child care problems. The community acted, forming a local child care task force to investigate child day care needs and recommend strategies to improve the situation. An initial strategy of the Task Force was to bring the child care crisis to the attention of area legislators, Senator Elmo G. Cross, Jr. and Delegates Robert W. Ackerman and Frank D. Hargrove.

The 1988 General Assembly mandated a rural child care project (SB 325, Chapter 198 of the Acts of the Assembly) calling for the establishment of pilot child care programs for rural areas. Caroline County was designated as the target pilot site, through the specification of population parameters in the legislation. The Virginia Department for Children was named lead agency, to be

assisted by the Virginia Department of Social Services and the Virginia Cooperative Extension Service. (Senate Document 15, **Interim Report of the Department for Children on the Rural Child-Care Project**, issued to the 1989 General Assembly, describes the goals and carried out during the first year of the project.)

Today Caroline County has...

- \*garnered community support for child care issues,
- \*established an infrastructure to increase the availability of child care services, and
- \*moved toward improving the quality of child care.

Currently, a child care resource and referral service (R&R), operated by the local Cooperative Extension Service, is educating parents, has established a network of providers, and coordinates provider training. As of September, 1989, fifty-five family day care homes were registered with the R&R service and providing care in the county. Four of these homes are subject to state licensure requirements and have received family day care home licenses. Two homes are also approved by the Caroline County Department of Social Services to accept subsidy clients. Additionally, there is now one licensed, for-profit day care center caring for a maximum of 35 children. Two centers, operated by churches, are providing care in the county. One of these centers has received a religious exemption and is permitted to care for a maximum of 89 children. The other center, which was in operation before the start of the project, does not have a religious exemption. A potential provider



in the southern end of the county has applied for center licensure for a maximum of 24 children.

This report presents an overview of the project model and evaluation results.

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## Model to Increase the Availability of Child Care Services

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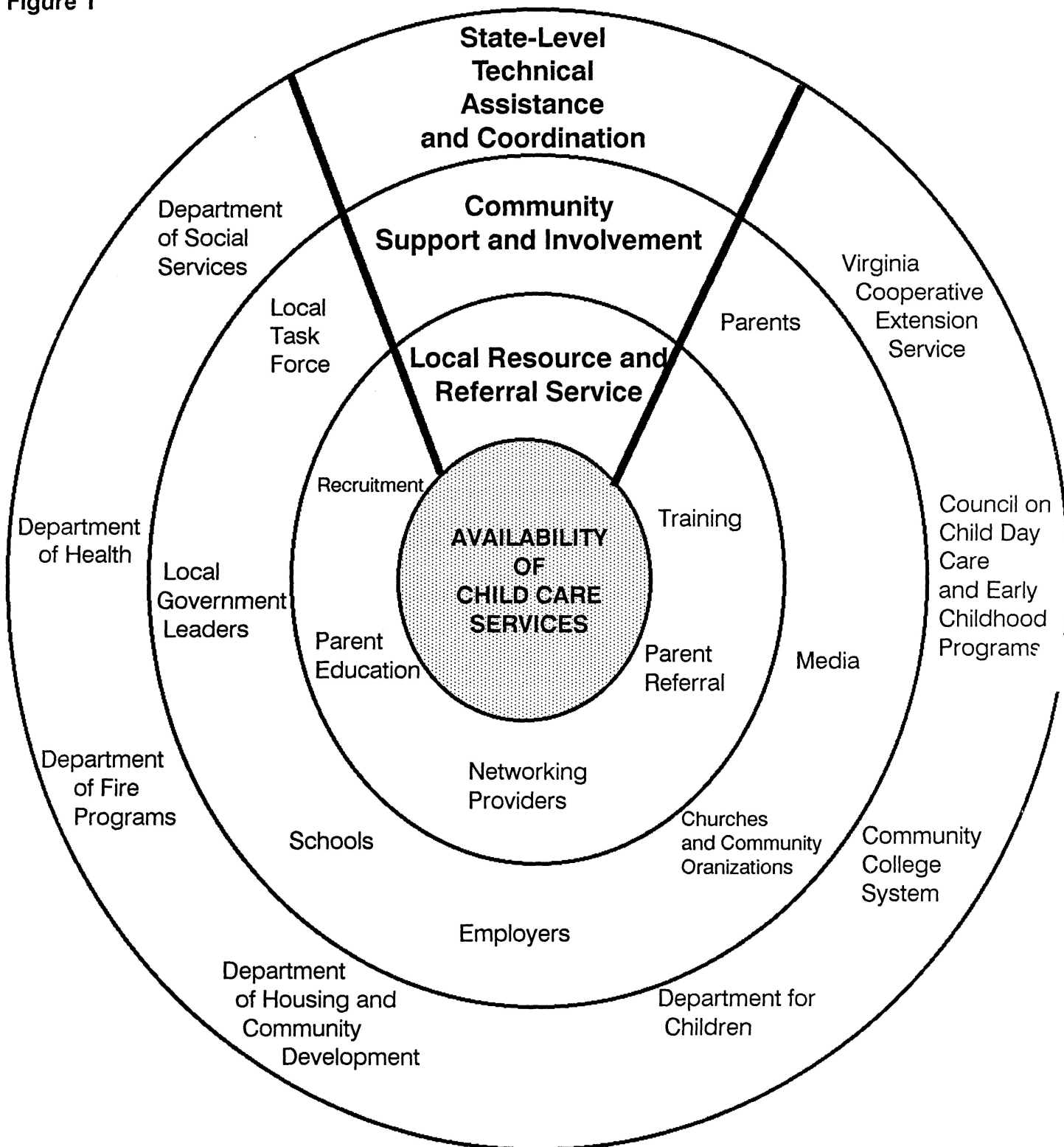
### Conceptual Model to Increase the Availability of Child Care

A project to increase the availability of child care services in a rural area requires complex decision-making and coordination of multiple groups at local, regional, and state levels. A conceptual model is essential to understanding the relationships involved.

As can be seen in Figure 1, page 5, the availability of quality child care services in the rural locality was the basic target of the project. Each concentric circle surrounding the target goal represents an essential component necessary to achieve project success.

The **outer concentric circle** represents coordinated state-level technical assistance. During the Rural Child Care Project the Department for Children served as project leader and coordinator of state-level assistance to Caroline County. The agency director led committee meetings and a full time human resources developer was assigned as coordinator. Among the support activities conducted by the Department for Children were: project planning,

**Figure 1**



**Model for Increasing the Availability of  
Child Care Services in Rural  
Localities**

coordination of state agencies and brokering of state-level resources, development of proposals or program plans and activities, and provision of resource materials concerning support programs such as resource and referral, training, and the United States Department of Agriculture (USDA) Child Care Food Program.

The Department of Social Services, through its regional office, gave technical assistance on licensing requirements to local providers, and consultation to the local department of social services regarding the Child Day Care Fee System Program.

The Virginia Cooperative Extension Service, through its local Caroline County Extension Unit Director/Home Economist (see Appendix A), co-chaired the Caroline County Task Force. That leadership, and the close working association with the other co-chair, Caroline County Director of Planning and Community Development, were significant factors in the success of the project. Additionally, the Cooperative Extension Service provided funding to initiate the Caroline Child Care Resource and Referral Service, assisted with informational outreach, and conducted the evaluation of project activities.

The Community College System provided an introductory course at no cost for family day care providers and is currently working with a legislative task force (pursuant to HJR 270) to develop a statewide training plan for child care providers.

Other agencies at the state level provide on-going services on a regular basis. The Department of Health trains local environmental inspectors of licensed day care centers and homes, and provides direct technical assistance to providers on health issues. The Department of Fire Programs provides technical assistance to localities on fire safety education and fire inspections. Policy implementation for day care center building inspections, technical assistance, and training for local inspectors are offered by the Department of Housing and Community Development.

The **second concentric circle** in the model represents community support and involvement necessary to design and implement strategies at the local level. While each community may be unique, it is always critical to involve local government leaders, parents, schools, employers, the media, churches, and community organizations. The local child care task force, comprised of key community leaders, serves to focus community attention on child care and to implement actions at the local level.

In the **third concentric circle** the local child care resource and referral service is the local infrastructure responsible for the activities designated by the local task force. Major functions of the resource and referral service are to recruit providers of all types, coordinate training opportunities, coordinate technical

assistance services to providers, and educate parents and the public about child care services and issues related to child care.

### **Decision-Making Structure**

The Caroline County Board of Supervisors appointed a Task Force on Child Care in 1987. The Task Force, co-chaired by the Caroline County Extension Unit Director/Home Economist and the Director of Planning and Community Development became the mechanism responsible for decision-making and implementation of project activities. Throughout the project a number of major decisions were, and continue to be, required. The Task Force approves every major project decision.

During various stages of the project, membership has included:

- three area legislators (ex-officio);
- an Extension Home Club member;
- the superintendent of schools;
- a school teacher;
- a librarian;
- two family day care providers;
- a day care center provider;
- a building official;
- a school board member;
- a preschool director;
- an attorney;
- an accountant;

- the County Cooperative Extension Service Technician; and
- representatives from the local newspaper, the Cooperative Extension Service Advisory Council, the Caroline Department of Social Services, the Caroline Health Department, and the Caroline Department of Parks and Recreation.

Many of these members are parents. The Task Force will continue to address child care needs of the community after the project officially ends.

The Task Force co-chairs, having decision-making authority for details of the project, and representatives of the local schools and the local department of social services were asked to serve on a project working group with state-level representatives. This working group became known as the Rural Child Care Project Committee (RCCP). The RCCP began meeting in May, 1988. State-level membership included a special assistant to the Secretary of Health and Human Resources; the director and a human resources developer from the Virginia Department for Children; child development and program specialists from the Virginia Cooperative Extension Service; and a regional licensing specialist from the Virginia Department of Social Services, Division of Licensing Programs.

State-level project representatives to the RCCP were responsible for preparing resources and model plans/alternatives for decision-making by the locality. Site visits to child care programs and services were arranged, a training resource file

developed, and a media/recruitment plan proposed. Informational materials were provided on a variety of child care issues. When necessary, state agencies not directly involved in the project were contacted to provide additional information and/or services.

### **Major Project Decisions**

During 1987, community leaders were eager for action to alleviate the immediate child care crisis. **Major barriers** to the expansion of child care services were identified:

- \* Lack of community-wide support for the development and implementation of child care strategies;
- \* Lack of financial resources for building renovation and/or construction; and
- \* Lack of regulated and/or qualified, trained child care providers.

Elimination of these barriers became motivators for major project decisions.

To generate community support, the Rural Child Care Project Committee decided that a public education effort was needed to inform the community about the impact the lack of quality child care has on families and on the economic well-being of the county. Because it was perceived that residents of rural localities tend to be distrustful of external government intervention, the public education effort for Caroline County was specifically designed to



utilize community resources to the greatest extent possible and promote local visibility of the project (see Objective I, p. 18).

Financial resources for building renovation and construction were virtually non-existent. In investigating the possibility of establishing child care centers in the community, Task Force members soon discovered that the community's older buildings, and even some newer buildings, would not meet Uniform Statewide Building Code requirements for child care centers, especially for infant care. No state-level or community-level loan or grant funds specifically for child care center renovation or construction were initially available to Caroline County. Prior to the project, Task Force members contacted child care business leaders (proprietors), but proprietary providers did not believe that the market would support their efforts to expand with profitability into rural areas such as Caroline County.

To resolve this dilemma the RCCP made the decision to advocate for the development of a locally-based infrastructure (the child care resource and referral service) to recruit and support a network of family child care providers. Funds were made available through the Virginia Cooperative Extension Service to employ a part time child care technician in the local Extension Service Unit (see Objective II, p. 27).

Because only unregulated child care had been available in the county, project participants agreed that efforts were needed to

improve the level of the care available. Objectives were established which were designed to encourage licensure and/or certification (see Objective II, p. 27), as well as training (see Objective III, p. 35) of family day care providers. A nutritional support program (United States Department of Agriculture Child Care Food Program) was tapped to help train family day care providers and subsidize the provision of children's meals while in day care.

### **Summary**

While project activities were conducted on a variety of levels, community leadership, commitment, and involvement were key elements to the implementation of strategies. Components for the success of the project were identified by Task Force and Project Committee members:

- \* Committed **leadership** by local public officials,
- \* State-, regional-, and community-level **collaboration**,
- \* Enthusiastic **commitment** to project goals by all participants, and
- \* An established **infrastructure** for the expansion and support of child care services.

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## **Project Goal and Objectives**

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### **GOAL**

To promote the development of quality child care services in Caroline County through model pilot programs that can be replicated in other areas of the Commonwealth.

### **OBJECTIVES**

- 1) Develop and initiate a public education campaign to inform residents of the county about child day care services and recruit caregivers.
- 2) Design and implement support services for a network of family day care providers to serve children from infancy through school-age.
- 3) Identify and develop the appropriate components and resources for a training program for child care providers/caregivers.
- 4) Identify funding sources and initiate fund raising activities to promote child day care.
- 5) Encourage the establishment of employer-sponsored child care options among businesses and provide technical assistance to employers.
- 6) Assess the need to establish a child care center and/or school-based child care program.

- 7) Utilize state and local resources to propose solutions to address transportation problems of working families and day care providers.
- 8) Establish plans for replication of the Rural Child Care Project in other localities.

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## Quality Child Day Care, The Caroline County Definition

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To effectively plan the expansion of quality child day care in the county, the RCCP recognized the need to first define "quality" in terms of its expectations for Caroline County. The RCCP reviewed several definitions of quality child day care and, with the approval of the Caroline County Task Force, agreed upon the following:

"Quality child care is care that enhances the natural growth and development of a child in a supportive and responsive setting."

Additionally, after a comprehensive review of the literature, a list of nine indicators of quality were identified:

- 1) positive caregiver/child interaction;
- 2) small group size;
- 3) low ratio of children to caregivers;
- 4) specialized training for caregivers;
- 5) continuity of caregivers;
- 6) safe and well-planned environment;
- 7) procedures that protect the health of children and caregivers;

- 8) parental involvement and positive parent/provider relationships providing continuity between the day care environment and home; and
- 9) activities and materials that encourage children to think creatively, share, learn self-help skills, expand language and communication skills, think positively about themselves and develop fine and gross motor skills.

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## Methodology for Project Evaluation

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A variety of evaluation methods were utilized to determine the effectiveness of the project in reaching its goal:

- \* mail and telephone surveys of parents and providers;
- \* documentation of activities and corresponding responses;
- \* assessments of training courses;
- \* focus group interviews;
- \* mapping providers by location; and
- \* personal reports by participants.

Methodologies were designed to specifically address key issues under each objective. The evaluation was conducted by the Virginia Cooperative Extension Service. Detailed methodologies will be discussed under each objective.

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## Public Education

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**Objective I:** Develop and initiate a public education campaign to inform residents of the county about child day care services and to recruit providers.

This objective was designed to inform county residents about child care needs, garner community support, and recruit providers. Individuals interested in providing care and parents who were seeking child care were to be identified. (See Appendix A, Formula for Determining the Number of Needed Providers.)

### Key Issues

Key evaluation issues addressed by this objective include:

- \* extent to which county residents were made aware of child care needs and issues, and informed about the child care project
- \* extent to which providers were identified as a result of the public awareness campaign

### Activities

With the assistance of the Department for Children, a media campaign was designed by the RCCP and implemented by the Caroline County Task Force on Child Care. A close association with the



local media and participation of a newspaper representative on the child care task force also gave the project visibility.

Media activities to increase awareness and recruit providers included:

- \* design of a logo with slogan to increase project visibility;
- \* kick-off celebration to announce the start of the project;
- \* news releases regarding the need for providers, child care issues, licensing, quality care, subsidy programs, etc.;
- \* radio announcements and programs on child care topics;
- \* flyers and brochures concerning the kick-off celebration, resource and referral services, and subsidy programs;
- \* portable trifold exhibit about the project; and
- \* personal contacts.

### **Evaluation Methods**

Records of all activities were maintained throughout the term of the project. More specifically, methods to evaluate the objective included:

#### **1) Public Awareness of Child Care Needs and Issues:**

- \* documenting of all telephone calls, personal visits, and assistance requested during the term of the project, and
- \* observing a change in professional image through noting changes in terminology used by

providers in the classified advertising section of the newspaper.

2) Recruitment of Child Care Providers:

- \* a timeline of public awareness and media actions taken;
- \* tracking the number of providers who enrolled in the county resource and referral child care database system; and
- \* plotting the location of providers on a county map.

**Results**

Responses to the media campaign included increased community support and provider interest, increased amount of provider interest in training, increased numbers of providers enlisted on the resource and referral database, and a possible shift in the view of child care as a profession.

Public Awareness of Child Care Needs and Issues

Community interest and awareness were assessed by documenting contacts with the Caroline County Child Care Resource and Referral Service (R&R). From April, 1988 through June, 1989, the R&R service received 1,140 telephone calls and made 11,523 personal contacts about the project. Written materials were disseminated, including a newsletter distributed each month to 1,657 individuals from January through July, 1989; 6,000 flyers,

250 brochures, 47 parenting packets, and 44 child care self-study units.

Changes in terminology utilized in the classified advertising section of the newspaper indicated that providers became increasingly aware of professional terms. Prior to September, 1989, the term "babysitter" was used most often in local advertising. In September providers began to use the term "child care." By January, 1989, the terminology most used was "quality child day care."

#### Recruitment of Child Care Providers

The timeline in Figure 2 summarizes the actions taken in the public education campaign and number of recruited providers. Although it is not possible to make a conclusive statement about a cause and effect relationship, absence of other child care efforts or opportunities in the county would preclude these community responses from being greatly influenced by other factors.

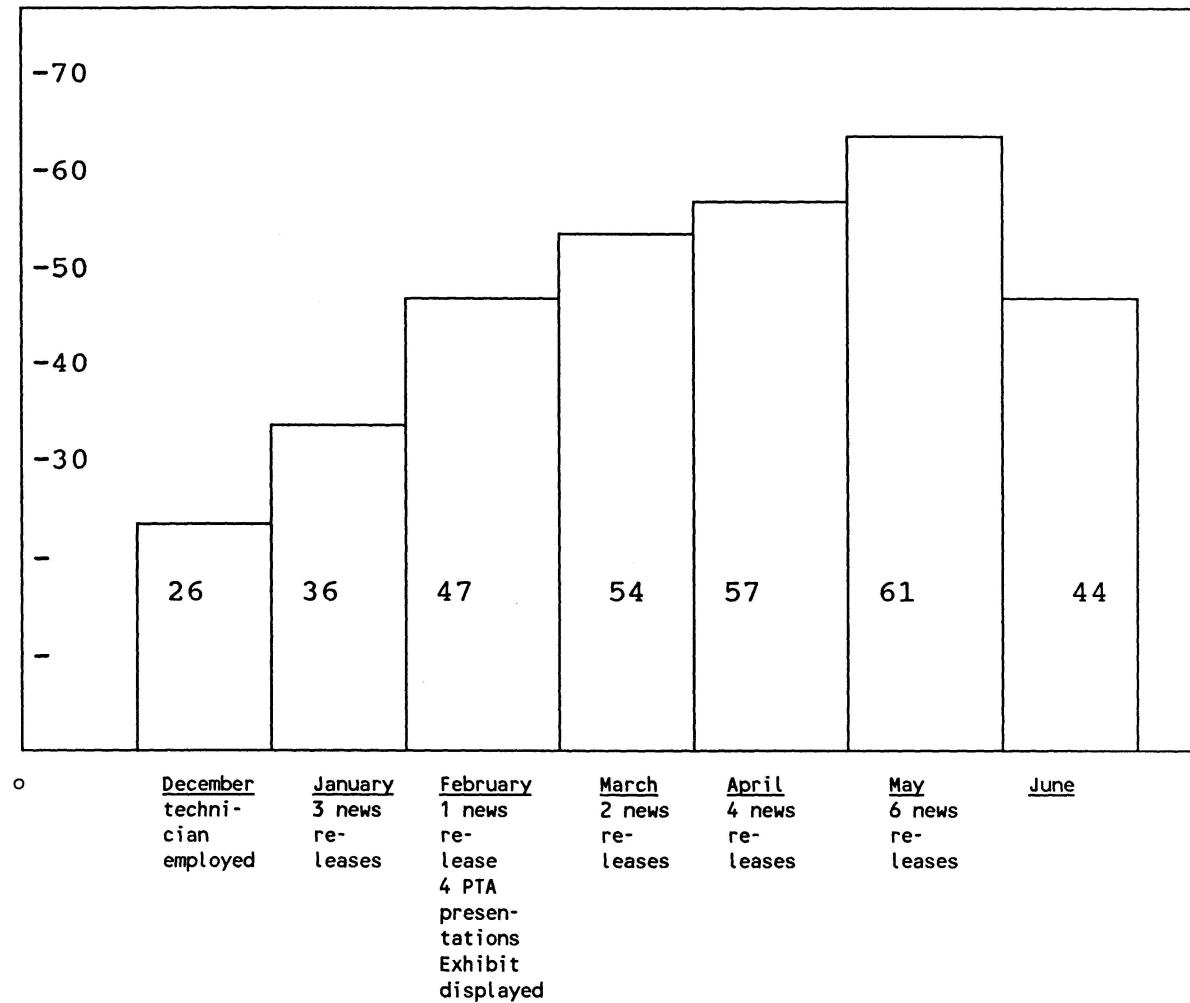
Although there was a drop in provider enrollment in the resource and referral database in June, 1989, (see Objective III, p. 35), a total of 44 remained at the end of July. Recent re-

Figure 2

**Actions in Public Education Campaign**

<u>September</u>	<u>October</u>	<u>November</u>
6 news releases	2 news releases	2 news releases
1 radio show		
Posters		
3500 flyers		

**Number of Providers Enrolled in Database**  
**December 1988-June, 1989.**



search (Copeland & Roach, 1986) indicates that a drop in the number of providers is common after the initial influx of enrollees. The number increased to 55 in September, 1989.

The location of Caroline providers was plotted on a county map (Figure 3, p. 24). The map provides a visual representation of the location of providers and the geographical gaps in care that enabled the Extension Service's child care resource and referral technician to focus additional recruitment efforts in areas where more providers were, and still are, needed.

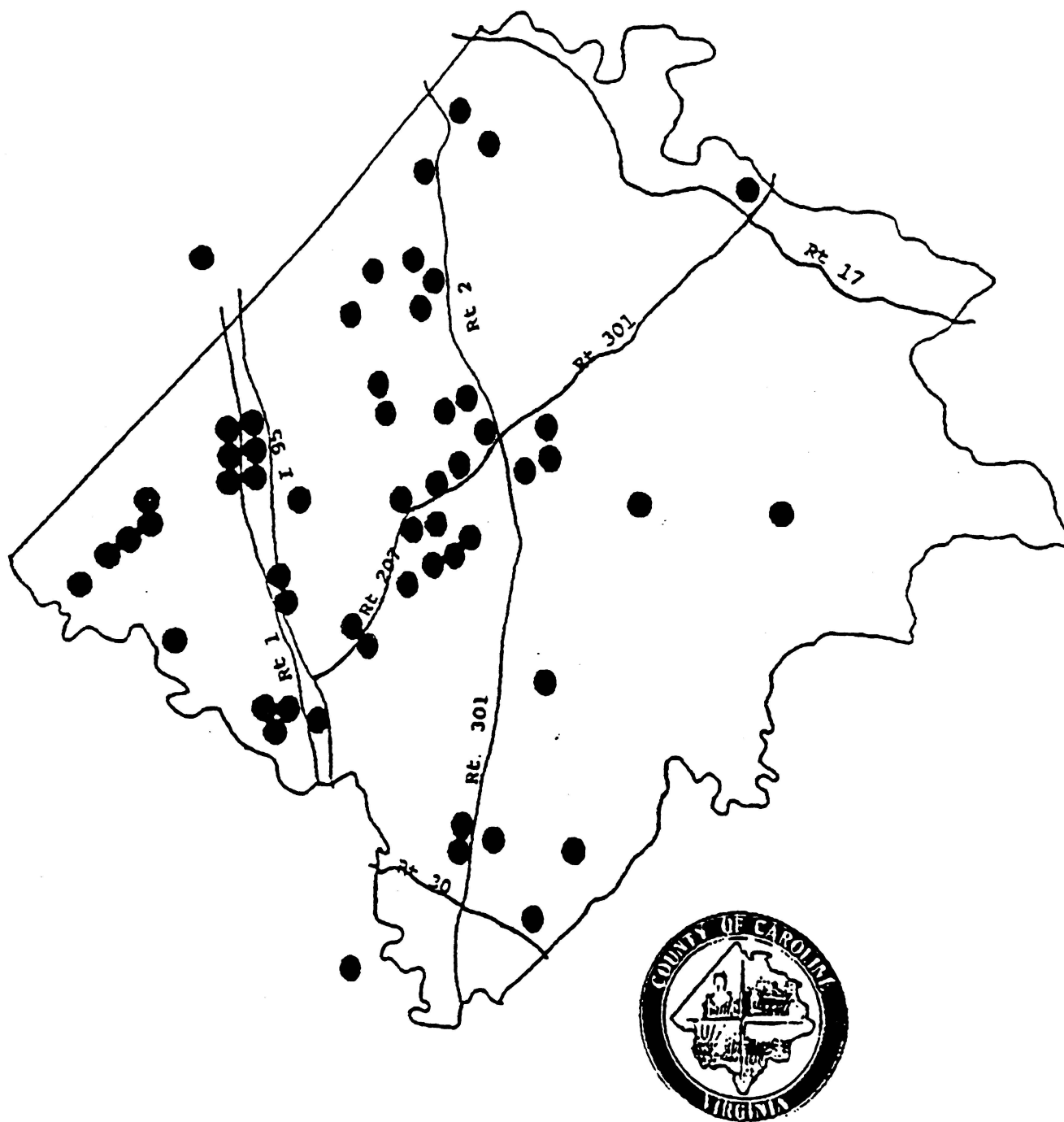
The Caroline County map indicates a concentration of providers in the Bowling Green area and in the western end of the county (Carmel Church/Ladysmith). Additional recruitment efforts are now planned for the eastern and southern portions of the county to increase availability of care to commuting parents.

#### **Summary of Objective I Evaluation Results**

Implementation of the public awareness objective resulted in grass roots support for many of the activities that occurred throughout the campaign. This is demonstrated by the large number of parent, provider, and citizen phone calls, and

FIGURE 3

Map of Child Care Providers in Caroline County  
April, 1989



personal contacts inquiring about the project, licensing, subsidies, or about child care services (also see Objective II, p. 27). The public awareness campaign reached a large portion of Caroline County, including the providers who were identified and recruited into the resource and referral database.

Overall, no one method of disseminating information about the project appeared to be more effective than any other method. On the contrary, using several methods appeared to be most effective. For example, flyers and brochures served to create awareness of the project, whereas personal contacts and packets provided more in-depth information on child care practices.

Additionally, providers changed their practices and view of themselves as caregivers as exemplified in the advertising terminology change from the use of "babysitter" to "child care" to giving "quality child day care."

Based on the initial projections, at least 46.8 providers were needed to meet basic child care needs in Caroline County (see Appendix A). At the end of September, 1989, 55 family day care providers were listed with the Resource and Referral Service. It appears that this component of the project has been successful.

Because public awareness crossed all objectives, the impact of the media campaign was evident in enrollment levels in provider training (see Objective III, p. 35), the number of

parents seeking information, and the number of employers learning about options for employee child care. (See Objective V, p. 59).



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## Support Services

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**Objective II:** Design and implement support services for a network of family day care providers to serve children from infancy through school-age.

This objective addresses the support needs of child care providers. While the focus is on family day care, the objective encompasses the entire day care community and its relationship to cooperating agencies.

### Key Issues

Key evaluation issues addressed by this objective include:

- \* role of interagency cooperation in providing support services, such as type of support services offered;
- \* extent to which providers used appropriate support services available to them; and
- \* extent to which residents used and were satisfied with the resource and referral services.

## **Activities**

A variety of support services were rendered to child care providers by the cooperating agencies represented on the Rural Child Care Project Committee. These services included:

- \* informational program support activities (see Objective I, p. 18);
- \* resource and referral service activities;
- \* local, state and regional technical assistance and training; and
- \* nutritional support program.

In a true multi-agency approach, all agencies promoted other agencies' services and cooperatively formed a solid base of support for community action. Although there was some overlapping of responsibilities in accomplishing project goals, contributions are listed separately below.

The Virginia Department for Children (VDC) served as the lead agency for the project, focusing on the development of state-level support resources, but also encouraging local-level responses.

The Virginia Cooperative Extension Service, at both the state and local levels, was vitally involved in several provider support capacities. The Extension Child Development Specialist from Virginia State University and two faculty members from Virginia Polytechnic Institute and State University contributed their time to teach several classes as part of the initial

training effort (see Objective III, p. 35). In addition, the Virginia Cooperative Extension Service made available publications, displays, and audio-visual materials to the project and to providers.

The Cooperative Extension Service utilized its resources to develop the Caroline County Resource and Referral Service. The R&R recruited and offered technical assistance to providers and linked providers and parents in search of care. A part-time technician was hired by the Extension Service to staff the R&R service. The technician was able to make home visits and develop a working relationship with providers. The technician distributed a monthly newsletter to the community with child care information, presented programs, exhibited a child care recruiting display, and acted as a resource for persons inquiring about child care services in the county.

The Northern Virginia Regional Office of the Division of Licensing Programs, Department of Social Services provided consultation to providers, and potential providers and assisted them with the licensing process. A licensing specialist assigned to the project provided information during the county kick-off event. She also met with the county child care task force, visited in the homes of providers and potential providers, participated in provider training, and served on the Rural Child Care Project Committee.

The Northern Virginia Regional Office, Division of Licensing Programs, Department of Social Services, provided state-level technical assistance to the Caroline County Department of Social Services regarding the administration of the Child Day Care Fee System Program and certification of providers to receive public funds for subsidized clients. In turn, the local department provided information to assist clients with participation in the Child Day Care Fee System Program. Local approval has been granted to two homes which may now care for subsidized clients.

Initiated by the Director of Adult Vocational Education, the Caroline County Public Schools offered a low-cost "Child Care Providers Short Course" (see Objective III, p. 37). Additionally, the school division offered facilities for extended day and summer programs, and assisted in information gathering and sharing.

The **Community College System**, at the request of the Virginia Department for Children, offered a tuition-free, introductory child care course through Rappahannock Community College (see Objective III, p. 41).

As another support service for providers, the members of the Board of Supervisors endorsed The Planning Council in Norfolk as an agency to serve as a sponsor of the United States Department of Agriculture (USDA) Child Care Food Program in Caroline County. The Child Care Food Program provides cash reimbursements to

providers for meals served to children in day care. As the sponsoring agency, The Planning Council monitors menus to ensure they meet USDA nutrition standards, provides nutritional training for providers, and links providers by way of monthly newsletters. The Planning Council placed a promotional advertisement in a local newspaper for one month, distributed information about the program to fifty-six (56) churches, and consulted with potential providers about the food program at the county Kick-off Celebration, the Caroline Park Opening, and during a community carnival. In addition, an individual was employed to conduct home visits and recruit providers into the Food Program while maintaining close contact with the Extension Office to obtain names of interested providers.

### **Evaluation Methods**

Documentation of support service usage was maintained throughout the term of the project through agency-specific records of inquiries, consultation provided, and enrollment for services.

To determine the level of consumer satisfaction with the Resource and Referral Service, a follow-up telephone survey was conducted with 37 parents who had requested information from the Caroline Extension Child Care Resource and Referral Service. The conversation was fairly informal with the following questions asked: Did you find care? If you did not find care, do you need

additional names? If you did find care, are you satisfied with it?

## **Results**

Documentation of support services was conducted by the Resource and Referral serving the Department of Social Services and the USDA Child Care Food Program Sponsoring Organization. As of September 30, 1989, 55 family day care providers were listed in the R&R database (See Appendix B, Characteristics of Caroline County Providers). The Regional Department of Social Services had received 11 family day care home licensing information requests and three child-care center licensing inquiries as of July 1, 1989. Four family day-care providers are currently licensed following several on-site consultations with providers by the licensing specialist. One of the two religiously-sponsored child care programs in the county has applied for and received an exemption from child care regulation and is currently operating with space for 89 children. As evidenced by the fact that there are now four licensed homes, two local agency-approved homes, one licensed center and one church-exempt center, the Department of Social Services, Division of Licensing Programs, has provided essential technical assistance to providers in Caroline County.

Two family day care homes are approved (certified) by the local department of social services in Caroline County to accept

subsidized clients. Thirteen families applied for the Fee System Program subsidies as of July 1, 1989. The local department of social services is actively pursuing and utilizing Aid to Dependent Children and Employment Services Program funding streams available for day care.

Following concentrated recruitment efforts (see Objective I), the final number of providers enrolled in the database was 44 on July 1, 1989. At that time, 42 providers on the database resided in Caroline County, with one in Hanover and one in the City of Fredericksburg.

Results of the follow-up resource and referral parent survey were positive. All of the parents contacted were pleased with their experience utilizing the service. Thirty-three, or 90%, found care using the first provider listing they had received. Most found care within a convenient distance from their place of residence.

To date, more than 30 providers showed interest in the USDA Child Care Food Program and have been contacted. This contact has resulted in nine providers enrolling in the program; six are currently eligible to receive funds. While participation in the USDA Child Care Food Program is limited, initial interest is encouraging. It is hoped that participating providers will communicate with non-participating providers to allay possible fears, misinformation, or confusion about the government program.

## **Summary of Objective II Evaluation Results**

The success of the original goals of this ongoing interagency effort was measured through service usage, the combination of public awareness efforts to alert citizens of child care services and the availability of child care resource and referral services. The Resource and Referral Service, the Department of Social Services, and resource materials were used extensively and were evaluated positively by users. While the USDA Child Care Food program had a slow start, this is not unusual in rural localities.



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## Training

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**Objective III:** Identify and develop the appropriate components and resources for a training program for child care providers/caregivers

This objective was designed to assess training needs of child care providers, and to explore various strategies to encourage provider training. (See Appendix B, Characteristics of Caroline County Providers.)

### **Key Issues**

Key evaluation issues addressed by this objective include:

- \* Effectiveness of various training methods for Caroline County providers, and
- \* Extent to which child care was affected by training.

### **Activities**

To identify and develop potential components and resources for child care provider training programs, two training courses were planned and conducted: one non-credit adult education program and one college credit course. Additionally, several

learn-at-home modules were available for loan from the Caroline Extension office (i.e. video tapes, audio tapes, and written self-study materials). A training needs survey (see Appendix C) was mailed to the providers enrolled in the resource and referral database to assess possible barriers to training.

Each training method and its accompanying evaluation, along with the results of the training needs survey, are discussed individually in the sections which follow.

Overall participation statistics for the training efforts were:

Non-credit course: 12 originally enrolled; 7 completed.

Credit course: 12 originally enrolled; 11 completed.

Learn at home: 10 total users.

Video tapes: 5 tapes loaned.

Audio tapes: 3 tapes loaned.

Written: 2 self-study units loaned.

### **Training I: Non-Credit Adult Vocational Education Course**

A non-credit course was offered through the Caroline Public School Adult Vocational Program for 10 weeks and was taught by faculty in child care from Virginia Polytechnic Institute and State University and Virginia State University, a state-level fire safety educator, and local health and regional social services resource professionals. The course, entitled "Short Course for Family Day Care Providers," was taught on Tuesday nights from 7:00 - 9:30 p.m. beginning in September, 1989. The curriculum was specifically designed by the Rural Child Care Project Committee from a model developed by the Department for Children. (See Appendix D - "Short Course for Family Day Care Providers" Outline.) No grade was assigned for the non-credit course. Twelve students originally enrolled and seven completed the course and received a certificate of completion.

#### Evaluation Methods - Non-Credit Adult Vocational Education Course

A focus group interview was held with participants six weeks into the session to assess:

- Reactions to the course;
- Receptiveness, practicality and applicability of the information presented; and

- Suggestions for future training.

Five individuals did not complete the non-credit course. Three were surveyed by telephone in April, 1989. Two could not be reached.

#### Results of Non-Credit Adult Vocational Education Course

##### Focus Group Interview:

The focus group interview lasted approximately one hour. Six of the seven people enrolled participated in the group interview; four were from Caroline County and two were from an adjoining county (King George). Five participants were women. Two were currently caring for children. All of the interviewees had participated in some sort of formal child care or early childhood training. All but one had previous child care work experience. The range of experience in child care was six months to three years. Reasons for becoming a child care provider included:

- personal satisfaction,
- desire to operate a home-based business, and
- desire to provide a needed service to the community.

As a whole, the group appeared highly motivated, and participants spoke candidly about their feelings and views about

child care. The major points extracted during the interview included:

- Reaction toward the course was positive, with the overall opinion that the information offered was not slanted toward "pushing" philosophies, but rather toward offering alternatives to providers.
- Respondents agreed that it is important for the child care provider to maintain a "good" environment for quality care.
- Respondents indicated that the course content was appropriate and that they were able to use the information to provide care for children.
- Strengths of this training method identified by the respondents were the opportunity for discussion and the excellent presentations by the instructors.
- The main weakness of this training method mentioned by participants was the length of the class (too long - 2 1/2 hours). It was further suggested that a mid-day Saturday offering would be more convenient and that offering the course for college credit would be desirable.
- Other suggested training and support methods included audio and video cassettes, an "800" number for advice/recommendations, follow-up home visits, apprenticeships, networking and support opportunities, training updates, and a lending toy library.

### Telephone Interview Results:

Telephone interviews were conducted with persons who did not complete the course. Attendance by those who did not complete the non-credit course ranged from two to five of the ten sessions. Despite the fact that they were unable to complete the course, interviewees stated that information gained was "quite good, informative, and usable."

The reasons given for non-completion included:

- "My family needed me more."
- There was a family illness and the resulting financial hardship forced the provider to return to her previous job. (She could not earn a comparable salary as a provider.)
- "Something came up" causing one to miss several sessions.
- "The course was being held too far away." (The provider lived outside Caroline County.)

The three respondents who did not complete the course were still interested in training. The one who most nearly completed the course still preferred to learn through a class. Family needs, however, were a priority that caused providers to express interest in alternative methods such as audio tapes, video tapes, home-study, home visitor, or a traveling multi-media resource library. One provider also noted that a community support system to establish a provider network was needed.

The course was deemed successful as evidenced by the comments of providers who recognized the content as valuable and useful to them.

<b>Training II: Community College Credit Course</b>
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A second training course, sponsored and funded by the Virginia Community College System, was offered in Caroline County during the project. Rappahannock Community College engaged an adjunct faculty member with an advanced degree and experience in child development to teach this semester credit course entitled, "Introduction to Child Care." (see Appendix E, "Introduction to Child Care" syllabus.) It was held on Saturday mornings for 15 weeks beginning in January, 1989. Twelve persons enrolled and 11 completed and received credit for the course.

Evaluation Methods--Community College Credit Course

A focus group interview was held with participants during the eighth session to assess reactions to the course, receptiveness, practicality, and applicability of the information presented and suggestions for future training.

Other course requirements included demonstrations, reports, papers, and a resource file generated by enrollees as criteria for completion and a passing grade. The instructor also

administered a test and summarized the extent of learning that occurred as part of the course evaluation.

### Results of Community College Credit Course

#### Focus Group Interview Results:

Eleven students participated in the group interview. Child care experience among the participants was varied. Among the group of 11 providers, experience ranged from zero to eleven years. The provider with the most experience had worked in a child care center. Three members of the group worked in centers and six worked as family day care providers. Two students were not caring for children, but were potential providers. Level or amount of training in child care or early childhood programs was also varied. Reasons for becoming a child care provider included personal satisfaction in caring for children and a desire to stay at home with their children.

The major points gleaned from the interview included the following:

- Reactions to the course were positive. The instructor had a positive attitude about child care and was genuinely interested in motivating the individuals in the class.
- Respondents indicated that there was a great deal of usable information presented in the class. One participant commented, "I have learned some things through this class that I would have never learned through experience."
- Major strengths of the class included the following:



- \* the class served as a support network, with participants discussing problems in their current child care situations;
  - \* the course content was useful, practical, and informative;
  - \* the convenient location; and,
  - \* the course was offered for college credit.
- Respondents felt that the weakest feature of the course was the lack of awareness that it was offered. Those present knew of others who were interested in taking the course but did not hear about it in time to enroll. There were also persons in neighboring counties who were interested in such a course and were waiting for it to be offered in their locales.
  - Other suggested training and support methods included home visits to critique care, a bookmobile with educational materials, books and tapes for children and providers, and monthly and quarterly Saturday seminars.
  - The participants expressed concern about insurance and the need to have licensing standards explained in clear, non-bureaucratic language.

#### Instructor Evaluation Results:

Course evaluation was documented by the instructor in several ways. Students were encouraged to recognize their growing professionalism. They were required to express, in writing, a personal philosophy about quality child care and a theory of child growth and development. Each student left the course with a resource file of pertinent information. The

results of two mid-term quizzes and one final examination indicated that all students attained practical knowledge and understanding of the factors that produce a quality child care environment.

The instructor also documented several concerns. The most pressing need expressed by participants was for information about the licensing process. The instructor noted that, "By and large, the objectives listed in the course description were met. However, modifications may be necessary for Course Objective #1: understanding licensing and accreditation. There needs to be a clearer step-by-step checklist of procedures for obtaining a license and/or certification."

Another concern centered on liability insurance. Because of insurance industry requirements for licensure before insurance can be purchased, the students recognized the need for current information from insurance companies. However, when approached by the course instructor several local insurance agents expressed reluctance to address the class on liability insurance for day care providers.

Finally, a need to recruit providers of infant care was indicated by students. Several participants noted that they had turned away requests for infant day care services.

## Student Evaluation Results:

A student evaluation conducted by the instructor at the end of the class yielded positive reactions to the course. Students expressed sincere appreciation for the opportunity to take the class in their own community and for the excellence of the instructor.

<b>Training III - Learn-at-Home Materials</b>
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Learn at home training materials include:

1. Home Day Care and You by Isabelle Lewis available from the Virginia Department of Social Services, 8007 Discovery Drive, Richmond, VA 23288;
2. The Family Day Care Education Series, a revised and expanded version of the Homebased Packets, available from Toys N' Things Press, 906 North Dale Street, St. Paul, MN 55103; and
3. The Care Package, a complete home study course with manual and audio tapes from The Planning Council, 130 West Plume Street, Norfolk, VA 23510.

## Evaluation Method

Learn-at-home materials were evaluated using a self-administered test that accompanied the loaned items (two video tapes, six audio cassette tapes, and a six-unit written self-study module).

### Results of Learn-at Home Materials

Results of the ten completed self-administered instruments indicated that all materials were useful and practical. More specifically, on a usefulness scale rating of 1 to 5, with 5 being excellent, the average rating was 4.2; on the same scale used to rate the practical focus of the information, the average was 4.5. Seven of the 10 users learned about the materials through the Extension Child Care Technician and the remaining three from a friend. The ten individuals who used the materials reported that they would recommend them for use by other providers because they were easy to understand and read and could be used at one's own pace.

<b>Training Needs Survey Methodology</b>
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To further identify current and future training needs and concerns of day care providers, a mail survey was conducted with providers in Caroline County in April, 1989. (See Appendix E, Barriers to Training Survey). Survey participants were identified through a variety of sources (i.e., media announcements, the kick-off event, the Caroline County Resource and Referral Service database). The survey was designed by the RCCP, approved by the State Attorney General's office, and

pretested through a Family Day Care Association in another rural community in Virginia (Roanoke County).

The first mailing of 56 surveys was done in April, 1989. A reminder letter was sent 10 days later. A second reminder and survey were sent 20 days from the original mailing. After the initial mailing, a number of providers telephoned to say they did not have time to complete the survey, while others called to say that they were no longer providing care for children and had "returned to work." (It is interesting to note that some providers still do not view child care as "work.") The number of potential respondents decreased to 35.

Eighteen of the remaining 35 potential respondents completed and returned surveys. Possible reasons for the low response rate (32% of the total surveys mailed) include:

- reduction in the number of potential respondents;
- busy schedules of the providers;
- timing of the survey (two months following the Extension Service provider survey); and
- fear of regulatory agencies tracking responses.

While the low response rate and small sample limits generalization, the results are useful to community-based child care planners because they provide a better understanding of the type of provider in Caroline County and offer valuable information about training child care providers (see Appendix B, Characteristics of Providers).

## Survey Results

The most popular topics which respondents selected for child care training (Table 1) were:

- activities for children;
- dealing with child behavior;
- day care as a business;
- child safety;
- licensing; and
- insurance.

### **Training Needs Survey**

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Table 1. Preferred child care training topics

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<u>Topics on child care</u>	<u>n*</u>	<u>%</u>
Activities for children	9	36.0
Dealing with child behavior	7	28.0
Child development stages	3	12.0
Dealing with children who argue/fight	3	12.0
Toilet training	2	8.0
Problems with parents	1	4.0
	—	—
TOTAL	25	100.0
<u>Topics on general training</u>		
Day care as a business	6	26.2
Child safety	4	17.4
Licensing/insurance	4	17.4
Child health	3	13.0
Basic first aid	3	13.0
Nutrition/feeding children	3	13.0
	—	—
TOTAL	23	100.0

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\* n = number of responses for each topic.

With regard to how providers would prefer to learn about child care, 13 (72.2%) indicated they would like to learn at home. Specific preferred learning methods (Table 2) included videos, reading and self-study, college credit classes, and non-credit evening classes.

### Training Needs Survey

Table 2. Preferred methods for receiving child care training

<u>Informal methods</u>	<u>n*</u>	<u>%</u>
Videos	10	50.0
Reading and self-study	7	35.0
Apprenticeships	1	5.0
Audio tapes	1	5.0
Bookmobile	1	5.0
	—	—
TOTAL	20	100.0
<u>Formal methods</u>		
Non-credit evening classes	6	31.6
College credit classes	5	26.3
Computer instruction	3	15.8
Non-credit weekend classes	3	15.8
Personal teacher in your home	2	10.5
	—	—
TOTAL	19	100.0

\* n = number of responses for each method.

Preferred locations to obtain supplementary information about child care programs and services for providers (Table 3) included grocery stores, schools, churches, and banks. All respondents indicated they have telephones, and virtually all have televisions and VCRs (Table 4, p. 51). A majority listen to the radio and read the newspaper. Slightly over one-third subscribe to parenting magazines and popular home-oriented journals.

### Training Needs Survey

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Table 3. Preferred locations for obtaining information on child care

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<u>Location (specific suggestions)</u>	<u>n*</u>	<u>%</u>
Grocery store (cashier, baby food section, with coupon and refund offers section)	13	86.7
School (main office, guidance counselor's office)	11	73.3
Church (entry, bulletin board, newsletter)	8	53.3
Bank (teller window)	7	46.7
Extension office (desk or rack)	4	26.7
Clubs	4	26.7
Department of Social Services	4	26.7
Courthouse	2	13.3
Community center	2	13.3
Other (post office, health dept. shopping mall, mail)		

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\* Total n = 15



## Training Needs Survey

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Table 4. Access to various print and electronic media

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<u>Media</u>	<u>n</u>	<u>%</u>
Phone	18	100.0
VCR	17	94.4
TV	17	94.4
Radio	14	77.8
Newspaper	10	55.6
Magazines	7	38.9
Home Computer	3	16.7
Cable	2	11.1
Satellite	1	5.6

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Reasons respondents would not attend training sessions (Table 5, p. 52) provide insight into barriers for planning and conducting child care educational programs. The data suggests that child care responsibilities interfere during the day; during the evening, family comes first or no child care is available. Lack of transportation to training locations did not appear to be a barrier for these providers. Seventeen of the 18 respondents indicated that they drove a car and had a means to travel to activities. Transportation may be a problem for consideration in larger groups.

### Training Needs Survey

Table 5. Reason respondents would not attend day or evening training sessions

	<u>Day</u>	<u>Evening</u>	<u>Day</u>	<u>Evening</u>	<u>Reason</u>
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	
No child care available	8	47.0	5	33.3	
Work hours interfere	6	35.3	-	--	
Family comes first	1	5.9	6	40.0	
Night travel	-	--	2	13.3	
Unsure how to get there	2	11.8	-	--	
Location inconvenient	-	--	1	6.7	
Lack of handicap access	-	--	1	6.7	
TOTAL	17	100.0	15	100.0	

### Summary of Objective III Evaluation Results

The training effort was a major strength of the entire project as evidenced by the participation and enthusiasm of the 28 providers. It is important to remember that public awareness and the use of a variety of support services were essential to this success. Without these components, training could not have been initiated, planned or supported.

The body of research evidence (NAEYC, 1988; Harm and Clifford, 1989, VanderVen, 1986) that supports the benefits of training in improving child care practice suggests that the quality of child care available in Caroline County was improved to the extent that training skills were developed and implemented.

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## Funding

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**Objective IV:** Identify funding sources and initiate fund raising activities to promote child day care.

This objective was designed to track available funds for child care in a rural community and examine the ability of a community to provide financial support.

### **Key Issues**

Key evaluation issues addressed by this objective include:

- \* availability of funding for child care in Caroline County, and
- \* extent of usage of available funds.

### **Activities**

Local **private funding** was the first avenue explored. Personal contacts were made with 22 potential financial sponsors for the promotional effort. Contributions were used to support printing costs and purchase supplies needed for the Kick-off Celebration held in September, 1988.

Public funding through the local department of social services was necessary to participate in the **Child Day Care Fee**

**System Program.** The agency participated in the program for the first time in FY 88-89, after receiving approval for 10% matching funds from the Caroline County Board of Supervisors.

A comparison of reimbursement rates made to Fee System providers and average rates paid by parents to providers enrolled in the resource and referral service database was conducted. This was done to review the financial incentives that influenced providers certified locally and accepting Fee System Program clients.

The Caroline County Board of Supervisors applied for a **Community Development Block Grant** in July, 1989 in an attempt to secure additional public assistance for the Dawn Community Center. The grant proposal requested funds to assess the feasibility of renovating the community center for possible use as a child care center. Based on a 1979 study of the community center's service area, 80 households or nearly 18.4% of the persons who reported that lack of day-care facilities for children was a problem in the community. Since the make-up of the community has remained the same since 1979 and recruitment efforts in the southern part of the county have located only three family day care providers, an assumption of continued need became the basis for the grant application.

The funds requested under this planning grant were intended for use in hiring an architectural firm to conduct an inspection

of the building and make recommendations about the repairs needed to bring a wing of the building into compliance with the building code requirements for a day care center. An asbestos inspection would also have been required, as well as the removal/abatement of any asbestos found. Study results of the planning grant would have enabled the county to apply for a Community Construction Grant on behalf of the community center.

A needs assessment survey of the community center's service area was a second component of the planning grant to determine the current benefit of a day care center the area's low- and moderate-income families.

#### **Evaluation Methods**

Funding sources were documented throughout the term of the project through records of contributions and potential sources of both public and private funding.

#### **Results**

Based on private solicitation in Caroline County, all 22 businesses that were contacted contributed money or goods and services to the project. Business contributions totaled \$1100.00 with personal and public contributions totaling \$450.00 for a cash value of \$1550.00. Goods and services contributed to the project were valued at \$650.00. Total contributions equaled

\$2200.00. From these results, it appears that businesses readily supported child care and this particular project.

The Department of Social Services reported that Child Day Care Fee System Program payments were made to one licensed provider for six children. As of June, 1989, FY 88-89 expenditures totaled \$3704.75. Based on data from providers in the Resource and Referral database, the average hourly charge for day care is \$.90 per hour per child, while the Caroline County Social Services Board approved a reimbursement rate to providers of \$1.00-1.40 per hour, depending on the age and needs of the child, and \$.50 per hour for each additional child in a family. It appears that the Department of Social Services pays average market rates for Caroline County.

On September 6, 1989, the Board of Supervisors was notified by the Department of Housing and Community Development that the County's planning grant proposal did not rate high enough for funding. Of the 1000 points available in the proposal rating system, Caroline's proposal received 508 points. Grants were given to local governments with proposals rating 668 or more.

Deficiencies in the grant application centered on the required benefit to Caroline County's low- and moderate-income families. The proposal failed to prove that low- and moderate-income families would benefit from the project substantially more

than moderate- to high-income families since day care services were needed equally by most income groups in the area.

#### **Summary of Objective IV Evaluation Results**

Identification of funding sources for child care was a major challenge for the RCCP. Private funds were limited mostly to individual donations and public funds consisted of state-level subsidy programs for families and federal-level subsidy programs for nutrition.

Based on the pilot efforts in Caroline County, it appears that a locality with an active community child care coordinating group and a successful public awareness campaign can generate private donations in support of the community issue.

It also appears that insufficient state and federal dollars are available for building renovation and construction in rural areas.



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## **Employer Involvement**

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**Objective V:** Encourage the establishment of employer-sponsored child care options among businesses and provide technical assistance to employers.

This objective focused primarily on employer interest and involvement in providing child care options to employees.

### **Key Issues**

Key evaluation issues addressed by this objective include:

- \* the nature and extent to which businesses requested and received technical assistance, and
- \* the extent to which employers offered child care options to employees

### **Activities**

Employer-related activities were coordinated through the Caroline County Department of Planning and Community Development with the assistance of the Virginia Department for Children. Employer-related training was provided to the County Planner who indicated that the training was especially useful when working with prospective developers and employers. The Planner is

available to offer information to employers as needed and a state-level employer-related child care specialist serves as a resource for technical assistance. Employer information outreach efforts in April, 1989, and are continuing. Programs for business representatives were planned to alert employers about child care services in Caroline County.

The theme of the annual Caroline County Industrial Development Authority (IDA) Banquet was "employer-sponsored child care." A speaker from the Virginia Department for Children discussed family-oriented benefits and policies for employers, an exhibit was displayed, and written information was distributed to employers following the program presentation.

With the establishment of the Rural Child Care Project and the resource and referral service (R&R), access to the R&R database was shared with business managers as an available option. Two letters concerning the R&R and technical assistance services were sent to employers as a follow-up to the IDA banquet.

### **Evaluation Methods**

In collecting data in support of these activities, records were maintained regarding the type of employer requests for assistance and the nature and extent to which the requests were made.

In July, 1989, the County Office of Planning and Community Development issued a child care benefits survey to the 89 Caroline County employers with 50 or more employees. The survey was originally developed by the Department for Children and the Virginia Employment Commission as part of a statewide effort to assess employer response to child care needs of employees (see Appendix F). The statewide survey was sent to employers with more than 100 employees.

## **Results**

The employer-involvement presentation at the annual Industrial Development Authority Banquet served as a forum to provide information about child care options to some 100 persons representing 40 businesses. Subsequently, four businesses, including one of the county's largest employers, requested additional information. Table 6 (p. 62) indicates the extent of employer-requested assistance provided by the R&R service. Most requests came at the close of the school year when parents were seeking summer child care.

Of the 89 child care benefits surveys mailed to Caroline County employers, 17 were returned (response rate=19%). None of the employers who completed the survey offered child care benefits. The majority of respondents cited insufficient demand as the reason for not offering child care benefits to employees. Cost was the second most prevalent reason for not offering

benefits. Some employers were not aware of the benefits of child care options to their workforce.

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**Table 6. Employers who requested assistance with child care**

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<u>Type of Industry</u>	<u># Employees</u>	<u>Resulting child care program initiated</u>	<u>Date Initiated</u>
County Government	20	Flexible leave schedules	1/15/89
Industrial	355	Resource and Referral	6/1/89
Bank	5	Resource and Referral	6/1/89
Bank	8	Resource and Referral	6/1/89

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#### **Summary of Objective V Evaluation Results**

Though employer contacts have thus far been limited, progress is being made in providing employers with information to enable them to make decisions regarding potential child care employee benefit options. The County Director of Planning and Community Development is prepared to provide information and technical assistance to employers. A proposal will be offered to

the Planning Commission to encourage commercial and industrial developers to address child care issues within their developments.

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## School-Age Child Care

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**Objective VI:** Assess the need to establish a child care center and/or school-based child care program.

The primary focus of this objective was to evaluate parents' need for school-age child care and assess the community and school interest and support for such an endeavor.

### **Key Issues**

Key evaluation issues addressed by this objective included:

- \* extent of need for school-age child care;
- \* extent to which school-based child care would be utilized; and
- \* extent of local interest in sponsorship of a school-based child care program for school-age children.

### **Activities**

Plans were made for a needs assessment to explore community interest in public sponsorship of a school-age child care program.

Late in the spring of 1989, a summer program was tentatively planned to serve school-age children. Cooperative sponsorship of the program was arranged between the County Department of Parks and Recreation, the County Cooperative Extension Service Unit, and the County Public Schools. Preliminary interest forms were distributed to parents through the school and in convenient locations throughout the county. In addition, a summer day care director position was advertised. A positive school board vote for building usage was granted on May 23, 1989. However, the liability insurance issue for the summer program was not resolved until June 13, 1989.

#### **Evaluation Methods**

A telephone survey was conducted to assess the needs for before and after school care in Caroline County. The Caroline Task Force on Child Care coordinated volunteers to call a 25% sample of parents with children enrolled in the public primary and elementary schools. The sample was drawn at random from school rosters and telephone calls were made during the evening hours in the summer of 1989, in an attempt to find parents at home. Callers were instructed to consistently ask the questions on the calling form (see Appendix G).

## **Results**

The summer school-age child care program did not become a reality. Although 66 families showed an initial interest in the school-aged summer program, and nine persons applied for the summer day-care director position, only 11 parents eventually enrolled their children prior to the start of the program. Due to the narrow time line between the announcement of the program (June 13, 1989) and the potential starting date (June 19, 1989), and lack of real financial commitment indicated by low enrollment, the program was postponed indefinitely.

Of 309 parents surveyed by telephone, 187 responded to questions (60.5% response rate). The remainder could not be reached. Of those responding, 33% or 62 parents indicated they would utilize a school-based child care program, five indicated possible interest, and 64% or 120 indicated no interest. Hours that would be most used by parents were 7 a.m. to 6 p.m.

## **Summary of Objective V Evaluation Results**

While community support and inter-agency cooperation was strong, insufficient time for publicity and parental planning appeared to be the issues that contributed to the failure of the proposed summer program. The local child care task force believed that many parents were forced to make plans for the



summer care of their children before the approval of the program was certain. Thus, response to the new program was limited.

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## Transportation

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**Objective VII:** Utilize state and local resources to propose solutions to address transportation problems of working families and day care providers.

The inclusion of transportation as an objective was based on the predicated need for transportation resources in rural communities. Provider transportation was assessed as part of this study project.

Referring to the results of the Training Needs Survey (Objective III, p. 48), 95 percent of the responding providers indicated that they drive. The remainder had transportation to activities if desired. Although not conclusive, it would appear that transportation is not a critical issue for Caroline providers at this point in time. As the program grows, further study may be needed on this issue.

Transportation to and from work, and to and from child care providers, is a larger barrier for parents who are currently unable to work due to the lack of public or private transportation. The Rural Child Care Project Committee did not have the resources to address this problem adequately.

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## Project Replication

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**Objective VIII:** Establish plans for replication of the Rural Child Care Project in other localities.

The major components essential to project replicability correspond to those presented in the Conceptual Model to Increase the Availability of Child Care (see p. 4) including: state-level technical assistance, community support and involvement, and locally-based child care resource and referral services. Localities could extract the principles of the model to develop strategies to best serve their areas.

A state-level coordinating office could marshal resources and coordinate the variety of state and federal agencies and programs involved. The specified coordinating office should have power to **coordinate** across Secretariats and should provide a level of expertise needed to deal with complex issues related to child care licensing, training, and organizational demands. There should also be a lead agency to **implement** the project by working closely with the coordinating agency. The implementing agency should have an established network of services to rural localities and a community-based mechanism for citizen input.

With a state-level mechanism in place, interested communities could form local task forces or commissions and conduct needs assessments. The task forces should be comprised of persons of diverse backgrounds and should represent all facets of the community, including interest groups. Typically a task force would include parents, providers, school personnel, employers, representatives of the local planning or economic development office, the Cooperative Extension Service, the department of social services, and the health and fire departments. Task force members must have sufficient influence in the community to bring about action. As the community begins the decision-making process, the implementing state agency could provide technical assistance regarding child care issues and work closely with the coordinating agency to facilitate state-level services to the locality.

It is important to note that a high degree of commitment at the local level is vital to successful project replication. Caroline County Task Force members dedicated significant time and personal resources to implement the project. This level of commitment is a requirement for any community wishing to successfully expand and support child care services.

An infrastructure is needed at the local level to conduct project activities. The resource and referral service mechanism is the key to the expansion of local child care services. It is

a support service that meets the needs of parents, employers, and providers.

A local sponsoring agency that conducts resource and referral services should have the following characteristics based on criteria suggested by the National Association of Child Care Resource and Referral Agencies:

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|--|--|
| <b>Qualified Staff</b>                           | * Staffed by trained professionals, experienced in the child care community and knowledgeable about all forms of child care.   |
| <b>Competency</b>                                | * Competent to provide services to parents, providers, and employers in a designated area. The area should be well defined and should not overlap with areas served by other resource and referral services.       |
| <b>Non-discriminatory</b>                        | * Serves all income levels and ethnic backgrounds and does not limit services to a few client populations. The agency should serve both regulated and legally unregulated caregivers (e.g. family day care homes). |
| <b>Eligible for Public &amp; Private Funding</b> | * Legally eligible to receive funds from a variety of sources, both public and private.  |
| <b>Credibility</b>                               | * Recognized in the community as a legitimate base for child care resource and referral services.  |
| <b>Community-based</b>                           | * Identified as an organization with strong involvement in community decision-making groups. The agency must be able to coordinate and collaborate with public and private entities.                               |
| <b>Impartial</b>                                 | * Is free of any conflict of interest and able to fill a role as an impartial referral service for and planner of child care services.   |

- |                       |   |
|-----------------------|---|
| <b>Fiscally Sound</b> | * Practices sound business management procedures.   |
| <b>Insured</b>        | * Maintains adequate liability insurance and willing to adopt referral procedures that limit liability risks.   |
| <b>Computerized</b>   | * Willing to develop, or has, computer capabilities for community planning reports. Should be able to link with other community resource and referral services for: 1) parents who work outside the community or who may be moving to other localities, and 2) employers, especially those with additional, out-of-area work sites. |

### **Summary**

To the extent that a state-level organization can coordinate agencies and services, and a locality can generate the level of commitment to local coordination of child care efforts demonstrated in Caroline County, the Rural Child Care Project can be replicated. However, financial resources are generally lacking to enable rural localities to expand and improve child care services.

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## Conclusions

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The Rural Child Care Project was a successful experiment in state, regional, and local planning and collaboration to expand child care services in an area that previously had no regulated child care.

Caroline County has successfully...

- \* generated widespread community support for child care;
- \* conducted an effective media campaign to inform the public about child care;
- \* established a resource and referral service to help parents and providers;
- \* recruited a sufficient number of providers to meet current needs;
- \* enlisted the support of a USDA Child Care Food Program sponsoring organization to assist providers with subsidies for good nutrition for children;
- \* provided training opportunities for family day care providers;
- \* identified local funding resources in the private sector;
- \* obtained child care subsidy funding for low-income working parents;
- \* informed employers about child care benefits;
- \* determined the local need for school-age child care programs and planned future strategies to address that need; and

- \* created a viable working model of interagency collaboration.

Continuing barriers to the expansion of child care services in Caroline County include:

- \* scarcity of funds to initiate, expand, and continue child care programs and services;
- \* lack of legislative authority for the Caroline County school system to sponsor a school-age child care program;
- \* lack of on-going, affordable training programs for regulated and unregulated child care providers;
- \* limited funding for on-going efforts to reach small businesses in rural areas to encourage support for child care strategies; and
- \* limited resources for health and fire inspections of the homes of unregulated family day care providers who wish to participate in the USDA Child Care Food Program.



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## **Recommendations**

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### **General Recommendations**

1. Community support for child care solutions can best be gained through locally-based leadership. A local child care task force, commission, or coordinating council comprised of decision-makers from a cross section of the community is needed to assess local needs and generate actions on child care issues.
2. State- and regional-level technical assistance for the expansion and improvement of quality child care should be available to localities desiring to address child care issues.
3. Rural areas that lack financial resources to develop center-based child care options should consider a network of family day care providers to serve the locality.
4. Needs assessments should be conducted as a basis for project planning and implementation and to provide a baseline of data for project evaluation.
5. Planning grants should be made available to communities to assess needs and resources prior to the development of services.
6. Communities should plan proactively, rather than reactively, to address current and emerging child care issues.
7. A state-level coordinating body should facilitate replication of the Rural Child Care Project.

### **Recommendations for Objective I: Public Education**

1. A variety of public education activities should be utilized to generate public awareness and stimulate discussion of child care issues.
2. Public and private community organizations should work together to inform the community about child care issues.

3. Public education programs should be designed to increase trust between providers and public sector programs such as the USDA Child Care Food Program, subsidy programs, and licensing programs.
4. Providers of all types should be recruited on a continuing basis.

#### **Recommendations for Objective II: Network of Providers/Support**

1. Locally-based child care resource and referral services should be established through a variety of public and private funding sources to serve as a key to expanding child care services and improving the quality of care through the following activities:
  - a. Educating parents so they can make informed decisions about child care services;
  - b. Recruiting new child care providers and assisting them in start-up activities;
  - c. Offering technical and resource support services for providers;
  - d. Coordinating community and regional resources for the training of providers;
  - e. Monitoring the supply of providers by type, and the demand for child care services by type (infant, get-well care, etc.); and
  - f. Providing information and resources to employers on child care issues.
2. Incentives such as subsidized training opportunities and a simplified checklist for licensing family day-care homes should be provided to encourage providers to become licensed.
3. Community action to assure project success should come from several levels of involvement, that may include licensing specialists, building officials, county administrators, planners, school and Extension personnel.

### **Recommendations for Objective III: Training Efforts**

1. Outreach efforts should be initiated to promote the advantages and benefits of child care training, especially with providers who have less formal education and specific child care training or experience.
2. Child care training should be offered in a variety of settings including churches, clubs, and volunteer leadership organizations.
3. To improve training participation levels, daytime and evening child care services for trainees should be offered. Scheduling events on Saturdays may also increase participation.
4. Learn-at-home training methods merit consideration as a supplemental training method for family day care providers. Specific attention might be focused on the development of videos or television programs and self-study materials.
5. Prime distribution points for information on child care in rural areas should include grocery stores, schools, churches, and banks.
6. "Telephone Tree Programs" sponsored by a local resource and referral service should be established to spread the word about training offerings, learn-at-home packages, and other opportunities.
7. Training topics that incorporate readily useable information, such as activity planning, dealing with child behavior, tips on running a business, and child safety should be made available to all providers.
8. Easy to understand information about establishing quality child care settings, licensure, and liability insurance should be readily accessible to providers.
9. When more formal educational opportunities are needed, non-credit classes and college credit classes should be available through adult vocational programs, the Extension Service, and/or community colleges in the evenings or on Saturdays. A scholarship or deferred tuition pay-back program should be developed to assist rural child care providers.
10. Caregiver networks should be established to encourage the sharing of information. A resource and referral service could invest in subscriptions to child-care

journals and magazines, as well as serve as a meeting place for locally-based family day-care provider associations.

#### **Recommendations for Objective IV: Funding**

1. Regional- and state-level social services offices should provide additional technical assistance to assist local administration of the Child Day Care Fee System Program in rural localities.
2. Sizeable public and private low-interest loan and grant programs are needed to plan and develop child care services in rural localities.
3. Low interest loan programs are particularly needed to enable facilities in rural areas to meet the Uniform Statewide Building Code requirements for child care facilities.

#### **Recommendations for Objective V: Employer-Related Child Care**

1. Rural employers should receive information about the variety of child care options available for small businesses and the benefits of child care services to employers.
2. Rural employers should be encouraged to become involved in community efforts to resolve child care issues.
3. New industry prospects and developers should be encouraged to incorporate child care options into employee benefits packages when they locate businesses in rural areas.

#### **Recommendations for Objective VI: School-age Child Care**

1. Community-wide needs assessments must be conducted to determine the need for publicly or privately sponsored school-based child care.
2. Local communities should enlist the support of community leaders and parents to develop school-age child care services.
3. Parents should be provided with information about the options they might consider for children during out-of-school hours.

4. A school-age child-care approach should utilize public and private non-profit and for-profit resources available to the community.
5. A minimum of six months planning time is needed prior to implementating a school-based child care program.

#### **Recommendations for Objective VII: Transportation**

The General Assembly should mandate further study of rural transportation issues, particularly as it affects parental involvement in child care.

#### **Recommendations for Objective VIII: Project Replication**

1. The Virginia Council for Child Day Care and Early Childhood Programs should coordinate the replication of the Rural Child Care Project. Replication should initially be limited to a small number of localities.
2. The Virginia Cooperative Extension Service should be responsible for implementing future pilots and should work closely with the Council on Child Day Care and Early Childhood Programs on all phases of implementation.

Three full-time employee positions will be required to adequately implement project replication in the neediest rural communities.

3. Sufficient funding from a variety of public and private sources is necessary to enable pilot localities to replicate the Rural Child Care Project.
4. Co-Chairs of the Caroline County Task Force on Child Care should be permitted release time during the first two years of the replication to provide technical assistance to localities. The Caroline County Board of Supervisors should determine the appropriate amount of release time for county employees.

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## **Appendix A**

### **Formula for Determining the Number of Family Day Care Providers Needed by a Locality**

### Determining the Number of Family Day Care Providers Needed

Projections were made by Virginia Cooperative Service Evaluators, estimating that 46.8 family day care providers were needed in the county to serve the county's preschool children. To arrive at the figure of 46.8, 1980 census data and community demographics were used to determine need. Using these figures, the following formula was applied:

#### Step 1

$$\begin{array}{rclclcl} \# \text{ children } 0-5 \text{ years} & \times & \% \text{ working mothers} & \times & \% \text{ children needing care} & = & \text{ (A) children} \\ 1342 & \times & 43\% & \times & 42.5\% & = & 245 \text{ (A)} \end{array}$$

#### Step 2

$$\begin{array}{rclcl} \text{A (above)} & \times & \text{growth rate of county} & = & \text{ (B) Number of additional children needing care} \\ 245 & \times & 15\% & = & 36 \end{array}$$

#### Step 3

$$A + B = \text{Total } \underline{281} \text{ Total number of children needing care}$$

#### Step 4

Total number of children needing day care divided by 6 children per provider, to meet state licensing standards for total number of providers.

$$281/6 = 46.8$$



Please note that 1980 census projections do not accurately reflect Caroline County's current growth rate. The County Planner indicates that the growth rate will probably be much greater than the 1980 projected growth rate when the new census is taken.

Care should be taken when using any formula prior to recruitment efforts. There may be several intervening variables affecting these calculations. Parents not living in the community may be using county providers, non-working parents may also use child care, some caregivers may not provide care for certain ages of children (infants for example), parental preference varies from one family to the next, and providers may not be located in easily accessible or convenient locations for parents traveling to and from work. The establishment of Head Start programs, child care centers, and nursery schools may reduce the number of family day care providers needed. Recruitment is a continual process to serve the variety of family needs.

For further information regarding this formula please contact Ms. Judy Burtner, James Monroe Building, 10th Floor, 101 North 14th Street, Richmond, Virginia 23219.

**Appendix B**  
**Characteristics of Caroline County Providers**

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### **Characteristics of Caroline County Providers**

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Findings from information provided to the resource and referral service and the results of a survey conducted in April, 1989, (See Objective III, p. 49) indicate that the characteristics of Caroline County Providers are similar to providers described in child care research literature (Aguirre and Marshall, 1984, VanderVen, 1986, Aguirre, 1987, Ritter and Welch, 1988).

In researching family day care providers, Aguirre (1987), found that they had little or no training or experience beyond personal parenting experiences, but wanted to have more educational opportunities. Aguirre's research revealed certain barriers to training, including lack of time, losing income while coming to class, and managing the problem of finding alternative care arrangements for children while attending class.

A Texas Extension Service study conducted by Ritter and Welch (1988) described family day care providers as an unknown clientele unreachable through traditional programs and somewhat unmotivated to seek further formal education. Yet they observed eagerness to share ideas about child care, tips on dealing with parents, and ideas about running a household, as well as a business. The researchers gained an appreciation for the sense

of isolation, day-to-day problems and the providers' desire for professional development and job recognition.

Caregivers in the Texas study made it clear that weekends were reserved for their own families, household chores, and preparing for day care; a training program scheduled during this time was less likely to be attended.

To determine the characteristics of providers in Caroline County, upon enrollment with the resource and referral service, (see Objective II, p. 29) providers were asked to answer a number of questions about themselves and their operations. Based on data from 28 providers, the following profile emerged.

- \* The majority were white (14 of 24 reporting, or 58.3%), while nine (37.5%) were black and one (4.2%) was an American Indian.
- \* Providers were also relatively young, with 72.7% (16 of 22 respondents to the question) less than 40 years of age. The majority of caregivers were between 26 and 30 years of age.
- \* The ages of children in child care varied, with providers reporting the following: infant to school aged (4), toddler to school aged (5), infant to toddler (3), toddler to five (8), and infant to five (2).
- \* The minimum number of hours of service provided during the day was nine, with a maximum of 14. The average provider workday was 11.5 hours.
- \* Fees ranged from \$1.00 per hour to \$60.00 per child per week. The majority (10 of 14, or 71.4% of those reporting fees) charged between \$35.00 and \$50.00 per child per week.

- \* Twelve of the providers indicated that they had vacancies (29 full-time and 2 part-time vacancies).

Characteristics of the 18 respondents to the (April, 1989) Barriers to Training Survey (see Objective III, p. 49) were as follows:

- \* Predominately female (17 or 94.4%)
- \* Thirteen (76.4) were white and four (23.6) were black (of the 17 reporting race)
- \* Sixteen (88.9%) of the respondents were family day-care providers
- \* Two (11.1%) reported that they were not currently providing care
- \* Of the 16 responding family day-care providers currently giving care, three (18.7%) were licensed

Regarding training and experience:

- \* A majority of respondents (16 of 18 or 88.9%) had received some type of training (classes or college) in child care
- \* More than one-third (7 or 38.9%) of the respondents had acquired this training within the last year
- \* Four (22.2%) indicated they had not received any formal child care training
- \* Sixteen of 17 respondents (88.2%) reported previous experience in caring for children other than their own
- \* More than half (9 or 52.9%) of experienced caregivers had cared for children in group settings

Of those reporting their level of education:

- \* three (18.7%) had less than a high school education
- \* eight (50%) had completed high school
- \* five (31.3%) had pursued formal education beyond high school

The majority of respondents (10 of 16, or 62.5%) became providers because they enjoy working with children. Most indicated they were very happy with their current child care circumstances. All respondents providing care, cared for children eight or more hours a day. The most difficult time of day noted was outside play (4 or 23.5%). However, five (29.4%) reported they did not have a "most difficult time of day." During care, eight (44.4%) used books as a primary activity and four (22%) used TV. The remainder used a variety of indoor and outdoor activities in child care.

In addition to current training and experience, 12 of the 18 respondents (66.7%) were interested in receiving more training on child care and 10 of 17 (58.8%) indicated that they would be willing to pay for it. When the need for training was cross-tabulated with training and experience, seven of the respondents who had child-related college classes and 11 respondents with experience in caring for children other than their own were interested in receiving additional training.

**Appendix C**  
**Training Needs Survey**

Family Day Care  
Providers  
Training Survey

Sponsor: Virginia's Rural Child-  
Care Project Committee

Please return by: May 5, 1989

Thank-you for your help !!!



# VIRGINIA COOPERATIVE EXTENSION SERVICE

**VIRGINIA  
TECH**

Blacksburg, Virginia 24061

Home Economics

**VIRGINIA  
STATE**

Petersburg, Virginia 23803

Dear Friends,

We are involved in looking at different ways to offer training to Family Day Care Providers. Training will help improve skills of current and future child care providers.

Please complete the enclosed survey. For the survey results to be useful, it is important to complete each question fully. The information will be written and used as part of a report to members of the Virginia Legislature when the Rural Child Care project has been completed.

The questions will take about fifteen minutes to complete. The information you provide will be helpful in planning child care training to meet your needs. When complete, turn the survey so the new address faces the outside and tape or staple the survey together before mailing. No stamp will be necessary.

A number has been used to track the total number of answers, not YOUR answers. If you need help in understanding the questions, or are unsure why you have been asked to complete this survey, please call Kathryn Burruss or Cheryl Brooks (633-6550). If not in, leave your number and the best time to return your call.

Please return the survey by May 5, 1989.

Thank-you very much!!

Sincerely,

*Kathryn W. Burruss*

Kathryn Burruss  
Extension Home Economist



Virginia Cooperative Extension Service programs, activities, and employment opportunities are available to all people regardless of race, color, religion, sex, age, national origin, handicap, or physical condition. Also, equal opportunity affirmative action employer.

An Educational Service of the Virginia Polytechnic Institute and State University, a land-grant university, and the Virginia's Land Grant Institution, with U.S. Department of Agriculture and U.S. Department of Education.



Family Day Care Providers  
Training Needs Survey

Please list your zip code: \_\_\_\_\_

About your child care practices:

1. List the ages of the children you keep.

Note the children who are other people's, your own or relatives.

Ages of other  
people's children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ages of relatives  
children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ages of my  
children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is your experience in child care? (Circle all that apply)

- a. experience as a parent or grandparent
- b. experience caring for other people's children
- c. caring for children in group settings (such as Sunday school, 4-H , scouting, teacher's aide)

3. Besides parenting, what kind of training have you received in child care? (Circle all that apply)

- a. have had classes in church or community
- b. have had classes in high school/vocational school
- c. have had classes in college
- d. have completed a college degree or certification program in child related area
- e. working with caregivers in a center or through an agency learning on the job
- f. other \_\_\_\_\_

Please answer all of the following by circling ONE answer to each question.

4. When was the last training you completed on child care?

- a. 1 week-2 months ago
- b. 3-6 months ago
- c. 7-12 months ago
- d. 1-2 years ago
- e. 3-5 years ago
- f. over 5 years ago
- g. have not received training

5. What is the most important reason you care for children?

- a. earn good money
- b. something to do at home
- c. enjoy working with children
- d. help a friend or relative who needs child care
- e. playmates for my children
- f. not currently caring for children
- g. other \_\_\_\_\_

6. How happy are you with caring for children?

- a. very happy with child care set-up and do not plan on making changes
- b. am happy but would like to learn more about child care
- c. would prefer not to care for children so many hours
- d. would prefer to not care for children at all
- e. am thinking about another line of work
- f. other \_\_\_\_\_

7. What hours do you provide care for children now?

- a. full days (8 or more hours)
- b. 8 am - noon (half day)
- c. noon - 5 pm (half day)
- d. after school care only
- e. 5 pm and after
- f. not caring for children right now
- g. other \_\_\_\_\_

8. What is your most difficult time of day?

- a. arrivals
- b. parents leaving child
- c. playtime
- d. lunch
- e. naptime
- f. when children go home
- g. outside play
- h. there is no difficult time
- i. other \_\_\_\_\_

9. Would you take care of a child who was (Circle all that apply):

- a. sick
- b. handicapped
- c. in need of care every day after 6 pm.
- d. in need of care overnight or on the weekends
- e. none of the above

10. Other than talking with children, what activity do you take part in the most with the children? (Circle one answer)

- a. watching T.V.
- b. reading books
- c. art projects
- d. singing songs
- e. playing games
- f. playing outside
- g. other \_\_\_\_\_

11. Would you accept payment from the local Department of Social Services for providing care for children?

- a. yes
- b. no

About your home study interests:

12. Are you interested in studying child care in your home?

- a. yes
- b. no

13. Are any of these available for your use? You may circle more than one.

- a. television
- b. cable TV hook-up
- c. video cassette player (VCR)
- d. satellite reception
- e. telephone
- f. radio - Which station do you listen to the most? \_\_\_\_\_
- g. magazines - List titles of those you read \_\_\_\_\_  
\_\_\_\_\_
- h. newspapers - List titles of those you read \_\_\_\_\_  
\_\_\_\_\_
- i. home computer

14. Do you have a way to get to activities when you want to go?

- a. yes (if yes, answer question 15)
- b. no (if no, skip to question 16)

15. How do you get to places you want to go?

- a. drive
- b. ride with a friend
- c. a family member drives me
- d. ride a taxi
- e. ride the bus
- f. walk
- g. other \_\_\_\_\_

About how you decide what to attend:

16. Which best describes why you would NOT be able to go to a free meeting held during the day if it was of interest to you?
- a. no way to get there
  - b. unsure how to get there
  - c. don't like to go alone
  - d. the family needs me more at home
  - e. not a convenient location
  - f. work hours interfere
  - g. handicap accessibility
  - h. no child care available for my children or those I care for
  - i. other \_\_\_\_\_
17. What best describes the reason you would NOT be able to go to a free meeting held during the evening if it was of interest to you?
- a. no way to get there
  - b. don't like traveling at night
  - c. family comes first in the evening
  - d. not a convenient location
  - e. work hours interfere
  - f. don't like to go alone
  - g. handicap accessibility
  - h. no child care available
  - i. other \_\_\_\_\_

Places you go:

18. Check all places you might be able to pick up information on child care and list the best spot for the information to be placed, like: ..at the front counter..with baby food or...at the cashiers window.

Place for Information:

Location in building:

_____ School	_____
_____ Community Center	_____
_____ County Courthouse	_____
_____ Grocery Store	_____
_____ Bank	_____
_____ Dept. of Social Services	_____
_____ Extension Office	_____
_____ Church or Synagogue	_____
_____ Organized club or group meetings	_____
_____ What are other good places?	_____

### Future Training Needs

19. Do you want, or see a need for you to have child care training?

- a. yes If yes, please skip to question 21
- b. no If no, please go on to 20, then skip to 24

20. What is the main reason you are not interested in training?

- a. no time
- b. too hard
- c. can't pay for it
- d. too much trouble to arrange
- e. I know all I need to know to take care of children
- f. other \_\_\_\_\_

21 a. In what kinds of informal training would you be interested?  
Check your top two (2) choices.

- \_\_\_ 1. apprenticeship (learning on the job with someone or having them come into your home)
- \_\_\_ 2. video cassettes to view at home
- \_\_\_ 3. audio cassettes to listen to with printed materials
- \_\_\_ 4. reading on my own
- \_\_\_ 5. field trips
- \_\_\_ 6. recorded telephone tapes
- \_\_\_ 7. bookmobile with check-out lessons
- \_\_\_ 8. written self-study learn at home units
- \_\_\_ 9. other \_\_\_\_\_

21 b. In what kind of formal training would you be interested ?  
Check the top two (2) choices.

- \_\_\_ 1. non-credit evening classes on weekdays
- \_\_\_ 2. non-credit weekend day classes
- \_\_\_ 3. non-credit classes on week days
- \_\_\_ 4. classes offered through a college for credit
- \_\_\_ 5. a personal teacher in your home (tutor)
- \_\_\_ 6. computer instruction

22. What topics would be most useful to you? Check your two (2) choices.

- ☐ 1. child development stages
- ☐ 2. dealing with child behavior
- ☐ 3. problems with parents
- ☐ 4. children who cry for parents
- ☐ 5. children who always fight/argue
- ☐ 6. activities for children
- ☐ 7. the school age child
- ☐ 8. children and TV
- ☐ 9. potty training

23. More topics to select. Please check two (2) from this list also.

- ☐ 1. day care as a business/record keeping
  - ☐ 2. child safety
  - ☐ 3. nutrition/feeding children
  - ☐ 4. child health
  - ☐ 5. basic first aid
  - ☐ 6. personal time management
  - ☐ 7. insurance/licensing
  - ☐ 8. other (list) \_\_\_\_\_
- 

24. Are you willing to pay for training?

- a. yes - maximum amount \$ \_\_\_\_\_
- b. no

Optional: (You do not have to answer these unless you want to)

25. Circle the highest grade you have completed.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

26. Sex

- a. female
- b. male

27. Race

- a. White
- b. Black
- c. American Indian
- d. Hispanic
- e. Asian
- f. Other \_\_\_\_\_

28. Circle one

- a. I am a licensed family day care provider
- b. I am an unlicensed family day care provider
- c. I work for a licensed center
- d. I work for an licensed-exempt center
- e. I am not providing care now
- f. other \_\_\_\_\_

29. I am a certified USDA child care provider in the food program.

- a. yes
- b. no
- c. don't know

Thank-you for your time and help!!

Staple or tape closed and mail. No stamp required.





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**Caroline County Cares for Children**

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**Appendix D**

**Outline**

**Short Course for Child Care Providers**

## Child Care Provider Short Course

### Topical Outline

Date	Topic
October 4	Family Day Care as a Business <ul style="list-style-type: none"><li>*Recordkeeping</li><li>*Budgets</li><li>*Zoning</li><li>*Taxes</li><li>*Insurance</li><li>*Recruiting families</li><li>*Setting fees</li><li>*Establishing hours of care</li><li>*Vacations and holidays</li><li>*Policy for discipline, naps, etc.</li></ul>
October 11	Licensing and Accreditation <ul style="list-style-type: none"><li>*Standards for licensing</li><li>*Licensing exemptions</li><li>*Family Day Care Systems</li><li>*Dealing with inspectors</li><li>*Rights and responsibilities</li></ul>
October 18	Child Development <ul style="list-style-type: none"><li>*Growth and development</li><li>*Behavior management</li><li>*Child's play</li></ul>
October 25	Developmentally Appropriate Activities, Toys and Materials <ul style="list-style-type: none"><li>*Planning and scheduling</li><li>*Creative activities</li><li>*Room arrangement</li></ul>
November 1	Language Development <ul style="list-style-type: none"><li>*"Baby talk"</li><li>*Receptive language</li><li>*Expressive language</li></ul>
November 8 or 15	Nutrition <ul style="list-style-type: none"><li>*Cooking with children</li><li>*Child nutritional needs</li><li>*Planning menus</li><li>*Purchasing, handling, and storing food</li><li>*Feeding infants</li></ul>
November 15 or 22	Health Practices <ul style="list-style-type: none"><li>*Childhood illnesses</li><li>*Preventing sickness</li><li>*Dispensing medicine</li><li>*Proper handwashing</li></ul>

November 29

Safety First

- \*Preparing the home for children
- \*Preventing accidents
- \*Storing cleaning supplies
- \*Basic first aid
- \*Home fire safety checklist
- \*Selecting and maintaining safety equipment
- \*Safe cooking practices

December 6

Parent Communication

- \*Confidentiality
- \*Communicating effectively
- \*Helping children say good-bye to parents
- \*Understanding parents

December 13

Community Resources

- \*What's available?
- \*How to network with other day care providers
- \*How to be a professional

Graduation

- \*Certificate ceremony
- \*Reception

**Appendix E**

**Syllabus**

**Community College Course  
Introduction to Child Care**

Rappahannock Community College  
Course of Study for  
Introduction to Child Care  
EDU-110

Vivian H. Daye, Ed. D. - Instructor  
Caroline County Extension Office, Bowling Green  
Spring Semester, 1989

This course explores and discusses the several components which make center-based and home-based child care programs compliant with State and local ordinances and ones of high quality.

Course Credits:

3 credits  
Lecture  
Saturday, 9 a.m. - 12 noon  
Virginia Cooperative Extension Service  
Caroline County Office  
111 B. Ennis Street  
Bowling Green, VA 22427  
(804) 633-6550

Methods of Instruction:

Participatory Discussion	Practical experiences
Observations	Visuals
Role-playing	Student presentations

Text:

Developing and Administering a Child-Care Center by Dorothy Sciarra

Course Objectives:

The student will:

- 1 - anticipate licensing and accreditation as ways to increase the quality and availability of rural child care.
- 2 - be conversant with goals and objectives of early childhood development from infancy through preschool years.
- 3 - recognize the various kinds of child care programs offered in Virginia.
- 4 - use effective behavior management techniques for helping children to learn and grow.
- 5 - exhibit understanding of satisfying interpersonal skills and relationships with children and adults.

- 6 - encourage cross-age tutoring skills and activities.
- 7 - communicate program's purpose and activities to parents and community.
- 8 - become more aware of nutrition and its effect on the child's well-being.
- 9 - become familiar with health concerns common among young children.
- 10 - express a personal philosophy of early childhood growth and development.

Learning Sequence:

- Utilize the "working papers" of the textbook.
- Read and discuss various hand-outs, brochure, articles.
- Prepare simple learning activities for very young children.
- View and critique selected training video tapes.
- Set-up simple, child care budgets and bookkeeping systems.
- Prepare a healthy menu for young children using USDA guidelines and suggestions.
- Compile working resource file for:
  - a. free and inexpensive materials
  - b. community referrals and contacts
- Articulate the problems specific to rural child care providers (homes or centers).
- Create, prepare and demonstrate simple teacher-made games and/or materials.

Criteria for Grading:

This is a specialized course which, at the discretion of the College, is assigned a Pass/Fail grading.

Attendance, participation and preparation will affect the grade.

Course Calendar  
EDU-110  
Introduction to Child Care  
Caroline County  
Spring 1989

Everything You Want To Know For Operating A Child-Care Program

January 14	Overview of Child-Care; Matrix of Programs in Virginia
January 21	Business and Legal Aspects for Home and Centers
January 28	Child Growth and Development - Appropriate Practices
February 4	More on Child Growth and Development - Language
February 11	The Site: Home or Center
February 18	Behavior Management; The Child's Self Concept
February 25	Discipline, Praise, Cooperation
March 4	Curriculum: Language Arts, Music, Art, Health
March 11	Curriculum: Mathematics, Social Studies, Science
March 18	Nutrition
March 25	Spring Break
April 1	Health
April 8	Safety
April 15	The Child Care Provider; Staff Development
April 22	Communication with Parents
April 29	Community Resources and Referrals



**Appendix F**  
**Employer Child Care Survey**

## CHILD CARE SURVEY

Included in this survey are some of the types of child care assistance currently being offered by employers. Please respond to each item as completely as possible.

1. Do you provide child care assistance for your employees?

\_\_\_\_\_ Yes      \_\_\_\_\_ No (Please skip to question 10.)

### FINANCIAL ASSISTANCE

2. Do you offer financial assistance?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, what type do you offer?

- a. \_\_\_\_\_ Vouchers issued to subsidize child care expenses.
- b. \_\_\_\_\_ Contracts with child care providers for specific number of spaces. (Please indicate type of provider and number of spaces.)
- | _____ Child care centers | _____ Home care providers |
|--------------------------|---------------------------|
| _____ Number of spaces   | _____ Number of spaces    |
| _____ 1 - 5              | _____ 1 - 5               |
| _____ 6 - 10             | _____ 6 - 10              |
| _____ 11 - 20            | _____ 11 - 20             |
| _____ 21 - 40            | _____ 21 - 40             |
| _____ 41 - 60            | _____ 41 - 60             |
| _____ More than 60       | _____ More than 60        |
- c. \_\_\_\_\_ Contracts with child care provider for sick children only. (Please indicate type of provider and number of spaces.)
- | _____ Center-based care | _____ Home care providers |
|-------------------------|---------------------------|
| _____ Number of spaces  | _____ Number of spaces    |
| _____ 1 - 5             | _____ 1 - 5               |
| _____ 6 - 10            | _____ 6 - 10              |
| _____ 11 - 20           | _____ 11 - 20             |
| _____ 21 - 40           | _____ 21 - 40             |
| _____ 41 - 60           | _____ 41 - 60             |
| _____ More than 60      | _____ More than 60        |
- d. \_\_\_\_\_ Contributions to providers or agencies in the community.
- \_\_\_\_\_ Financial grants
- \_\_\_\_\_ Goods and services
- e. \_\_\_\_\_ Pre-tax salary reduction account.
- f. \_\_\_\_\_ Subsidy for operating expenses for on or near site center.

**CHILD CARE CENTERS**

3. Do you provide or participate in a child care center?

☐ Yes ☐ No

If yes, please indicate the following:

a. Type of Child Care Center

☐ On-site child care center  
☐ Employees only ☐ Open to the community  
☐ Participant in consortium child care center

Number of businesses involved:

☐ 2 - 5 ☐ 16 - 20  
☐ 6 - 10 ☐ over 20  
☐ 11 - 15

Number of spaces allotted to your company:

☐ less than 10  
☐ 11 - 20  
☐ over 20

b. Ages that are Served

☐ Infants (6 weeks - 15 months)  
☐ Toddlers (16 - 24 months)  
☐ Preschool (25 months - 5 years)  
☐ Kindergarten  
☐ Before and after school ☐ After school only  
☐ Summer camp  
☐ School age (1st grade & up)  
☐ Before and after school ☐ After school only  
☐ Summer camp

c. Capacity of Center

☐ 0 - 50 ☐ 101 - 150  
☐ 51 - 100 ☐ 151 - 200

d. Is care available for sick children?

☐ Yes ☐ No

e. Is temporary care available when an employee's regular provider is unavailable?

☐ Yes ☐ No

## PERSONNEL POLICIES

4. Please check the personnel policies or programs that you offer.

- a. ☐ Flex-time
- b. ☐ Option to work at home
- c. ☐ Family sick leave
- d. ☐ Parenting seminars
- e. ☐ Employee assistance plans
  - ☐ Family counseling
  - ☐ Developmental screening for children
- f. ☐ Job sharing
- g. ☐ Parental leave (other than disability)

### Maternity:

- |   |   |
|---|---|
| <input type="checkbox"/> paid               | <input type="checkbox"/> unpaid             |
| <input type="checkbox"/> length:            | <input type="checkbox"/> length:            |
| <input type="checkbox"/> 6 weeks or less    | <input type="checkbox"/> 6 weeks or less    |
| <input type="checkbox"/> 7 weeks - 3 months | <input type="checkbox"/> 7 weeks - 3 months |
| <input type="checkbox"/> 4 - 6 months       | <input type="checkbox"/> 4 - 6 months       |
| <input type="checkbox"/> 7 - 12 months      | <input type="checkbox"/> 7 - 12 months      |
| <input type="checkbox"/> over 12 months     | <input type="checkbox"/> over 12 months     |

### Paternity:

- |   |   |
|---|---|
| <input type="checkbox"/> paid               | <input type="checkbox"/> unpaid             |
| <input type="checkbox"/> length:            | <input type="checkbox"/> length:            |
| <input type="checkbox"/> 6 weeks or less    | <input type="checkbox"/> 6 weeks or less    |
| <input type="checkbox"/> 7 weeks - 3 months | <input type="checkbox"/> 7 weeks - 3 months |
| <input type="checkbox"/> 4 - 6 months       | <input type="checkbox"/> 4 - 6 months       |
| <input type="checkbox"/> 7 - 12 months      | <input type="checkbox"/> 7 - 12 months      |
| <input type="checkbox"/> over 12 months     | <input type="checkbox"/> over 12 months     |

### Adoption:

- |   |   |
|---|---|
| <input type="checkbox"/> paid               | <input type="checkbox"/> unpaid             |
| <input type="checkbox"/> length:            | <input type="checkbox"/> length:            |
| <input type="checkbox"/> 6 weeks or less    | <input type="checkbox"/> 6 weeks or less    |
| <input type="checkbox"/> 7 weeks - 3 months | <input type="checkbox"/> 7 weeks - 3 months |
| <input type="checkbox"/> 4 - 6 months       | <input type="checkbox"/> 4 - 6 months       |
| <input type="checkbox"/> 7 - 12 months      | <input type="checkbox"/> 7 - 12 months      |
| <input type="checkbox"/> over 12 months     | <input type="checkbox"/> over 12 months     |

h. ☐ Other (Please describe.) \_\_\_\_\_

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## INFORMATION AND REFERRAL

5. Do you offer child care information and referral services?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, what does your company offer?

- a. \_\_\_\_\_ Company distributes list of child care providers.
- b. \_\_\_\_\_ Company distributes list of child care providers and educational materials.
- c. \_\_\_\_\_ Company contracts with outside agency for resource and referral services.
- d. \_\_\_\_\_ Company has a trained employee to assist parents in locating appropriate child care.

## GENERAL INFORMATION

6. What percentage of your employees use the child care benefits you provide?

_____ less than 5%	_____ 16% - 20%
_____ 5% - 10%	_____ more than 20%
_____ 11% - 15%	

7. What is the total amount your company spends per year on child care assistance?

_____ Less than \$ 5,000	_____ \$21,000 - \$30,000
_____ \$ 5,000 - \$10,000	_____ \$31,000 - \$50,000
_____ \$11,000 - \$20,000	_____ over \$50,000

8. Do you participate in the Neighborhood Assistance Program (§§ 63.1-320 through 63.1-325, Code of Virginia)?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Not aware of program

9. Has your child care assistance program affected your business in the following areas?

Improved productivity	_____ Yes	_____ No	_____ Undetermined
Lowered absenteeism	_____ Yes	_____ No	_____ Undetermined
Improved morale	_____ Yes	_____ No	_____ Undetermined
Decreased tardiness	_____ Yes	_____ No	_____ Undetermined
Decreased turnover	_____ Yes	_____ No	_____ Undetermined
Enhanced recruitment	_____ Yes	_____ No	_____ Undetermined

Other \_\_\_\_\_

---

TO BE ANSWERED ONLY IF YOU DO NOT CURRENTLY  
OFFER CHILD CARE ASSISTANCE FOR EMPLOYEES.

10. Are you in the process of investigating child care options?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, at what stage are you in your investigation? (Check all that apply.)

- a. \_\_\_\_\_ Have read material on topic.
- b. \_\_\_\_\_ Have attended some seminars on child care.
- c. \_\_\_\_\_ Have collected written information on child care.
- d. \_\_\_\_\_ Have formed a task force.
- e. \_\_\_\_\_ Have conducted employee survey.

11. Do you plan to offer child care assistance to your employees?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure

If no, please indicate your reason(s).

- a. \_\_\_\_\_ Cost factors
- b. \_\_\_\_\_ Insufficient demand
- c. \_\_\_\_\_ Philosophical reasons
- d. \_\_\_\_\_ Other (Please describe.) \_\_\_\_\_

If yes, what programs are you considering?

- a. \_\_\_\_\_ Information and referral
- b. \_\_\_\_\_ Financial assistance
- c. \_\_\_\_\_ Child care center
- d. \_\_\_\_\_ Flex-time
- e. \_\_\_\_\_ Option to work at home
- f. \_\_\_\_\_ Family sick leave
- g. \_\_\_\_\_ Employee assistance programs
- h. \_\_\_\_\_ Parental leave
- i. \_\_\_\_\_ Other (Please describe.) \_\_\_\_\_

If yes, when will you implement your program?

- a. \_\_\_\_\_ 3 months or less
- b. \_\_\_\_\_ 4 - 6 months
- c. \_\_\_\_\_ 7 - 12 months
- d. \_\_\_\_\_ 13 - 18 months
- e. \_\_\_\_\_ Over 18 months

12. May we use your company as a reference for other employers who are investigating child care options?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

THANK YOU FOR PARTICIPATING IN THIS SURVEY.

Virginia Department for Children  
805 East Broad Street  
11th Floor, 8th Street Office Building  
Richmond, Virginia 23219  
(804) 786-5507

**Appendix G**  
**School-Age Child Care Needs Assessment**



Telephone Survey  
School Age Child Care

Hello, This is \_\_\_\_\_. I am a volunteer working with the Caroline County Cares for Children Task Force. I have a couple of questions regarding care for school age children. Would you have about 5 minutes to answer these questions?

(If no, ask: when would be a good time to call back ?  
\_\_\_\_\_ (call back time)

1. Now, you live in the \_\_\_\_\_ area of the county, right?

1. Milford
2. Bowling Green
3. Ruther Glen
4. Ladysmith
5. Woodford
6. Doswell
7. Hanover
8. Corbin

2. And how many children do you have in school? \_\_\_\_\_

There are some ideas that Caroline County needs a before school day care program and an after school day care program for children with parents who work. The program would most likely be held in the school building.

3. Would you enroll your child in a before school child care program which had a fee ? (\$2-3/day or about \$1/hr)

1. Yes

What time would you like to be able to bring the child to the program? (DO NOT PROMPT WITH ANSWERS)

1. before 7am
2. between 7 and 8am
3. other \_\_\_\_\_

2. NO

Do you already have arrangements for your child(ren)?

1. yes
2. no

What would be the limitations of a program like this?

1. fee
2. transportation
3. hours
4. staff
5. other \_\_\_\_\_

4. Would you enroll your child in an after school child care program which had a fee?

1. Yes

What time would you be able to pick the child (ren) up?

(DO NOT PROMPT WITH ANSWERS)

1. before 5 pm
2. between 5 and 6 pm
3. After 6 pm
4. after 7pm

2. No

Do you already have arrangements for your child(ren)?

1. yes
2. no

What do you see as the limitations of an after school program?

1. fee
2. transportation
3. hours
4. staff
5. other \_\_\_\_\_

Are there other concerns you have about school age child care you think we should take into consideration when planning a service such as this?

# VIRGINIA COOPERATIVE EXTENSION SERVICE

VIRGINIA  
TECH

VIRGINIA  
STATE

## Instructions Telephone Survey School-Age Child Care

1. Please use a separate survey sheet for each phone call.
2. Read the survey questions as they are written.
3. Any statement typed in all capital letters is for your information. Do not read that statement to the parents.
4. Do not make any long distance calls. Make a notation of the name and number, and we will make the call.
5. Any time that you have problems with making a call (no answer, phone out of order, etc.), please make a notation of the problem you have had.
6. Call the Extension Office at 633-6550 when you have completed the survey, and we will pick up the packet.

Thanks!

Happy Calling!

**Appendix H**  
**Rural Child Care Project Participants**

## **Rural Child Care Project Committee**

### **Chair:**

Ms. Martha Norris Gilbert  
Director  
Virginia Department for  
Children

Ms. Lynne Godek  
Licensing Administrator  
Northern Virginia Regional  
Office  
Division of Licensing Programs  
Virginia Department of Social  
Services

### **Members:**

Ms. Linda Brechbill  
Licensing Specialist  
Northern Virginia Regional  
Office  
Division of Licensing Programs  
Virginia Department of Social  
Services

Mr. Herbert Golden  
Supervisor, Vocational  
Education  
Caroline County Public Schools

Ms. Marybeth Marek  
Director  
Caroline County Department of  
Planning and Community  
Development

Ms. Kathryn Burruss  
Unit Director/Home Economist  
Virginia Cooperative Extension  
Service  
Co-Chair, Caroline County Task  
Force on Child Care

Ms. Debbie Oswalt  
Deputy Secretary  
Office of Health and Human  
Resources

Ms. Judy Burtner  
Home Economics Program Leader  
Virginia Cooperative Extension  
Service

Ms. Carolynne Stevens  
Director  
Division of Licensing Programs  
Virginia Department of Social  
Services

Ms. Ellen Carter  
Social Worker  
Caroline County Department of  
Social Services

Dr. Valya Vincell  
Child Development Specialist  
Virginia State University  
Virginia Cooperative Extension  
Service

### **Department for Children Staff:**

Ms. Karen DeBord  
Evaluation Specialist  
Virginia Polytechnic Institute  
and State University  
Virginia Cooperative Extension  
Service

Ms. Carolyn Fogarty  
Child Care Unit Coordinator

Ms. Linda Thomas  
Human Resources Developer  
Project Coordinator

## **Caroline County Task Force on Child Care**

**The Honorable Robert Ackerman**  
Delegate  
Virginia General Assembly

**Dr. William Asbury**  
Superintendent  
Caroline County Schools

**Ms. Jan Beale**  
Parent

**Ms. Cheryl Brooks**  
Parent

**Ms. Kay Brooks**  
Parent

**Ms. Kathy Burchell**  
Parent

**Ms. Kathryn Burruss**  
Unit Director/Home Economist  
Virginia Cooperative Extension  
Service  
Task Force Co-Chair

**Ms. Jan Carneal**  
Carmel Baptist Church

**Ms. Ellen Carter**  
Social Worker  
Department of Social Services

**The Honorable Elmo G. Cross**  
Senator  
Virginia General Assembly

**Ms. Beth Curran**  
Parent

**Mr. Brent Elam**  
Building Official

**Mr. Robert Farmer**  
Board of Supervisors

**Ms. Donna Frelick**  
Reporter/Parent

**Mr. Herbert Golden**  
Supervisor, Vocational  
Education  
Caroline County Schools

**Ms. Edith Gouldman**  
Extension Advisory Council

**Ms. Shirley Green**  
Carmel Baptist Church

**The Honorable Frank Hargrove**  
Delegate  
Virginia General Assembly

**Ms. Jean Hunt**  
Child Care Provider

**Ms. Jean Kelly**  
Attorney

**Ms. Ann Long**  
Nursery School Director

**Ms. Ethel Lowe**  
Concerned Citizen

**Ms. Marybeth Marek**  
Director  
Caroline Department of  
Planning and Community  
Development  
Task Force Co-Chair

**Ms. Denise Orr**  
Parent

**Ms. Patricia Parker**  
Parent

**Mr. Ed Ragland**  
Concerned Citizen

**Ms. Jo Turek**  
Director  
Recreation Department

