

1-1-1996

# A Study Of The First Four Fiscal Years Of Eastern Illinois University School Of Family & Consumer Sciences Child Care Resource & Referral

Julie L. Anderson-Michael

*Eastern Illinois University*

This research is a product of the graduate program in [Family and Consumer Sciences](#) at Eastern Illinois University. [Find out more](#) about the program.

---

## Recommended Citation

Anderson-Michael, Julie L., "A Study Of The First Four Fiscal Years Of Eastern Illinois University School Of Family & Consumer Sciences Child Care Resource & Referral" (1996). *Masters Theses*. 413.  
<http://thekeep.eiu.edu/theses/413>

This Thesis is brought to you for free and open access by the Student Theses & Publications at The Keep. It has been accepted for inclusion in Masters Theses by an authorized administrator of The Keep. For more information, please contact [tabruns@eiu.edu](mailto:tabruns@eiu.edu).

A STUDY OF THE FIRST FOUR FISCAL YEARS OF  
EASTERN ILLINOIS UNIVERSITY SCHOOL OF FAMILY  
& CONSUMER SCIENCES CHILD CARE RESOURCE  
& REFERRAL

ANDERSON-MICHAEL

THESIS REPRODUCTION CERTIFICATE

TO: Graduate Degree Candidates (who have written formal theses)

SUBJECT: Permission to Reproduce Theses

The University Library is receiving a number of requests from other institutions asking permission to reproduce dissertations for inclusion in their library holdings. Although no copyright laws are involved, we feel that professional courtesy demands that permission be obtained from the author before we allow theses to be copied.

PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS:

Booth Library of Eastern Illinois University has my permission to lend my thesis to a reputable college or university for the purpose of copying it for inclusion in that institution's library or research holdings.

Julie L. Michael  
Author

April 15, 1996  
Date

I respectfully request Booth Library of Eastern Illinois University not allow my thesis to be reproduced because:

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

\_\_\_\_\_  
Author

\_\_\_\_\_  
Date

A STUDY OF THE FIRST FOUR FISCAL YEARS OF EASTERN ILLINOIS UNIVERSITY

SCHOOL OF FAMILY & CONSUMER SCIENCES CHILD CARE RESOURCE & REFERRAL  
(TITLE)

BY

JULIE L. ANDERSON-MICHAEL

**THESIS**

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF

MASTERS OF SCIENCE

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY  
CHARLESTON, ILLINOIS

1996

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING  
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

3/28/96

DATE

3/28/96

3/28/96

4/4/96

DATE

D. Jayne Ozier  
ADVISER  
Lucy A. Campana  
James M. Smith  
Walter D. Brown  
DEPARTMENT HEAD

A STUDY OF THE FIRST FOUR FISCAL YEARS OF  
EASTERN ILLINOIS UNIVERSITY  
SCHOOL OF FAMILY & CONSUMER SCIENCES  
CHILD CARE RESOURCE & REFERRAL

by

Julie L. Anderson-Michael

Eastern Illinois University

## Abstract

The purpose of this evaluation study was to examine the existing data of Eastern Illinois University School of Family and Consumer Sciences Child Care Resource & Referral (CCR&R) to compile, summarize, and compare the first four fiscal years. Data were presented in tables and graphic illustrations to present the changes that occurred during the four year period. All the data were examined rather than a sampling of the data. The data included 1,996 parent files, 424 center and home child care provider files, 435 parent evaluations, 219 training session files, 1,366 resource lending library files, and monthly and quarterly reports submitted to the state. The geographic area covered in this study included the counties of Clark, Coles, Cumberland, Edgar, Moultrie and Shelby in east central Illinois. Four objectives guided this study. The first objective was to determine family demographics, child care needs, and the satisfaction level of those parents who used CCR&R services. The second objective was to determine provider demographics, characteristics of the child care offered, and the retention/attrition rates of providers in SDA XI. The third objective of this study was to determine which providers were attending training sessions, the Child Development Associate (CDA) training areas offered, the characteristics of providers attending, and the satisfaction level of those attending. The last objective of this study was to determine who had used the resource lending library, the characteristics of those using the resources, and to identify users by geographic location. After all data were compiled, tables and graphic illustrations were presented to make comparisons of the data for the four fiscal years. Several increases occurred in almost all of the data which suggested that CCR&R was effective in providing services to parents and providers in SDA XI. The number of parents using CCR&R increased over 50% since the first year. The number one problem faced by parents with children in any age group was no opening available. Parents with

children under the age of two years were more likely to report problems. The largest percentage of referrals were for children under the age of three years. Each year the number of parents rating their child care arrangement as very good or good increased, while the number of parents rating their child care arrangement as average, poor, or very poor declined. Ninety-four percent of all parents who returned their evaluations were satisfied with their child care arrangement. Over 80% of all parents said they would use CCR&R again if they needed additional services. When parents found child care with the help of CCR&R, they were more likely to be satisfied with the decision they made regarding their child care arrangement. Parent's level of satisfaction with their child care arrangement and with CCR&R services was over 90%. The number of child care providers increased each fiscal year along with the number of available slots. Over 50% of the providers from fiscal year 1992 were still providing child care services at the end of fiscal year 1995. The number of training sessions and the number of training hours acquired by different child care providers increased each year. Training participants' level of satisfaction was between 87% and 97%. The number of different child care providers utilizing the resource lending library increased over 50% from the first fiscal year.

## Dedication

I dedicate this thesis to two very important and very special people in my life. To my mother, whose life ended so abruptly even though she still had so much more to give and experience. When I entered the Master's program I told myself and others, this one is for my mother, and it truly is. I wish she could have been here to share the joy, I know she would have been very proud.

To my husband Ed, without his support and encouragement this thesis and my progress in the Master's program would not have been possible. His patience was tested many times but his faith in me has helped make my dream come true.



## Acknowledgments

I would like to express my deep appreciation and gratitude to my advisor, Dr. Jayne Ozier, for her guidance in writing this thesis, for her consistent words of encouragement, and for her priceless friendship. I thank her for allowing me to conduct the first study of EIU CCR&R. She is an inspiration and will always be a role model.

During my graduate and under-graduate studies, I developed a great respect for Dr. Lucy Campanis and Dr. James Slavik. They are stimulating, dedicated teachers. For this reason I asked them to be committee members for my thesis. I am grateful to them for always pushing me to my full potential.

In addition, I would also like to thank Douglas Bower, Assistant Director of Testing Services, for his assistance in preparing and analyzing a portion of the data. Without his statistical expertise, that portion would have had to be omitted.

I also wish to thank Tami Duzan, Administrative Assistant of CCR&R, for her extensive knowledge of CCR&R, for always pushing me to completely delve into and fully understand the data, for always being there when no one else had the answers, and for her valued friendship. I also would like to thank Jenny Gallovitch, Student Assistant at CCR&R for her dedication in helping me sort through the scantrons and the older data piece by piece, over and over again.

Lastly, I wish to thank my father and my brothers and sisters for their unwavering support while I pursued my educational dream. I especially thank my older sister, Robin. She will never realize how important she has been to me, no matter what, she has always been there. Thank you for being my sister.

**I thank each and every one of you very much!**

## TABLE OF CONTENTS

	Page
ABSTRACT.....	ii
DEDICATION.....	iv
ACKNOWLEDGMENTS.....	v
LIST OF TABLES.....	viii
LIST OF FIGURES.....	x
CHAPTER	
I. INTRODUCTION.....	11
Purpose.....	12
Objectives.....	12
Questions.....	13
Hypothesis.....	13
Definitions.....	13
II. REVIEW OF LITERATURE.....	15
Recent History of Child Care Policies and Programs.....	15
Quality in Child Care.....	20
Parents Who Use Child Care Services.....	22
Caregivers Who Provide Child Care Services.....	24
Summary.....	28
Conclusion.....	29
III. METHODOLOGY.....	30
Population.....	30
Data Collection Instrumentation.....	31
Procedures.....	32
Data Preparation & Analysis.....	33
IV. RESULTS AND DISCUSSION.....	36
Objective One Analysis.....	36
Objective Two Analysis.....	57
Objective Three Analysis.....	76
Objective Four Analysis.....	89

V.	CONCLUSION, RECOMMENDATIONS, LIMITATIONS	101
	Conclusion.....	101
	Recommendations.....	104
	Limitations of the Study.....	106
	APPENDICES.....	107
	REFERENCES.....	136

## List of Tables

Table	Page
01. Annual Comparison of Number & Percentage of Parents Who Requested Child Care Referrals by County.....	37
02. Annual Comparison of Household & Age Composition.....	38
03. Annual Comparison of Family Household.....	39
04. Age of Parent Requesting Referrals & Percentage of Increase Each Year.....	39
05. Number of Families Within Each Income Level & Percentage of Each Level for Each Fiscal Year.....	41
06. Number of Children Care Requested for by Age & Percentage of Total Referrals for Each Fiscal Year.....	43
07. Number of Children for Whom Parents Requested Care.....	43
08. Number of Children Needing Full-Time Care.....	44
09. Number of Children Needing Part-Time Care.....	45
10. Number & Percentage Comparison of Children Needing Full-Time Versus Part-Time Care 1991-1995.....	46
11. Type of Special Need for Which Child Care Was Requested.....	47
12. Number/Percentage of All Children Needing Transportation.....	47
13. Reasons Parents Requested Child Care Referrals.....	48
14. Number of Children for Whom Referrals Were Requested.....	49
15. Type of Care Requested by Parents Returning Evaluations.....	50
16. Age of Child for Whom Referrals Were Requested.....	51
17. Cross-Tabulation of Type of Care & Number of Children in Each Age Group.....	51
18. Parental Rating of Current Child Care Arrangement.....	52

19. Level of Parental Satisfaction with CCR&R.....	54
20. Number of Providers and Slots by County per Fiscal Year.....	57
21. Family Child Care Provider Qualifications.....	58
22. Qualifications of All Child Care Providers.....	60
23. Number & Percentage of Providers With Experience Caring for Children with Special Needs.....	61
24. Number of Providers & Total Slots by Type of Child Care.....	62
25. Number & Capacity (Slots) of Providers Offering Care for Each Age Category per Fiscal Year.....	63
26. Full-Time Cost by Age Category/Type of Care.....	64
27. Part-Time Cost by Age Category/Type of Care.....	66
28. Number of Providers Offering Full-Time and/or Part-Time Care Schedules.....	67
29. Number of Providers & the Day Schedule of Care Offered.....	67
30. Number & Percentage of Providers by the Type of Week Schedule Offered.....	68
31. Number & Percentage of Providers by the Year Schedule Offered.....	69
32. Number & Percentage of Providers Offering a Special Schedule	70
33. Number & Percentage of Providers Accepting/Offering Subsidies.....	71
34. Number & Percentage of Providers Offering Transportation.....	72
35. Number of Providers Deleted by County per Fiscal Year.....	73
36. Reasons for Leaving Child Care Field & Number of Providers in Each Category.....	74
37. Number of Training Sessions Held in Each County per Fiscal Year.....	76

38. Number of Offered Training Hours & Total Number of Acquired Training Hours.....	77
39. Number of Training Sessions by CDA Areas.....	79
40. Number of Sponsored & Co-Sponsored Training Sessions.....	80
41. Number of Providers Attending Training Sessions per Fiscal Year .....	81
42. Number of Provider Training Session Hours per Fiscal Year.....	82
43. Training Attendees Level of Satisfaction *With Training Session.....	83
44. Training Attendees Level of Satisfaction *With Training Session (Revised Form).....	85
45. Number of Times Resources Checked Out in Each County per Fiscal Year.....	91
46. Number of Resources Checked Out in Each County per Fiscal Year.....	93
47. Number & Percentage of Different Providers Who Used the Resource Lending Library in Each County per Fiscal Year.....	94
48. Number of Times Providers Used the Resource Lending Library.....	95
49. Comparison of Center & Family Child Care Providers Utilization of Resources & Training.....	96
50. Assigned Point Categories of Total Resource Usage and Acquired Training Hours & Number of Providers.....	98
51. Assigned Point Categories of Child Care Providers Qualifications from Fiscal Year 1992 through Fiscal Year 1995.....	99

#### List of Figures

Figure	Page
01. Number of Children for Whom Child Care Referrals Requested Each Fiscal Year.....	42
02. Number of Resource Lending Library Users & Frequency of Use by Fiscal Year.....	90

## CHAPTER I

### Introduction

In the past thirty years the structure of the American workforce and family has changed dramatically. Fewer than ten percent of the population lives in the once traditional household headed by a male breadwinner. Half of all women, with children under the age of one year, are working outside the home. It is estimated by the year 2000, eighty percent of all women who have children will be working outside of their homes (Galinsky, Bond, & Friedman, 1993). The percentage of children living in families headed by a single parent has been steadily increasing over the past few decades. From 1985 to 1992, the increase in single parent households rose from 21.6 percent to 25.3 percent (Annie E. Casey Foundation, 1994).

Because of the changes taking place, considerable attention has been given to interrelated issues. One area that receives increasing attention is the issue of child care. The quality, affordability, and accessibility of child care services have been the focus of policy makers, early childhood education professionals, child care professionals, many organizations and researchers (Hofferth & Phillips, 1987; Galinsky, 1989).

Research has demonstrated that quality child care does make a difference in developmental outcomes of children (Dunn, 1993). A problem that exists within the issue of quality child care is the accessibility and affordability for all parents. In response to the needs of working families and low income families, child care programs and services have been created through different national policies. The monies that have been allocated for programs and services through legislation are to increase the quality, accessibility, and affordability for all families (Blank, 1991).

In Illinois between July 1, 1989 and June 30, 1991, a statewide delivery system for child care was established. This system, Child Care Resource and Referral, was formed with sixteen regional programs having a common goal to "increase the supply

and to enhance the quality and accessibility of child care for the citizens of Illinois" (Corporate Parenting Associates, 1991).

For parents, the Child Care Resource and Referral system offers information on options, indicators of quality and other information related to child care. This information helps parents to make better informed child care choices. For child care providers, the systems offers technical assistance and training that is essential to entering the child care field and maintaining quality child care.

#### Purpose

The purpose of this study was to organize, summarize and compile the existing data covering the first four fiscal years of Eastern Illinois University (EIU) School of Family and Consumer Sciences (FCS) Child Care Resource & Referral (CCR&R) Service Delivery Area (SDA) XI to compare the changes over the four year period.

#### Objectives

The objectives of this study were:

1. To examine the existing data on parents who have used EIU CCR&R from July 1, 1991 to June 30, 1995 to determine family demographics, their child care needs, and the level of parent satisfaction.
2. To examine the existing data on child care providers who have been listed with EIU CCR&R from July 1, 1991 through June 30, 1995 to determine the provider demographics, characteristics of child care offered, and the retention/attrition rates of providers in SDA XI.
3. To examine the existing files on training sessions, workshops and conferences that have been implemented through EIU CCR&R from July 1, 1991 through June 30, 1995 to determine who has attended trainings, the CDA areas offered, the characteristics of providers attending, and the level of satisfaction from those attending.



4. To examine the existing files on the distribution of the resource lending library from July 1, 1991 through June 30, 1995 to determine who has used the resources and the characteristics of child care providers who utilized the resource lending library on a regular basis and to identify the use by geographic areas.

### Questions

This study addressed the following questions:

1. Have the quality and accessibility of child care services increased through the services of Eastern Illinois University Child Care Resource & Referral?
2. Has the level of parent satisfaction with Child Care Resource & Referral services increased?
3. What services of Eastern Illinois University Child Care Resource & Referral have been effective?

### Hypothesis

It was hypothesized that the quality and accessibility of child care services were increased in Clark, Coles, Cumberland, Edgar, Moultrie, and Shelby counties as a result of the services provided by Eastern Illinois University Child Care Resource & Referral.

### Definitions

Since the focus of this study was to examine the existing data of Child Care Resource & Referral to better understand the contents of this study, it was necessary to define some of the following terms:

1. CareFinder: the computer database software used by the Illinois statewide CCR&R system of the Department of Children & Family Services to track provider statistics and parent referrals.

2. Child Care Provider Information Sheet: form used to complete data on providers and the child care services offered, when data are initially entered in the CareFinder database. The information on available vacancies is updated every four to six weeks and the complete form is updated on an annual basis or as needed (see Appendix A).
3. Child Care Resource & Referral (CCR&R): service funded through the Department of Children and Family Services which coordinates child care referrals and consumer education to parents and provides education and training to child care providers.
4. Family Intake Form or Parent/Customer: initial form recording specific information about all parents who call CCR&R seeking child care assistance; information is also entered into the CareFinder database (see Appendix B).
5. Parent Evaluation: this evaluation form is mailed to all parents who call seeking assistance in locating child care. The form, which is used to assess parent's child care situation and CCR&R services, is mailed on the 15th of each month to the parents who called the previous month seeking child care (see Appendix C).
6. Resource Lending Library: service offered to child care providers which gives access to materials (books, kits, equipment) relating to topics such as activities, nutrition, administration of child care programs, health and safety, teaching materials, curriculum, and parent information.
7. Service Delivery Area (SDA) XI: six county area in east central Illinois in which CCR&R provides assistance to parents and child care providers. These six counties include Clark, Coles, Cumberland, Edgar, Moultrie, and Shelby.

## CHAPTER II

### Review of Literature

To provide the necessary background for the CCR&R evaluation study, issues related to child care in the United States were reviewed. Therefore, the review of literature included (a) recent history of child care policies and programs, (b) quality in child care, (c) parents who utilize child care services, and (d) caregivers who provide child care services.

#### Recent History of Child Care Policies and Programs

With recent emphasis on welfare reform in the United States, many policies and programs have targeted lower income families. The intent is to help meet family needs while becoming self supporting. Therefore, many of the programs discussed below are aimed at the lower income families.

The Family Support Act of 1988 represented "the first major investment of new federal dollars in child care for low-income families since Title XX of the Social Security Act was passed in 1974" (Sonenstein & Wolf, 1991). This Act required welfare parents with children age 3 or older (or at the state's option, age 1) to work or engage in job training. When Title IV-A of the Social Security Act was amended by the Family Support Act of 1988, two provisions were included concerning child care assistance and trying to help families move from welfare toward self sufficiency. One provision, the AFDC Child Care Program, was to entitle recipients of Aid to Families with Dependent Children (AFDC) child care assistance; the program enabled parents to continue working, accept employment or to attend an education or training program and receive assistance for child care (Committee for Economic Development, 1993).

The second provision was the Transitional Child Care Assistance (TCC) which provided child care for working parents who were no longer eligible for cash grants from Aid to Families with Dependent Children because of increased earnings from

employment. In order to be eligible for Transitional Child Care (TCC) families must have received Aid to Families with Dependent Children cash grant assistance three of the last six months (Committee for Economic Development, 1993). The Aid to Families with Dependent Children Child Care Program and Transitional Child Care require state matching funds. By requiring matching funds, states and territories receive a certain amount of funding if they contribute a specified amount of money (Department of Health and Human Services, 1995).

According to the Children's Defense Fund (1992), The Family Support Act of 1988 forced many AFDC families to place their children in low quality child care where not even the minimal health and safety requirements were being met. The amount of money families were allotted for child care assistance restricted their choice and limited the quality of child care the children received. Additionally, many eligible families were not reached or were provided too little assistance to meet their needs of moving to self-sufficiency.

Due to the growing need for quality child care and the need to make changes in current policies, Congress further amended Title IV-A of the Social Security Act by the Omnibus Budget Reconciliation Act of 1990 to provide for At Risk Child Care. At Risk Child Care was established to help low income working families who are currently not receiving Aid to Families with Dependent Children but would be at risk of becoming eligible for welfare if child care assistance was not available (Department of Health and Human Services, 1995).

There was a total of \$300 million per year allocated for five years to the states for At Risk Child Care. Because the new Title IV-A funds were authorized as a capped entitlement, annual appropriations are not required by Congress. States are required to provide a match for these funds. The federal match ranges from 50 percent to 79.8 percent (Blank, 1991). The Child Care Development Block Grant, a separate program created under the Omnibus Budget Reconciliation Act of 1990, is administered through

the US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, and Children's Bureau. The Child Care Division was designed to help families by increasing the affordability, accessibility and quality of child care in the United States (Department of Health and Human Services, 1995).

The funding for The Child Care Development Block Grant authorized more than \$2.5 billion during the first three years (\$750 million for FY91, \$825 million for FY92, \$925 million for FY93). These funds were available to "States, Territories, Indian Tribes and Tribal Organizations " (Blank, 1991). No matching funds were required in order to receive funds from the Block Grant and any funds left from the previous year could be carried over to the next fiscal year. According to Blank (1991), "the amount of funds a state will receive under the Block Grant is determined by a formula that includes the number of children younger than age five in the state, the number of children receiving free and reduced priced lunch, and the state per capita income" (p. iii).

Even though the use of these funds is restricted by certain guidelines, the states still have significant flexibility in choosing how to administer the funds they receive. Seventy-five percent of the funds received must be used towards improving the quality, availability and affordability of child care. Out of the remaining twenty-five percent, nearly nineteen percent is to be spent on activities which increase the availability of before and after school care and early childhood development services. Public and private providers are eligible to apply for the funds with priority given to geographical areas having high levels of poverty. The remaining five percent out of the twenty-five percent can be used on activities related to improving the quality of child care (Blank, 1991).

Eight areas were specifically addressed using block grant funds. These areas included child care for low income families, resources and referral services, child care licensing and monitoring, child care for infants, school-age children and children with

special needs, comprehensive and enriched services, training for providers, and salaries (Blank, 1993).

According to Young Children's Washington Update (Staff, 1995) the Senate Labor and Human Resources Committee unanimously approved authorization of \$1 billion for FY96. Some changes are also being made in the guidelines for use of funds.

In 1994, in Illinois, through Senate Joint Resolution No.173, the Governor established a 53-member Work Group on Early Childhood (Work Group on Early Childhood, 1995). The Work Group was assigned the responsibility of advising the General Assembly on the best way to design and implement an early childhood education and care program in Illinois. The report submitted by the Work Group presented key issues and findings, policy recommendations, and proposed legislation entitled the Illinois Early Childhood Education and Care Act of 1995.

The Work Group on Early Childhood (1995) identified several key issues and findings which include the following:

1. The need to recognize that because significant development occurs in the first years of life early childhood education and child care should not be separated. In order to better prepare for meeting the National Education Goals early childhood education should be incorporated into family child care homes and child care centers.
2. There were serious differences found in the quality of programs. Differences in funding levels for programs affected child/staff ratios, staff training and developmentally appropriate activities.
3. There are many children not being served by early childhood programs. There are waiting lists for pre-kindergarten with as many as 40,000 children. Infant and toddler care is in high demand. Every five children out of six with disabilities does not receive the needed services to succeed in school later.
4. The programs are not integrated into one system. There are at least twenty-five different funding channels with at least three state agencies administering early childhood

education and care. The large number of programs has caused separate waiting lists, inconsistent requirements for eligibility, and fragmented services.

5. There are no early childhood programs which offer comprehensive programs with flexible hours. In order to meet the needs of the family, services need to be offered which are consistent with employed parents' needs.

The Illinois Work Group on Early Childhood (1995) proposed policy recommendations and comprehensive legislation that would make changes to combine early childhood education and care, to foster an integrated system of services, and to promote family-centered approaches. The group also proposed further appropriations on subsidized rates for child care to be increased ten percent each year until the rates are equal to the 75th percentile of market rates and for the Transitional Child Care Program (TCC) to be extended past the one year now available.

Other Federal programs concerning child care that have been implemented include: (a) Dependent Care Tax Credit (DCTC); (b) Dependent Care Assistance Program (DCAP); and (c) the Child Care Food Program. The first two programs are tax programs which have different eligibility guidelines for families. The third program helps provide assistance for meals and snacks served to children enrolled in licensed family child care homes and child care centers. Again, there are certain eligibility requirements for family child care homes and child care centers (Committee for Economic Development, 1993).

Because the United States has no national child care policy, programs and policies have been implemented in fragments. Several programs and policies have only recently begun to make a difference in meeting the needs of working families and addressing the problems families face concerning child care. While many programs and policies have focused on helping the lower income population with the costs of child care, all families benefit from the programs that are aimed at increasing the accessibility and affordability of quality child care. The Child Care Resource & Referral is one of the programs aimed at helping all families address child care issues.

### Quality in Child Care

Quality in child care is determined by a set of interrelated factors which will result in positive outcomes for young children that help them to be successful in different facets of later life (Committee for Economic Development, 1993). The Committee for Economic Development (1993) defines quality child care as "that which provides a nurturing, safe, and stimulating environment for children--care that promotes the positive development of both their minds and bodies" (p.13). Even though care can take place in a number of settings, this statement is primarily aimed at the quality of out-of-home settings such as family child care homes and child care centers.

The level of quality has been substantiated as an important influence in child outcomes. Quality child care is related to low staff/child ratios, staff stability, staff education, training and experience, good relationships between children and adults, and applying additional standards beyond what is required (Cost, Quality, and Outcomes Study Team, 1995; Willer, Hofferth, Kisker, Divine-Hawkins, Farquar, & Glantz, 1990; Staff, 1995; Dunn, 1993). Galinsky, Howes, Kontos, & Shinn (1994) found that parents and providers agreed the child's safety, communication concerning the child between the provider and parent, and a warm and attentive relationship between the child and provider were imperative to quality in family child care. This study also found when providers are sensitive to children's needs, children are more likely to be securely attached. In addition, when providers are more responsive, children are much more likely to play with objects and to engage in more complex play.

The number of children within a group and the number of children per adult have been linked to quality programs in different studies. Children in classrooms with low child/adult ratios are more likely to receive appropriate caregiving and are more likely to participate in age appropriate activities (Whitebook, Phillips, & Howes, 1993). Roupp, Travers, Glantz, & Coelen (1979) found when there is a high child/staff ratio, staff tend to spend more time managing the program than with the children. They also concluded that



the high child/staff ratios with infants and toddlers are related to increased exposure to danger, distress, and apathy.

Poor quality child care can be the result of low pay for the child care teachers and caregivers. The National Child Care Staffing Study (Whitebook, Marcy, & Others, 1989) raised questions about the quality of child care that children were receiving because so many of the caregivers were found to be underpaid. According to Whitebook et al. (1993) more than one quarter of the child care workers employed in centers quit their jobs each year.

Several studies (Cost, Quality and Outcomes Study Team, 1995; Dunn, 1993; Fischer & Eheart, 1991; Galinsky et al. 1994; Pence & Goelman, 1991) examined the relationship of training, educational background, and organization membership to quality child care. Fischer & Eheart (1991) found provider's training in child care to be a high predictor of caregiving qualities. In addition, the number of years of schooling and child care training combined was an even better predictor of quality. This study also found that provider's affiliation with support networks was predictive of quality care. The study noted that it was affiliation not merely the access to the support networks which indicated quality care.

In the study Endsley, Minish, & Zhou (1993) completed, they found when center directors encouraged parent involvement, the environment was more likely to be safe and healthy and positive peer-child and adult-child interactions occurred. They suggested that center directors who promoted parent involvement were more likely to run a quality child care program.

The studies presented here discuss the importance of quality child care and the different characteristics associated to the quality of child care. Child Care Resource & Referral provides technical assistance, scholarships and tuition, training sessions, conferences and workshops covering several topic areas and promotes support networks which help child care providers to improve the quality of child care they provide.

### Parents Who Use Child Care Services

For many parents the search for quality child care can be frustrating and overwhelming. They lack information, have few choices, and often times settle for poor quality child care. Parents want a place where their child can feel safe, receive a great deal of attention, and participate in activities that help prepare them for school (Galinsky et al. 1993).

After reviewing the studies Waite, Leibowitz & Witsberger (1991) concluded that parents value the reliability of care, warmth and love, quality of the physical environment, physical safety of the child and convenient location. According to Atkinson (1991) when the parents in her study were selecting a child care provider, they frequently considered the quality of child care including the qualifications of the caregiver, convenience of location, and the reliability of the caregiver.

According to some studies (Hofferth & Phillips, 1987; Waite et al. 1991) the age of the child and employment status of the parents appear to make a difference in what type of child care parents chose for their child. Child care arrangements for infants are more likely to be with relatives or in a family child care home when the mother is employed full-time, while mothers who are employed part-time tend to use nonrelative care in the child's home. Full-time employed mothers of toddlers are more likely to use family child care homes, while part-time employed parents are more likely to use relative care. For preschool children, group programs become more popular along with relative care, while the use of in home care by nonrelative decreases. Again, employment status of the mother is likely to determine which type of care is chosen. The Study of Children in Family Child Care and Relative Care (Galinsky et al. 1994) found that families most commonly selected a child care provider who was similar to their own family's race and income.

Many families need assistance to pay for child care services. Families who are trying to get off of Aid to Dependent Families and Children (AFDC) usually find work in

low paying jobs, which makes paying a child care provider almost impossible (Seigel & Loman, 1991). In general, employed parents with children younger than five years of age spend approximately ten percent of their income on child care, but families earning below \$15,000 a year spend 23% of their income on child care costs (Galinsky et al. 1993).

According to the Work Group on Early Childhood in Illinois (1995), "over 150 former Aid to Dependent Families and Children recipients per month who exhaust their one year transitional child care subsidy are often forced back onto AFDC" ( p.1) because they are not able to afford child care costs. According to the Voices for Illinois Children Briefing Book (1994) due to limited funding and insufficient child care, there are fewer than 20% of AFDC parents who can participate in educational or job training programs. Even though all states have used federal child care funds to increase child care assistance for low-income families, there are many families without the needed child care assistance due to lack of funds (Blank, 1993).

Research has identified four sources of stress for employed parents in relation to child care (Galinsky & Stein, 1990). These include the difficulty in finding and obtaining child care, the expensive cost of child care, child care arrangements that are not always satisfactory, and being forced to piece together child care arrangements which have a tendency to fall apart. According to The Study of Children in Family Day Care and Relative Care (Galinsky et al. 1994), of parents who reported they looked for alternatives to the care they presently used, 65% felt they did not have other options. Twenty-eight percent of the mothers in this study reported if other care was available they would use it.

The National Study of the Changing Workforce (Galinsky et al. 1993), the most comprehensive study of the work place and personal/family lives completed in the United States, identified some key areas related to employed parents and child care. There were 2,958 employed workers in the sample, which included 960 parents (32% of the sample) having dependent children under 13 at home with over 50% of the 960 parents having children under the age of five. Sixty-two percent of the parents reported the main

difficulty with child care was finding quality care, 27% of the parents seriously considered using other child care arrangements, and of those over half of these parents were unable to find other acceptable arrangements. Parents were also found to be using several different child care arrangements for their children throughout the week, and in the three months preceding the study almost one-third of the parents with children under the age of five experienced a breakdown in child care arrangements.

Despite the problems parents in this study (Galinsky et al. 1993) encountered, "seventy-two percent reported they were very happy with the quality of their child care arrangement" (p.65). This study also pointed out that parents are more satisfied with themselves as parents when they are more satisfied with their child care arrangements. Parents who spend a smaller amount of their household incomes on child care and have fewer breakdowns in their child care arrangements are less stressed and more satisfied with their lives in general. Overall, "high quality, reliable, and affordable child care can make a difference in the lives of working parents" (p. 67).

Many parents have such a wide range of needs when it comes to finding child care, they often find it difficult to locate the exact type of child care needed. Child Care Resource & Referral is able to give parents more accurate information on the type, location, and many other factors which help parents decide on the child care program they need or want.

#### Caregivers Who Provide Child Care Services

A wide variety of settings for child care exists in the United States. A child may be cared for in child care centers; relatives' or neighbors' homes; family child care homes; own home by relatives, friends, or nonrelatives; nursery schools and preschools (Committee for Economic Development, 1993).

The Study of Children in Family Child Care and Relative Care (Galinsky et al. 1994) found that child care in family child care homes was the most common form of child care today for employed parents with children under the age of five years. This

study found that there were three main groups of providers found to be providing care which include (a) family child care providers regulated by the state, (b) family child care providers who are nonrelatives and not regulated by the state, and (c) relatives who are also not regulated.

Pence and Goelman (1991) found a relationship between the characteristics of caregivers and the quality of care. These characteristics include: having a family day care license, having received training specifically related to family child care, having a commitment to family child care as professional employment, and having support through a family child care association and other networks of support. These caregivers were also less likely to have their own children in their care. It is not just one or two of these characteristics but the combination of these characteristics which contributes to the quality of the care. It was also clear in this study that the personal factors motivating a caregiver and the professional pride taken by the provider were associated with the quality of the caregiver's environment.

The National Day Care Study (as cited by Pence & Goelman, 1991) found the time regulated providers spend with infants, toddlers, and preschoolers to be greater than nonregulated providers. Caregivers who had received some child care training tended to display more teaching activities with the children; and when the caregivers' own children were present, less structure and fewer activities were apparent.

Atkinson (1991) reported the providers in her study believed parents selected family child care because it fit the parents' needs, because of the individual attention provided to the children, because of the smaller group of children being cared for and because of the overall quality of care given. Generally, the providers felt they were meeting the needs of the families. The three reasons caregivers in this study gave for providing care were (a) the enjoyment of working with children, (b) to care for their own children, and (c) financial reasons. Providers identified themselves as professionals, baby-sitters, substitute parents, teachers, and small business owners. These providers

considered liking children, the ability to relate to children, and experience with children to be more important qualifications than training in child development and early childhood education.

Some of the demographic information on child care center teachers that The National Child Care Staffing Study (Whitebook et al. 1989) found included: 97% of the staff were forty years or younger, with a little over seven percent being under the age of nineteen; the number of married and single staff were equally distributed; married child care teachers were three times as likely as the single child care teachers to have children; 32% of the staff belonged to minorities; and while many of the child care teachers felt education was important, only 14% belonged to professional organizations.

The National Child Care Staffing Study (Whitebook et al. 1989) also found the average wage of teaching staff in child care centers to be \$5.35 per hour and teachers with a Bachelor of Arts degree averaged \$6.50 per hour. Very few of the child care teachers were found to have employment benefits. The study reported that when adjusted for inflation, this was almost a 25% decrease in earnings since the 1970's. Even though many staff were dissatisfied with their level of pay, they had a high level of job satisfaction with the daily demands of the job. This study reported that the most important predictor of staff turnover was wages.

The National Child Care Staffing Study Revisited (Whitebook et al. 1993) found that teaching staff wages had actually declined for the lowest level child care teachers. They also noted that 70% of the staff in the first study had quit their jobs since the time the first study was completed.

Washburn & Washburn (1985) found four different roles that the family child care provider felt they were expected to fulfill in one aspect or another. The different roles of nursery school teacher, foster mother, custodian, and businesswoman all require caregivers to have a variety of skills and knowledge. Many providers felt because they were usually the child's first teacher, it was their responsibility to promote the positive

development of cognitive growth in relation to the normal stages of growth. The foster mother role or substitute parent role was viewed as providing emotional support to the children. The duty of the custodian as perceived by the caregiver was keeping the children clean, fed, and safe as well as staying in compliance with regulations. The fourth role, the businesswoman role, providers described as the small business owner.

Many of the providers felt the custodian role was the most undervalued role they performed, but a vital part of the overall role of the family day care provider; whereas the businesswoman role was given the lowest priority of all roles combined. These providers felt their most important task and skills involved providing for the child's safety, listening, responding, and understanding the child and her/his needs.

Machida (1990) evaluated a program completed by rural providers on in-home health education. The caregivers most frequently requested and were taught topics on the control of infections, first aid, safety, information on ear infections, colds, and skin problems such as lice. The nurses implementing the in-home training program found caregivers more often wanted information on the management of health and safety problems, whereas the nurses felt more information was needed on prevention of health and safety problems. During home visits improper handwashing techniques and diapering practices were commonly practiced. When questioned on where providers obtained needed information, over 60% said resource and referral agencies, with previous workshops and doctors being the next common sources of information.

Machida (1990) also found the caregivers' education levels and specialized training in child development to be associated with more knowledge on child health and safety. A majority of the providers in the program were found to have at least a minimal amount of knowledge after just one training session. It was concluded that an in-home training format which builds on personal relationships between the educator and the provider was of interest to many providers who had many different needs and interests.

Nelson (1991) completed a study on attitudes of family child care providers regarding regulation and found that many of the nonregulated providers simply did not realize they needed to be registered, while over 35% felt there were no benefits to being regulated, and another 20% of nonregulated providers were just opposed to registration and many felt the government was too intrusive. The regulated providers in this study said they were registered because it was the law, and many believed there were benefits to being registered. The regulated providers were more likely to view family child care as a long term commitment versus the nonregulated providers' view as more short term. This study also found many of the nonregulated providers were usually operating within the law with the exception of being registered.

There are different characteristics of caregivers which have been found to have a relationship to the kind of child care provided. Because some child care providers are more experienced in child care than others, their needs vary considerably. Child Care Resource and Referral awards scholarships and provides information to the caregivers on licensing standards, operating procedures and many other areas to help improve the overall quality of child care offered.

#### Summary

While, the United States does not have a national child care policy, several separate programs have been created to address the issue of child care. Many of the implemented programs are aimed at helping meet the child care needs of lower income families who cannot afford the cost of child care. Without these programs many families cannot afford to pay for child care or they are forced to settle for low quality child care.

Many different factors affect the quality of child care. Child and adult ratios, caregiver training, experience and educational background, parent involvement, the environment in which care is provided, and the caregiver and child interaction which occurs are all determining factors in the quality of child care provided. Quality child care can have a positive effect on the child and the family.



Often times, when parents search for child care they encounter a number of different obstacles. Obstacles that influence a parent's decision on choice of provider include location, type of care, hours care is needed, quality, the reliability and stability of the provider. To help parents overcome some of the obstacles the parent may access a local CCR&R to assist her/him in locating child care.

Several different types of child care are available in the United States. The choice a parent makes depends on the age of the child and the hours care is needed. In addition to the type of child care a parent needs, a parent wants quality child care so the parent examines quality indicators, such as the qualifications of the caregiver, the attitude, and personal attributes of the caregiver. Therefore, the choice for parents can be based on quality factors and type of care needed.

### Conclusion

The Child Care Development Block Grant and other policies have allowed for programs such as the CCR&R system to be created. In some cases, different programs have been found to duplicate services of another program, while all families were not being served or services were not fully provided.

The services offered by CCR&R encompass many different areas related to child care. The main services offered by CCR&R include (a) maintaining a database on child care provider supply, (b) providing consumer education including child care subsidy information and referrals to parents, (c) coordinating and encouraging the development of new child care resources including the support for serving families eligible for child care subsidies, (d) providing ongoing technical assistance and training to child care providers and other community groups, and (e) maintaining a database of parent demands for child care. The intent of the services is to help all families locate quality child care while enhancing the quality of care through training and technical assistance, scholarships, and mini-grants to providers, and to facilitate the child care subsidy process to help families access affordable child care.

## CHAPTER III

### Methodology

The purpose of the evaluation study was to examine the existing data collected during the first four fiscal years of Eastern Illinois University (EIU) School of Family and Consumer Sciences (FCS) Child Care Resource & Referral (CCR&R) to determine changes. More specifically, data from the parent database, provider database, training session files, resource lending library files, and monthly and quarterly reports were compiled, summarized, compared, and presented in tables and graphic illustrations to determine how the quality, accessibility and affordability of child care has changed in the Service Delivery Area (SDA) XI.

#### Population

The existing data examined included all data stored in the CCR&R customer and provider databases, parent evaluation, existing files on training sessions, resource lending library and monthly and quarterly reports. The data were collected over a four year period from July 1, 1991 through June 30, 1995. The customer database contained 1,996 parents who sought child care services in Clark, Coles, Cumberland, Edgar, Moultrie, and Shelby counties (SDA XI) in east central Illinois. The parent evaluation data included 435 evaluation forms completed and returned by parents seeking child care referrals. The provider database included 424 licensed and known licensed exempt child care providers within SDA XI. The training files included data on 219 training sessions, workshops, and conferences that were implemented through CCR&R. The 1,366 resource lending library files included all data from resources that had been distributed in the SDA XI. The monthly and quarterly reports consisted of required reports that were submitted to the Department of Children & Family Services (DCFS). All the program data were examined as opposed to a sampling of the data.

### Data Collection Instrumentation

Since the CCR&R stored the data on databases and files, a variety of instruments were used to obtain information on the various program components. Each instrument is described in the following section. CareFinder 6.1 database was used to study the existing customer and provider information. The database information is generated from family intake forms and child care provider information sheets.

Customer/parent information. The family intake form has been used to gather information on parents who call CCR&R for child care referrals. This form includes information on the parent's child care needs, and family demographics (see Appendix B). The family intake forms were filled out by 13 trained persons from July 1, 1991 through June 30, 1995. The customer/parent data were transferred from the intake form into the CareFinder 6.1 database by primarily one trained person, or by a data entry person trained and closely supervised by the expert, so a high degree of accuracy existed. The parent evaluation forms used were developed by the state (see Appendix C). Each month parents who called the previous month were mailed an evaluation form along with a self-addressed stamped envelope. These evaluations were completed and returned on a voluntary basis by the parents.

Child care provider information. The child care provider information sheet included information on the child care services offered, and provider demographics (see Appendix A). The provider information sheet was primarily completed by one trained person, even though other personnel had been trained to complete the information sheet. When the provider data were transferred from the original forms, the data were entered into the CareFinder 6.1 database by primarily one trained person or by a data entry person trained and closely supervised by the expert, so a high degree of accuracy existed. An interrater reliability of 95% agreement was established between two trained workers.

Files on training sessions. Each time a training session was sponsored or co-sponsored through CCR&R, a file was created which contained the number and names of

persons who attended the training session; as well as the evaluations (see Appendix E) which were completed by attendees after the training session. Because some training sessions were co-sponsored or completed by a paid trainer other than staff at CCR&R, some records were found to be incomplete or missing. On four separate occasions training surveys were sent to all providers on the CareFinder database to receive feedback on what type of training sessions, the day and length, and locations that were preferred (see Appendix F). The results of these training surveys were also included in this study.

Files on resource lending library. Each time a person used the resource lending library resources, a library user form was completed. This form included the name, geographic location, and number of resources checked out (see Appendix D). Several times throughout each fiscal year, resources have been delivered throughout SDA XI to providers wanting to utilize the resource lending library. Resources were also checked out directly from the office.

Monthly and quarterly reports. Each month reports which summarize the activities that have been implemented by CCR&R for the previous month are sent to the state CCR&R coordinator. The quarterly reports generated from CareFinder are submitted to the state which in turn compiles them with quarterly reports submitted by the other 15 SDA's for a statewide report.

#### Procedures

A computer search was initially conducted from CCR&R's CareFinder 6.1 customer and provider databases on August 7, 1995. The computer search of the customer database was completed for fiscal year 1992, fiscal year 1993, fiscal year 1994, and fiscal year 1995. To cross check information from the customer databases, the original forms with the raw data were available. A search was also completed at this time on all files for training sessions implemented and all completed library user forms. Afterwards, these files were organized by each fiscal year. After compiling all other

available data, the reports that were submitted to the CCR&R coordinator for each fiscal year were obtained.

#### Data Preparation & Analysis

After all quantitative information from the customer and child care provider databases were compiled, the data were summarized by each fiscal year and illustrated in tables and charts. When percentages were not already available from the customer and child care provider databases, the researcher hand calculated percentages and numbers. The child care provider database reports cannot be broken down by fiscal year, therefore, the monthly and quarterly reports, and original paper copies were used to separate data by each fiscal year. For fiscal years 1992 and 1993 some data were not available in the parent database so the original paper copies were used to obtain some data.

To determine parents' level of satisfaction, the evaluation forms completed and returned by parents were used. This information was originally entered into the CareFinder parent/customer database with the existing data on the parent. The parent database does not require all information to be entered and if there was no signature on the returned evaluation, it could not be entered in the database. Therefore, a consultant was used 1) to determine a satisfactory method to include all evaluations and data; and 2) to subsequently analyze the results of that method. First, the parent evaluations were coded on scantron sheets (see Appendix G) and the Statistical Package for the Social Sciences 6.1 was used to conduct analyses. In addition, because the evaluation form has an area available for parents to make qualitative comments, the researcher designed 10 categories in order to include them in analysis (see Appendix H). Descriptive statistics including frequencies and means were calculated for each fiscal year and together for all items. A subscale was created to measure the level of parent satisfaction with CCR&R services. Cross tabulations were calculated for comparisons of selected variables. *T* tests were used to determine significant differences between some independent samples and

parent satisfaction with CCR&R. The level of significance was established at the .05 level.

In order to obtain some information on deleted providers, the original paper copies were sorted individually and tabulated. For some of the customer/parent data that were not originally entered in the computer database for fiscal years 1992 and 1993, original records were sorted individually and tabulated.

Evaluation forms and the list of attendees for each training session offered were compiled into one file. For each training session offered, the session name, the number of participants, the Child Development Associate (CDA) area, the number of hours, and location were recorded on a computer database created with Microsoft Works in order to sort records by selected fields and to conduct queries to match specified criteria. This entire database is in Appendix I.

The data from all resource lending library user forms were recorded in a computer database created with Microsoft Works in order to sort records by selected fields and to conduct queries to match specified criteria.

Data on provider qualifications, which were taken from the child care information forms were entered in a computer database created with Microsoft Works in order to determine differences in qualifications between child care providers (see Appendix J). A point system was created to assign specific values to reflect provider qualifications. For each provider qualification 1 point was assigned. In the case that a provider may have had a bachelor's degree and not an associate's degree, 2 points were assigned; and providers who had an associate's degree and a bachelor's degree were given 1 point for each. In addition to qualifications previously mentioned, the point system was used to reflect the number of training hours and the number of times a child care provider utilized the resource lending library. After consulting a Department of Children and Family Services licensing representative (L. Chittick, October 30, 1995) a scale was created to assign point system values for training hours and resource utilization (see Appendix J). Because

training sessions vary in length, it was agreed to use the total number of training hours opposed to the total number of training sessions attended. The results of this study were presented in tables and graphs to illustrate the comparisons and variances found over the four year period.

## CHAPTER IV

### Results and Discussion

The purpose of this evaluation study was to examine the existing data collected during the first four fiscal years of Eastern Illinois University School of Family and Consumer Sciences Child Care Resource & Referral Program (CCR&R) to determine how the quality, accessibility, and affordability of child care has changed in the service delivery area (SDA) XI. The research hypothesis stated that there would be an improvement in the quality and accessibility of child care services as a result of the services implemented through CCR&R. The data for this study were collected from the CareFinder customer and provider databases, parent evaluations, training files, resource lending library files, and monthly and quarterly reports. The data were analyzed in order by objective.

#### Objective One Analysis.

The first objective of this study was to examine the existing data on parents who used CCR&R from July 1, 1991 to June 30, 1995 to describe family demographics, child care needs, and level of parent satisfaction with CCR&R services. Analysis of objective one is presented in the order given.

Family demographics. Family demographics include the number of parents seeking child care by county, the number of parents under the age of 20 and 20 or older requesting child care referrals, the number of one parent households and two parent households seeking child care referrals, and family income level.

Table 1 is a comparison by county of the number and percentage of parents who have requested child care referrals. The "other" category in Table 1 represents parents residing in other areas outside of SDA XI, but who requested child care referrals for providers within the SDA. The most common examples of parents in the "other" category



are families who are either Eastern Illinois University students or are relocating to the area.

Table 1

Annual Comparison of Number/Percentage of Parents  
Who Requested Child Care Referrals by County

County	FY92		FY 93		FY 94		FY 95		Total	
	n	%	n	%	n	%	n	%	n	%
Clark	24	6%	14	4%	25	4%	26	4%	89	4%
Coles	266	66%	260	68%	375	66%	393	61%	1294	65%
Cumberland	22	5%	19	5%	27	5%	34	5%	102	5%
Edgar	23	6%	35	9%	57	10%	69	11%	184	9%
Moultrie	29	7%	16	4%	33	6%	48	7%	126	6%
Shelby	17	4%	20	5%	28	5%	35	5%	100	5%
Other	24	6%	19	5%	20	4%	37	6%	101	5%
Total	406	100%	383	100%	565	100%	642	*99%	1996	*99%

\* Due to rounding, percentage numbers do not equal 100%.

From July 1, 1991 through June 30, 1995, CCR&R received 1,996 calls from parents requesting child care referrals. Of the six counties served, the largest number of requests came from parents in Coles County. Overall, out of the 1,996 requests for child care referrals, 65% have been from Coles County, 9% from Edgar County, 6% from Moultrie County, 5% from Cumberland and Shelby County and the "other" category, and 4% from Clark County. Parent requests from Edgar County have increased 200% since 1991. Edgar County and Shelby County had the largest increases of 200% and 106%, respectively. Additionally, both counties have had consistent increases each fiscal year, while the other four counties have consistently increased each year with the exception of fiscal year 1993. In general, there was an overall increase of 58% in calls from parents

since the first year. This increase suggests that CCR&R services have been effective in helping parents access child care services in SDA XI.

Table 2 gives a comparison of household and age composition by each fiscal year. When parents call requesting care, they are asked if it is a one parent or two parent household and if they are under the age of 20 or 20 or older. The reasons for no data available could be a result of a relative, an agency, or someone other than the parent requesting referrals and that some family information was unknown.

Table 2

Annual Comparison of Household & Age Composition

Family Composition	FY 92	FY93	FY94	FY95
1 Parent Household <20 years	6	18	20	42
1 Parent household 20 years or >	47	112	188	198
1 Parent household No age data	91	27	19	12
2 Parent household <20 years	0	1	6	4
2 Parent household 20 years or >	74	188	295	350
2 Parent household No age data	160	35	20	19
No data available	28	2	17	17
Total	406	383	565	642

Overall, there have been 86 requests from 1 parent households under the age of 20 years; 545 requests from 1 parent households 20 years or older; 149 requests from 1 parent households with no age data; 11 requests from 2 parent households under the age of 20 years; 907 requests from 2 parent households 20 years or older; 234 calls from 2 parent households with no age data. The number of single parent households under the age of 20 years and the number of single parent households 20 years or older increased each year.

While Table 3 uses a portion of the same information in Table 2, it further illustrates the total number of requests from parents of single parent households to the number of requests from two parent households. The total in Table 3 is representative of known information on family composition.

Table 3  
Annual Comparison of Family Household

Type of Household	FY 92	FY 93	FY 94	FY 95	Total
1 Parent	144	157	227	252	780
2 Parent	234	224	321	373	1152
Total	378	381	548	625	1932

The number of single parent households requesting child care referrals have consistently increased each year with the largest increase occurring 1994. Since 1991, calls from single parent households have increased 75%, while calls from two parent households have increased 59%. The number of calls from each type of household have remained consistent when the percentage of calls from each category were compared. Calls from single parent households make-up 38% to 41%, of the calls while calls from two parent households make-up 59% to 62% of the calls received. The largest increase in calls has been from single parent households.

Table 4 also further illustrates a portion of the same data from Table 2. Table 4 represents the number of parents in each age category (under the age of 20 or 20 years or older) requesting referrals.

Table 4  
Age of Parent Requesting Referrals & Percentage of Increase Each Year

Age Category	FY 92 n	FY 93 n %	FY 94 n %	FY 95 n %	Total n %
< 20 Years	6	19 217%	26 37%	46 77%	97 667%
20 Years or >	123	300 144%	483 61%	548 13%	1454 346%
Total	129	319	509	594	1551

The largest number of parents requesting child care referrals were 20 years or older. However, the largest percentage increase in calls was from parents less than 20 years of age. Since 1991, calls from parents under the age of 20 increased 667% and calls from parents 20 years or older have increased 346%. In 1992, 6 parents under the age of 20 requested referrals compared to 46 in 1995. The percentage of calls from parents in both age categories increased each year, with the largest overall percentage increase occurring with parents under the age of 20.

Because of funding regulations, CCR&R is mandated to charge a fee based on family income. Parent fees range from \$0 to \$30 per year. Parents are entitled to receive services for a period of one year, after that time they are reassessed. These fees are tax deductible. See Appendix K for the scale used to determine the fee based on family income.

Table 5 is representative of the number of families that fall into each income level. Fees in 1992 were not based on the scale in Appendix K, therefore they are not included in Table 5. Eighty percent of all families that have been served from July 1, 1992 through June 30, 1995 by CCR&R have fallen below 75% of the Illinois median and were not charged a fee. Approximately twenty percent of the families that have used CCR&R have been charged a fee. Overall, there has been an increase in the percentage of families charged a fee since fiscal year 1993. Families that fall under 75% of the Illinois median comprise 80% of the child care referrals requested.

Table 5  
Number of Families Within Each Income Level  
& Percentage of Each Level For Each Fiscal Year

Income Level	FY 93		FY 94		FY 95		Total	
	n	%	n	%	n	%	n	%
Under 75% of IL median	313	82%	463	82%	493	77%	1269	80%
75%-100% of IL median	50	13%	62	11%	85	13%	197	12%
100%-125% of IL median	10	3%	18	3%	34	5%	62	4%
Above 125% of IL median	8	2%	15	3%	24	4%	47	3%
No income data available	2	<1%	7	1%	6	1%	15	1%
Total	383	100%	565	100%	642	100%	1590	100%

Child care needs. When parents call seeking child care referrals they are asked a series of questions which relate to their child care needs. The child care needs discussed include the number of children for which child care is needed, the ages of those children, the type of care needed, the type of schedule care is needed, the special needs of those children, transportation, and the reason parent has requested care.

Figure 1 represents the number of children for whom child care has been requested. Between July 1, 1991 and June 30, 1995, parents requested child care referrals for 3,100 children. There were 623 children in 1992; 588 in 1993; 868 in 1994; and 1021 in 1995. With the exception of fiscal year 1993, there has been a consistent increase in the number of children for which referrals have been requested. Since 1991, there was an increase of 64% in the number of children for whom parents had requested referrals.

Figure 1

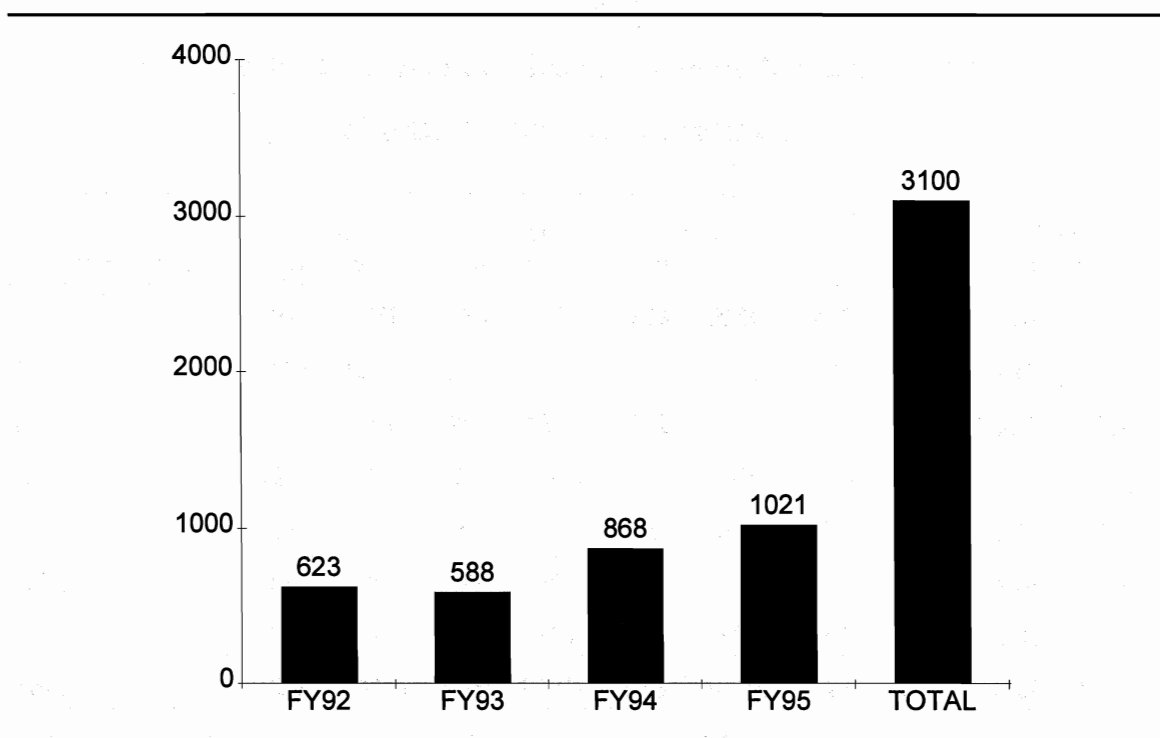
Number of Children for Whom Child Care Referrals Requested Each Fiscal Year

Table 6 represents the ages of the children for whom child care was requested. The percentage of calls for each category by fiscal year is listed next to the actual number of children for whom referrals were requested.

In general, from fiscal year 1992 through fiscal year 1995 the total overall percentage of requests for children in the under age one category was 23%; one year old was 14%; two year old was 12%; three/four year old was 21%; five year was 7%; six, seven and eight year was 14%; and children older than nine was 7%. As Table 6 illustrates, the number of requests in each age category remained relatively consistent throughout the four fiscal years. The largest demand each fiscal year for child care referrals was for children under the age of one, which represents almost one-fourth of the children for whom parents have requested referrals. Nearly 50% of the child care requests were for children 2 years and younger. Children under the age of five account for 70% of

the children for whom parents requested care, while requests for five year olds and children over the age of nine were the least often requested age groups.

Table 6

Number of Children Care Requested for by Age & Percentage  
of Total Referrals for Each Fiscal Year

Age of Child	FY 92		FY 93		FY 94		FY 95		Total	
	n	%	n	%	n	%	n	%	n	%
<1	162	26%	136	23%	188	22%	230	23%	716	23%
1	110	18%	86	15%	118	14%	133	13%	447	14%
2	61	10%	75	13%	112	13%	132	13%	380	12%
3/4	129	21%	123	21%	189	22%	210	21%	651	21%
5	41	7%	40	7%	70	8%	81	8%	232	7%
6/7/8	88	14%	85	14%	118	14%	153	15%	444	14%
>9	32	5%	43	7%	73	8%	82	8%	230	7%
Total	623	*101%	588	100%	868	*101%	1021	*101%	3100	*98%

\* Due to rounding, percentage numbers do not total 100%

Table 7 presents the number of children for whom parents were requesting child care referrals.

Table 7

Number of Children for Whom Parents Requested Care

	Number of Children	FY 92		FY 93		FY 94		FY 95		Total	
		n	%	n	%	n	%	n	%	n	%
1		237		235		338		359		1169	59%
2		123		102		165		208		598	30%
3		44		37		51		56		188	9%
4		2		8		8		17		35	2%
5		0		0		3		2		5	<1%
6		0		1		0		0		1	<1%
Total		406		383		565		642		1996	100%

Fifty nine percent of the parents who called requesting child care referrals needed care for only one child, while 30% requested care for two children, and the remaining 11% requested care for three or more children. The number of parents seeking child care referrals for 4 children was relatively low, but the category increased by 750%.

The following two tables (Table 8 and Table 9) are comparisons of type of schedule (full-time versus part-time) parents had requested child care for by age of child. Full-time care is defined as 5 days per week and 30 or more hours while part-time care is defined as anything under 30 hours per week. Table 8 illustrates the number of children for whom full-time care was requested within each age category.

Table 8  
Number of Children Needing Full-Time Care

Age Category	FY 92	FY 93	FY 94	FY 95	Total n	%
<1	87	89	140	168	484	28%
1	57	48	84	85	274	16%
2	30	42	72	88	232	13%
3/4	62	71	115	118	366	21%
5	13	22	37	43	115	7%
6/7/8	27	36	54	58	175	10%
>9	14	24	25	36	99	6%
Total	290	332	527	596	1745	*101%

\* Due to rounding, percentage number does not equal 100%

Table 8 shows that the largest demand for full-time care was for children under the age of one. Of all requests for full-time care, children two years and under accounted for 57% of the need. Twenty-three percent of all requests for full-time care were for



children five years and older. The number of requests for full-time care under the age of 1 nearly doubled since fiscal year 1992.

Table 9 represents the number of children for whom part-time care was requested each fiscal year.

Table 9  
Number of Children Needing Part-Time Care

Age Category	FY 92	FY 93	FY 94	FY 95	Total n	%
<1	51	47	41	59	198	16%
1	34	37	36	47	154	12%
2	20	34	45	42	141	11%
3/4	43	54	75	90	262	21%
5	18	18	32	39	107	9%
6/7/8	37	50	63	97	247	20%
>9	12	19	47	48	126	10%
Total	215	259	339	422	1235	*99%

\* Due to rounding, percentage number does not equal 100%

Table 9 shows the highest number of part-time requests were for children in the three and four year old category, followed by children in the six, seven, and eight year old category. Children in the over nine category represented the highest overall increase of 300% for part-time care requests, while children under the age 1 had the smallest increase of 16%. The number of requests for part-time care in all age categories above the age of two consistently increased each year. The percentage of increase for part-time requests, increased as the age in each category increased.

Table 10 illustrates the difference in requests for full-time and part-time child care.

Table 10

Number & Percentage Comparison of Children Needing Care  
Full-Time Versus Part-Time 1991-1995

Age of Child	Full-Time		Part-Time		Total	
	n	%	n	%	n	%
<1	484	16%	198	7%	682	23%
1	274	9%	154	5%	428	14%
2	232	8%	141	5%	373	13%
3/4	366	12%	262	9%	628	21%
5	115	4%	107	4%	222	7%
6/7/8	175	6%	247	8%	422	14%
>9	99	3%	126	4%	225	8%
Total	1745	58%	1235	42%	2980	100%

Fifty eight percent of the children for whom referrals were requested needed full-time care, while 42% of the request were for part-time care. Full-time care was more likely requested for children five and under, while part-time care was more likely requested for children over the age of five. Full-time care for children under the age of one had the highest demand of 16%, while full-time care for children over 9 had the lowest demand of 3%.

When parents called they were also asked if their child(ren) may have any special need that may need to be considered when selecting a child care arrangement. Table 11 compares the different special needs parents reported. In fiscal year 1992, there were 41 special needs reported versus 96 reported in fiscal year 1995, which represents an overall increase of 134%. With the exception of sign language and the "other" category, there was an increase of at least 155% in each category of special needs since 1992. The largest increase in a single category was for children with emotional and/or behavioral needs at

400% since 1991. The increases for the physical, developmentally delayed and "other" category were 155%, 367%, and 39% respectively.

Table 11

Type of Special Need for Which Child Care Was Requested

Special Need	FY 92	FY 93	FY 94	FY 95	Total
Physical	11	21	49	28	109
Emotional/Behavioral	5	6	14	25	50
Developmentally Delayed	3	4	12	14	33
Sign Language	0	1	0	0	1
Other	22	13	33	29	97
Total	41	45	108	96	290

Table 12 represents the total number of children for whom transportation was requested, and the total percentage of all children for child care referrals were requested in each fiscal year.

Table 12

Number/Percentage of All Children Needing Transportation

	FY 92		FY 93		FY 94		FY 95		Total	
	n	%	n	%	n	%	n	%	n	%
Children Needing Transportation	60	10%	88	15%	157	18%	241	24%	546	18%

Each year there was a consistent increase in the number of children who needed transportation. In 1992, 10%; in 1993, 15%; in 1994, 18%; and in 1995, 24% of all children for whom child care referrals were requested needed transportation to and/or from school or to and/or from home. In general, out of 3100 children, 546 or 18% needed some form of transportation.

When parents call requesting child care referrals they are asked the reason(s) for requesting child care referrals. Table 13 illustrates the different reasons parents gave for needing child care referrals, which included employment, no provider, training, parent needs, child needs, relocation, job schedule change, dissatisfaction with current provider, special needs, end of leave of absence, extended work hours, or job travel. Parents could give more than one reason for requesting child care referrals.

Table 13

Reasons Parent Requested Child Care Referrals

Reasons Given For Needing Care	FY 92	FY 93	FY 94	FY 95	Total
Employment	234	255	316	405	1210
No Provider	0	43	353	461	857
Training	96	79	108	116	399
Parent Needs	24	54	133	188	399
Child Needs	11	18	42	56	127
Relocation	9	7	33	57	106
Job Schedule Change	0	5	23	32	60
Dissatisfied	0	10	30	20	60
Special Needs	2	3	7	11	23
End of Leave of Absence	0	0	9	8	17
Extended Work Hours	0	0	0	8	8
Job Travel	0	1	2	1	4
Total	376	475	1056	1363	3270

Out of 3270 responses, parents' number one reason for requesting child care referrals was because of employment (1210). No provider (857), training (399), parent needs (399) and child needs (127) were the other main reasons parents requested care. The other reasons not given as often included both job schedule change and dissatisfaction with provider which were equally given reasons (60), special needs (23),

end of leave of absence (17), extended work hours (8), and job travel (4) was the least likely reason given.

Parent satisfaction. On the 15th of each month all parents who called CCR&R in the previous month were mailed a parent evaluation form. Parents were asked to complete the form and return in the enclosed self addresses stamped envelope (See Appendix C). There were three general areas addressed in the evaluation; what was the parent's child care need, level of parent satisfaction with their child care arrangement, and level of parent satisfaction with CCR&R service. These three areas are discussed in the given order.

From July 1, 1991 through June 30, 1995 there were 435 evaluations returned representing 22% of all parents who requested referrals. In 1992, 1993, 1994, 1995 there were 108, 86, 115, and 125 evaluations returned, respectively. The percentage of parents returning evaluations steadily declined each fiscal year. From fiscal year 1992 through 1995 the rate of return was 27%, 22%, 20%, and 19%, respectively.

Table 14 illustrates the number of children for whom parents returning evaluations requested referrals.

Table 14

Number of Children for Whom Referrals Were Requested

Number of Children	FY 92	FY 93	FY 94	FY 95	Total
0	5%	0%	2%	1%	2%
1	61%	65%	63%	55%	59%
2	25%	29%	30%	32%	29%
3 or more	9%	6%	13%	12%	10%

Fifty-nine percent of all parents who returned evaluations requested referrals for one child, 29% requested referrals for two children, 10% requested referrals for three or

more children, while the remaining 2% were seeking care for children not yet born. These percentages closely represent the total calls received (see Table 7). The largest number of parents returning evaluations had one child, followed by referrals for two children. The number of parents returning evaluations with two or more children increased each year. The overall number of evaluations returned by parents each fiscal year declined by 10% since 1992.

Table 15 illustrates the percentage of parents (those who returned evaluations) who requested care full-time, part-time, other (temporary or occasional care), or full-time and part-time.

Table 15  
Type of Care Requested by Parents Returning Evaluations

Type of Care	FY 92	FY 93	FY 94	FY95	Total
Full-time	54%	52%	50%	43%	49%
Part-time	37%	36%	39%	41%	39%
Other	8%	8%	8%	7%	8%
Full-time & Part-time	1%	4%	4%	9%	6%
Total	100%	100%	*101%	100%	*102%

\* Due to rounding, percentage numbers do not equal 100%.

Overall, 49% parents requested referrals for full-time care, 39% requested part-time care, 8% requested referrals for other care, and 6% of referrals for both full-time and part-time care. Even though the percentage of parents who returned evaluations and needed care full-time declined each year, they were still the largest group of parents who returned their evaluations. The percentage of parents who returned their evaluations and needed referrals for part-time care increased each year with the exception of 1993.

Table 16 represent the ages of the child(ren) of parents returning evaluations. The three categories include 0-2, 2-5, and 5 and older. Overall, 64% of the parents who

returned evaluations had child(ren) between the ages of 0-2, 37% had children between the age of 2-5, and 28% had children five years and older. Each year at least 60% of parents who returned evaluations requested care for children ages 0-2, while at least 34% of parents who returned evaluations had children between the ages of 2-5. The percentage of parents who returned evaluations for children five years and older fluctuated from 22% to 33% through the four years.

Table 16

Age Category for Whom Referrals Were Requested

Age of Child	FY 92	FY 93	FY 94	FY 95	Total
0-2	65%	66%	60%	66%	64%
2-5	35%	34%	37%	38%	37%
5 and older	25%	22%	33%	31%	28%

Note: Percentages do not equal 100% because parents could have children in more than one category.

Table 17 illustrates cross tabulations for the ages of children and type of care requested by parents returning evaluations.

Table 17

Cross-Tabulation of Type of Care  
& Number of Children in Each Age Group

Type of Care	Age 0-2	Age 2-5	Age 5 & Older
Full-time	153	67	46
Part-time	98	62	50
Other	15	18	13
Full & Part-time	8	11	12

Note: Numbers do not equal 435 because some parents may have children in more than one age group.

When cross-tabulations were calculated between the type of care parents requested and the ages of the children for whom parents requested care, the largest number of parents who returned evaluations requested referrals for full-time care for children between the ages of 0-2.

From 1992 through 1995 when parents were asked if they were satisfied with their current child care arrangement, 94% of all parents who returned their evaluation forms said yes they were satisfied with their child care arrangement. In addition to asking parents if they were satisfied with their child care arrangement, parents were also asked how they rated their current child care arrangement. The five ratings included very good, good, average, poor, and very poor. Table 18 represents how parents rated their child care arrangement.

Table 18  
Parental Rating of Child Care Arrangement

Rating of Child Care Arrangement	FY 92	FY 93	FY 94	FY 95	Total
Very Good	53%	57%	62%	53%	56%
Good	28%	26%	28%	42%	32%
Average	12%	11%	9%	4%	9%
Poor	3%	3%	1%	2%	2%
Very Poor	4%	3%	0%	0%	2%
Total	100%	100%	100%	101%*	101%*

\* Due to rounding, numbers do not total 100%.

When parents were asked how they rated their child care arrangement 88% rated their child care arrangement as very good or good. The number of parents rating their child care as very good or good increased each year, while the total number of parents rating their child care arrangement as average, poor, or very poor steadily declined each year. This pattern in the data suggest CCR&R has been effective in helping to increase



the quality of child care services in SDA XI. Cross tabulations between where the parent's child was being cared for and how parents rated their child care arrangement revealed when parents rated their child care arrangement as very good or good, it was slightly higher for family day care homes (88%) than child care centers (87%).

Cross tabulations between the age of the child for whom referrals were requested and the problems parents had in their search for child care revealed the number one problem parents encountered in any age group was "no opening". Other major problems, listed in order of frequency, reported by parents with children ages 0-2 were (a) care not available in needed time, (b) cost too high, (c) type of care not available, and (d) quality. The major problems reported by parents with children ages 2-5 included (a) cost too high, (b) care not available in needed time, (c) type of care needed not available, and (d) quality. Parents with children ages five and over reported type of care not available and cost too high as major problems.

A subscale of the parent evaluation was created to determine the level of parent satisfaction with CCR&R, 5 being very helpful to 1 being not helpful at all. The six variables included: how helpful were referrals, how helpful was booklet, how helpful was other information, how helpful was CCR&R in search, how accurate was information, how helpful was specialist. Table 19 represents the different variables, the mean, and standard deviation.

Overall, parent's level of satisfaction with CCR&R was 3.98. *T* tests determined that there was a statistically significant difference between parent's level of satisfaction with their current child care arrangement and satisfaction with CCR&R service ( $p=.040$ ; 2-ts= .019;  $df=18.26$ ). It was also determined that there was a statistically significant difference if parents found care with CCR&R and their level of satisfaction with CCR&R ( $p=.000$ ; 2-ts=.000;  $df=159.88$ ). Additionally, *t*-tests determined there was a statistically significant difference when parents had problems with their search for child care and their level of satisfaction with CCR&R ( $p=.066$ ; 2-ts=.000;  $df=410$ ). The high level of parental

satisfaction suggest the services of CCR&R have been effective in meeting the needs of parents in SDA XI.

Table 19

Level of Parental Satisfaction with CCR&R

Variables of Subscale	Mean	Standard of Deviation
How Helpful Were Referrals	3.8	1.3
How Helpful Was Booklet	3.98	0.96
How Helpful Was Other Information	4.01	0.89
How Helpful Was CCR&R In Search	4.07	1.16
How Accurate Was Information	4.13	0.95
How Helpful Was Specialist	4.25	1.01

Parents were more likely to be satisfied with CCR&R if they found child care with the help of CCR&R than if they found care without the help of CCR&R. Parents were also more satisfied with CCR&R if they did not have problems in their search for child care. In addition, parents were more likely to be satisfied with their current child care arrangement when they found care with the help of CCR&R. Over 80% of all parents stated that if needed, they would CCR&R again.

Objective One of this study was to examine the existing data on parents who have requested child care referrals within the four fiscal years of CCR&R. Through several tables and charts, changes and patterns were illustrated. Cross tabulations and t-tests were run on select variables to examine relationships and differences.

The data in the number of parents requesting child care referral and the number of children for whom child care referrals were requested consistently increased each fiscal year with the exception of 1993. As research demonstrates, there is an increasing

proportion of women entering the labor force, therefore there have also been increases in the demand for child care services (Galinsky, Bond, Friedman, 1993; Willer, 1990; Hofferth & Phillips, 1987).

When family composition was examined by type of household and additionally by age category, the largest percentage of increase in calls was from the single parent household category and the 20 years and under age category. These increases could be the result of government policies enacted to assist families off of Aid to Families with Dependent Children (AFDC) (Seigel & Loman, 1991; Brayfield, Deich, & Hofferth, 1990; Blank, 1990). Results in the data also show a consistent increase in the number of parents who were eligible for subsidized care requesting child care referrals. Eighty percent of families who used CCR&R services were below 75% of the Illinois median income. The Report on Child Day Care (1992) reported 62% of all families using resource and referral services in fiscal year 1992 fell below 75% of the Illinois median.

When the number of children in each age category were presented, the largest demand each fiscal year for child care referrals was for children under the age of one. Overall, 50% of requests were for children two years and under; while 70% of all requests were for children under the age of 5. A study by Hofferth & Phillips (1987) reported that in 1985, 49% of children under the age of 6 had mothers in the labor force. The study projected by the year 1995, over 75% of school-age children and 66.6% of preschool children will have mothers in the labor force. It was also reported that there had been a steady increase in the number of children who had mothers in the work force in the past 15 years. This increase was slightly higher for preschool than for school-age children.

According to Hofferth & Phillips (1987), "the most rapid growth among children with employed mothers is occurring among infants and toddlers...full-time employed mothers constitute over two-thirds of mothers in the work force with children under the age of 3" (p.561). According to the Report on Child Day Care in Illinois (1993) for fiscal

year 1992 out of 35,000 children served by resource and referrals statewide, 37% were infants, 9% were toddlers, 14% were 2 year olds, 20% were three and four years olds, 6% were five year olds/kindergarten, and 14% were school-age.

When a comparison of each fiscal year and transportation need was presented in this study, each year there was a steady increase in the number of children needing transportation services. According to Mitchell, Cooperstein, & Larner (1992) many resource and referral agencies report transportation as a need for many of the low income families. Throughout SDA XI there are no public transportation services available. Mitchell, Cooperstein, & Larner (1992) suggest parents who are limited in their transportation choices are also, therefore, limited in their child care choices. Many times parents may be forced to select less than desirable child care because of the availability of transportation. In the study completed by Seigel & Loman (1991) on child care and AFDC recipients in Illinois, transportation was cited as a major issue for parents.

From fiscal year 1992 through 1995, 94% of parents reported they were satisfied with their current child care arrangement. When parents were asked to rate their child care arrangement overall, 88% rated their arrangement as very good or good. The National Child Care Survey (1990) reported that 90% of parents were satisfied with their child care arrangement, but 25% of those parents also reported that they wanted to change their child care arrangements. Mitchell, Cooperstein, & Larner (1992) suggest that even though a parent may be disappointed with their child care arrangement, they may not acknowledge this dissatisfaction because if they were to do so, their sense of security may be threatened.

The number one problem that parents reported for children of any age group on their evaluation forms was no opening. Other problems frequently included cost too high and care not available in needed time. Parents with children under two years of age were more likely to report problems. According to Galinsky & Hughes, (as cited by Galinsky,

1987) one of every three parents with infants and toddlers and one of every four parents with preschoolers had a very difficult or difficult time locating child care.

### Objective Two Analysis

The second objective of this study was to examine the existing data on child care providers who were listed with EIU CCR&R from July 1, 1991 through June 30, 1995 to determine provider demographics, characteristics of child care services offered, and retention/attrition of providers in SDA XI.

Provider demographics. The number of child care providers and number of slots available by geographic location per fiscal year, family child care experience, the education level and other qualifications of providers will be presented in the order given.

Table 20 represents the total number of child care providers and number of available slots in each county in SDA XI from fiscal year 1993 through fiscal year 1995. These numbers excluded programs that are nursery schools.

Table 20

### Number of Providers and Slots by County per Fiscal Year

County	FY 93		FY 94		FY 95		Increase	
	Providers	Slots	Providers	Slots	Providers	Slots	Providers	Slots
Clark	27	235	29	247	29	263	2	28
Coles	117	1289	110	1172	130	1383	13	79
Cumberland	7	65	7	64	11	90	4	35
Edgar	23	171	24	193	27	244	4	73
Moultrie	24	301	23	288	34	385	10	84
Shelby	13	111	15	123	16	134	3	23
Total*	211	2172	208	2087	247	2499	36	322

\* Numbers do not include "nursery school only"

In the three year period, the annual number and slots of providers remained the same or increased in each county with the exception of 1993 decreases in Coles and

Moultrie. Specifically, at the end of the time period the increase by county was as follows:

there was an increase of 2 providers and 28 slots in Clark County; in Coles County providers increased by 13 and 79 slots; Cumberland County providers increased by 4 and 35 slots; Edgar County providers increased by 4 and 73 slots; Moultrie County providers increased by 10 and 84 slots; and in Shelby County the number of providers increased by 3 and 23 slots. Overall from fiscal year 1993 through fiscal year 1995, there was an increase of 36 providers and an increase of 322 slots.

Since center directors were not asked information regarding their years of experience, if they had their own children or if they were a local association member; the following provider qualifications table is representative of family child care providers only. Table 21 illustrates the qualifications of all family child care providers local association membership, years of experience, and the number of home providers who have their own children. The "local association members" category included providers who belonged to an area support group for family child care providers. The category "one to three years experience" included providers with less than three years experience as a child care provider, while the category "3+ years" included providers with 3 or more years of experience. The category "own child" included family child care providers who were also provided care for their own children under the age of 12.

Table 21  
Family Child Care Provider Qualifications

Family Child Care Provider Qualifications	FY 93 n=187		FY 94 n=188		FY 95 n=221	
	n	%	n	%	n	%
Local Association Member	4	2%	20	11%	21	10%
1-3 Years Experience	25	13%	42	22%	80	36%
3+ Years Experience	158	84%	145	77%	141	64%
Own Child	91	49%	103	55%	141	64%

The number of local association members increased from 4 in 1993 to 21 in 1995. Other categories which increased from 1993 to 1995 included; 1-3 years experience 25 to 80; and own child from 91 to 144 respectfully. Providers in the 3+ years category decreased from 158 in 1993 to 141 in 1995.

Table 22 represents the different education, training, and accreditation qualifications of all child care providers in the CareFinder database for each year. The definition of each qualification category listed below is as follows: "Early childhood education training" was training received from an organization other than CCR&R; an associate degree was recognized regardless of subject area; likewise, a bachelor's degree was counted regardless of subject area; "ISBE ECE Certified" indicated caregivers who held early childhood certificates from the Illinois State Board of Education; "early childhood college credit" was for any college credit received in early childhood; "CDA" represented caregivers with the Child Development Associate credential; "CPR" was for providers who had a CPR certification not older than one year; "first aid" was for providers who had a first aid certification not older than three years; "NAEYC Accreditation" indicated any center accredited through National Association for the Education of Young Children; and the last category, "CCR&R Training" was for providers who attended at least one CCR&R training session.

The number of providers who had early childhood training increased 122% since 1993, followed by increases in the number of providers having an associate's degrees, bachelor's degrees, early childhood college credit, NAEYC accreditation, and CCR&R training. Even though there has been a decrease from 1993 to 1995 in the number of providers having CPR (-5%) and First Aid (-10%) these two categories remain the two largest categories in 1995 (138 and 113) as they were in 1993 (146 and 137). Other categories that have decreased since 1993 include ISBE ECE Certification and CDA.

Table 22  
Qualifications of All Child Care Providers

Qualification	FY 93 n=245		FY 94 n=246		FY 95 n=290	
	n	%	n	%	n	%
CPR	146	60%	127	52%	138	48%
First Aid	137	56%	111	45%	113	39%
CCR&R Training	83	34%	79	32%	93	42%
Early Childhood Training	45	18%	77	31%	100	34%
Associate Degree	44	18%	50	20%	59	20%
Bachelor Degree	40	16%	43	17%	60	21%
Early Childhood College Credit	*	*	41	17%	89	31%
ISBE ECE Certified	17	7%	16	7%	15	5%
CDA	11	5%	12	5%	10	2%
NAEYC Accreditation	0	0%	0	0%	1	<1%

\* Information was not asked in FY 93.

Table 23 illustrates the number and percentage of all child care providers who had experience caring for children with each special need listed from fiscal year 1993 through fiscal year 1995. Inclusion training represented those providers who have participated in a training session on inclusion of children with special needs in a regular child care environment. Inclusion materials indicated those providers who have inclusion materials (supplied by CCR&R) in their child care setting and use them as needed for reference materials.

The number of providers who had experience in each category is relatively the same for the emotional or behavioral, physical, or developmentally delayed categories. The number of providers who had experience in sign language increased from 8 in 1993 to 58 in 1995. There was a decrease from 1993 to 1995 in the percentage of providers



who had experience with children who had physical, emotional/behavioral, or developmentally delayed special needs.

Table 23

Number & Percentage of Providers With Experience

Caring for Children with Special Needs

Special Needs	FY 93 n=245		FY 94 n=246		FY 95 n=290	
	n	%	n	%	n	%
Physical	138	56%	128	52%	125	43%
Emotional/Behavioral	133	54%	126	51%	123	42%
Developmentally Delayed	130	53%	125	51%	131	45%
Sign Language	8	3%	19	8%	58	20%
Other	82	33%	76	31%	21	7%
Inclusion Materials	*	*	60	24%	86	30%
Inclusion Training	*	*	12	5%	43	15%

\* Providers were not offered inclusion training/materials in FY 93.

From fiscal year 1993 through fiscal year 1995, there was an increase of 36 providers and 366 slots. At the end of fiscal year 1995, 64% of the family child care providers had 3 or more years experience, 64% had their own child, 36% had less than 3 years experience, and 10% were local association members. Since fiscal year 1993, the number of child care providers with early childhood training, associate's degrees, bachelor's degrees, early childhood college credits, accreditation, and CCR&R training has increased. First Aid and CPR training are the two most often qualifications obtained by child care providers. In general, the number of child care providers having experience with special needs children has been between 42% and 56%.

Characteristics of child care services offered. The different child care services characteristics included the number of providers in all counties and show the number of providers and their capacity by type of child care offered; the ages of children for whom

care is offered; the cost of full-time and part-time care; the type of schedules offered, the number of providers accepting/offering subsidy programs; the number of providers offering transportation; the retention/attrition rates by county, and the reasons for attrition. Characteristics are reported in the order given.

Table 24 represents the number of all child care providers and capacity by the type of care provided from fiscal year 1992 through fiscal year 1995. The five types of care include: licensed family child care, licensed-exempt family child care home, licensed center, licensed-exempt center, and licensed group home.

Table 24  
Number of Providers & Total Slots by Type of Child Care

Type of Care	FY 92		FY 93		FY 94		FY 95		Increase	
	Providers	Slots	Providers	Slots	Providers	Slots	Providers	Slots	Providers	Slots
Licensed FCC	173	1310	186	1339	186	1357	227	1607	54	237
Licensed Exempt FDC	1	3	1	3	2	4	2	6	1	3
Licensed Center	35	1237	37	1101	37	1076	39	1176	4	-61
Licensed Exempt Center	14	246	19	351	18	365	18	355	4	109
Licensed Group Home	2	24	2	19	3	31	4	43	2	19
Total	225	2820	245	2813	246	2833	290	3187	65	367

In 1992 there were a total of 225 child care providers with a total of 2820 slots; in 1993 there were 245 providers with a total of 2813 slots; in 1994 there were 246 providers with a total of 2833 slots; and in 1995 there were 290 providers with a total of 3187 slots. There was an overall increase of 65 providers and 367 slots. From 1992 through 1995, licensed family child care homes consistently offered the highest number of caregivers and the largest number of slots. The number of providers in each type of care offered increased yearly, while Coles County was the only county that experienced a

decrease in capacity. The data appear to suggest the services of CCR&R have been effective in helping to increase the availability and accessibility of child care services in SDA XI.

Table 25 represents the number of child care providers and total number of slots for each age category for fiscal year 1993 through fiscal year 1995. The six age categories include infant, toddler, two, three & four, five/kindergarten, and before and after school.

Table 25

Number & Capacity (Slots) of Providers Offering Care  
for Each Age Category per Fiscal Year

Age Category	FY 93 n=208*		FY 94 n=203*		FY 95 n=247*		Overall Increase	
	Providers	Slots	Providers	Slots	Providers	Slots	Providers	Slots
Infant	147	189	150	179	178	208	31	19
Toddler	163	231	162	214	196	243	33	12
Two	174	281	182	295	217	348	43	67
Three & Four	187	590	193	561	226	639	39	49
Five & K	183	473	188	455	221	516	38	43
Before/After School	170	330	166	315	192	363	22	33

\* Numbers do not include "nursery school only"

The largest increase in any age category served was the in the "age two" category; the smallest increase was in the "school age" category. Infant care was consistently offered by the least number of providers each year. In 1993 there were 147 providers who offered care for infants with a total of 189 slots; and in 1995 there were 178 providers with a total of 208 slots. Care for toddlers increased from 163 providers with 231 slots in 1993 to 196 providers with a total of 243 slots in 1995. Care for the age two category increased from 174 providers with 281 slots to 217 providers with 348 slots. The age category three and four increased from 187 providers and 590 slots to 226 providers and 639 slots. The age category five and kindergarten increased from 183 providers with 473

slots to 221 providers and 516 slots; and the category before and after school increased from 170 providers with 330 slots to 192 providers with 336 slots. Table 25 indicates that the fewest number of providers provided infant care in each fiscal year; then they progressively increased in numbers through the respective age categories until the five and kindergarten age group was reached; then the numbers began to decline. This pattern was seen in each fiscal year and also in the overall increase column.

Table 26 represents the full-time cost for child care by age category for licensed family child care homes and licensed centers. For the purpose of discussion, average cost was the amount used to make comparisons between the two types of care in any age category. Full-time care was considered to be five or more hours per day five days a week, or 40 hours or more per week.

Table 26

Full-Time Cost By Age Category/Type of Care

Age/Type of Care Category	FY 93 Full-Time			FY 94 Full-Time			FY 95 Full-Time		
	Low	High	Average	Low	High	Average	Low	High	Average
Infant-Licensed Home	\$40.00	70.00	51.42	\$40.00	80.00	53.42	\$40.00	80.00	56.23
Infant-Licensed Center	\$40.00	85.00	72.86	\$40.00	85.00	70.83	\$40.00	90.00	72.50
Toddler-Licensed Home	\$35.00	70.00	50.73	\$40.00	70.00	52.07	\$40.00	75.00	55.61
Toddler-Licensed Center	\$40.00	85.00	69.22	\$40.00	85.00	67.25	\$40.00	90.00	71.38
Two-Licensed Home	\$35.00	70.00	50.34	\$40.00	70.00	51.44	\$40.00	75.00	54.77
Two-Licensed Center	\$40.00	71.25	59.52	\$40.00	71.25	58.33	\$40.00	75.00	60.18
Three/Four-Licensed Home	\$35.00	70.00	50.35	\$40.00	70.00	51.39	\$40.00	75.00	54.54
Three/Four-Licensed Center	\$---	67.75	51.72	\$40.00	67.75	57.29	\$40.00	72.00	59.21
Five/K-Licensed Home	\$---	70.00	50.07	\$40.00	70.00	51.08	\$40.00	75.00	54.35
Five/K-Licensed Center	\$---	67.75	54.52	\$40.00	67.75	57.84	\$40.00	72.00	59.21
School-age-Licensed Home	\$---	70.00	49.67	\$11.00	70.00	35.94	\$50.00	75.00	57.81
School-age-Licensed Center	\$---	67.75	50.54	\$38.50	67.75	52.46	\$50.00	65.00	57.50

When the difference in average cost was calculated between 1993 and 1995, the cost increased in each age category for both types of care with the exception of infant care in centers which decreased \$.36 since 1993. The largest cost increase in infant, toddler, twos, and before and after school age categories occurred in licensed family child care homes.

The cost for three/four year and five/K category increased more in centers. Another pattern that could be seen with these same groups and type of care is the difference in cost between 1993 and 1995 for licensed family child care homes and centers. The average cost difference between the two types of care offered narrowed for infant, toddler, and two year old age categories; while there was a significant increase in cost between the two types of care for the three/four category and five/K age groups.

Table 27 represents the part-time cost for child care per hour by age category for licensed family child care homes and licensed centers. For the purpose of discussion average cost was the amount used to make comparisons between the two types of care in any age category. Part-time care is considered fewer than five hours per day.

For each age category there was an increase in cost for both types of care. From 1993 to 1995, in all age categories, both family child care homes and centers increased in cost; but the largest increase in cost for part-time care was at centers. The difference in cost between the two types of care progressively decreased in each age category with the exception of the before and after school age category for 1993 through 1995. In 1995 compared to 1993, the difference between average cost for family child care homes and centers grew larger. The amount of increase decreased as the age groups increased with the exception of school age care in centers which increased the most since 1993.

When looking at the full-time and part-time cost of child care it was difficult to make comparisons because of the way rates are reported by child care providers. Some providers are only willing to discuss their rates with parents. Providers also change their

rates without notifying CCR&R. Also, in fiscal year 1992 and portions of fiscal year 1993 CCR&R's method of reporting school age rates was flawed.

Table 27

Part-Time Cost by Age Category/Type of Care

Age & Type of Care Category	FY 93 Part-Time			FY 94 Part-Time			FY 95 Part-Time		
	Low	High	Average	Low	High	Average	Low	High	Average
Infant-Licensed Home	\$1.00	10.00	1.56	\$1.00	10.00	1.60	\$1.00	2.50	1.60
Infant-Licensed Center	\$1.15	2.12	1.84	\$1.15	2.12	1.80	\$1.15	5.00	2.38
Toddler-Licensed Home	\$1.00	10.00	1.55	\$1.00	10.00	1.56	\$1.00	2.50	1.58
Toddler-Licensed Center	\$1.15	2.12	1.76	\$1.15	2.12	1.73	\$1.15	5.00	2.16
Two-Licensed Home	\$1.00	10.00	1.55	\$1.00	10.00	1.55	\$1.00	2.50	1.57
Two-Licensed Center	\$1.15	2.00	1.62	\$1.15	2.00	1.61	\$1.15	4.25	1.85
Three/Four-Licensed Home	\$1.00	10.00	1.55	\$1.00	10.00	1.56	\$1.00	2.50	1.57
Three/Four-Licensed Center	\$1.15	2.00	1.56	\$1.15	2.00	1.58	\$1.15	3.00	1.72
Five/K-Licensed Home	\$1.00	10.00	1.55	\$1.00	10.00	1.56	\$1.00	2.50	1.58
Five/K-Licensed Center	\$1.15	2.00	1.56	\$1.15	2.00	1.58	\$1.15	3.00	1.72
School-age-Licensed Home	\$.—	10.00	1.57	\$1.00	10.00	1.59	\$1.00	3.00	1.59
School-age-Licensed Center	\$1.25	2.00	1.68	\$1.50	3.40	2.02	\$1.50	3.40	2.60

The following tables (28, 29, 30) represent the type of schedules that child care providers offered in SDA XI. Table 28 illustrates the number and percentage of all child care providers that offered services on a full-time and/or part-time basis from fiscal year 1993 through fiscal year 1995. Providers who provided care full-time and part-time were counted in both categories. Care was considered full-time if it was for 30 or more hours a week; and part-time if offered less than 30 hours a week.

The largest number of providers offered part-time care. The number and percentage of providers who offered full-time care increased from 192 (78%) in 1993 to 233 (80%) in 1995. There was a larger increase in the number and percentage of

who offered part-time care in 1993 from 206 (84%) to 264 (91%) in 1995. In fiscal year 1995, 91% of all child care providers offered full-time and part-time schedules.

Table 28

Number of Providers Offering Full-Time  
and/or Part-Time Care Schedules

Type of Schedule	FY 93 n=245		FY 94 n=246		FY 95 n=290	
	n	%	n	%	n	%
Full-time	192	78%	197	80%	233	80%
Part-time	206	84%	221	90%	264	91%

Table 29 illustrates the number and percentage of all child care providers and the different day schedules offered from fiscal year 1993 through fiscal year 1995. Providers may be listed in one or more of the eight day schedule categories. These categories include: all day, after school, morning, before school, afternoon, school hours, evening, and overnight.

Table 29

Number of Providers & the Day Schedule of Care Offered

Day Schedule	FY 93 n=245		FY 94 n=246		FY 95 n=290	
	n	%	n	%	n	%
All Day	195	80%	199	81%	238	82%
After School	160	65%	171	70%	212	73%
Morning	158	64%	196	80%	251	87%
Before School	157	64%	168	68%	211	73%
Afternoon	153	62%	191	78%	241	83%
School Hours	107	44%	138	56%	194	67%
Evening	44	18%	36	15%	33	11%
Overnight	25	10%	21	9%	22	8%

From 1993 to 1995, the largest percentage increase in day schedule offered was 23% in morning hours and school hours. The two schedules that consistently decreased from 1993 to 1995 were overnight from 10% to 8% and evening down from 18% to 11%. Over 80% of the providers offered all day, morning, and/or afternoon schedules; while only 11% offered evening care and even less offered overnight care. The different day schedules that consistently increased from 1993 to 1995 included: all day from 80 % to 82%; morning from 64 % to 87%; afternoon from 62% to 83%; school hours from 44% to 67%; before school from 64% to 73%; and after school from 65% to 73%.

Table 30 represents the number and percentage of all child care providers who offered full week, part week, rotating and weekend schedules from fiscal year 1993 through fiscal year 1995. Full week was child care offered at least five days a week; part week was child care offered less than five days a week; rotating was services offered for schedules that change from week to week; and weekend was child care provided every Saturday and Sunday.

Table 30  
Number & Percentage of Providers by  
the Type of Week Schedule Offered

Week Schedule	FY 93 n=245		FY 94 n=246		FY 95 n=290	
	n	%	n	%	n	%
Full Week	198	81%	201	82%	240	83%
Part Week	187	76%	206	84%	256	88%
Rotating	15	6%	28	11%	48	17%
Weekend	13	5%	18	7%	21	7%

From 1993 to 1995, there was an increase each year in the number of providers who offered each type of care. Eleven percent was the largest increase in any week schedule which included both rotating and part week. From 1993 to 1995 the percentage



of providers who offered a full week increased from 81% to 83%; part week increased from 76% to 88%; rotating increased from 6% to 17%; and weekend increased from 5% to 7%.

Table 31 lists the number and percentage of all child care providers that were willing to accept children for full year, school year, summer only, and vacations/holidays. Providers could be counted in one or all of the year schedules.

Table 31  
Number & Percentage of Providers  
by the Year Schedule Offered

Year Schedule	FY 93 n=245		FY 94 n=246		FY 95 n=290	
	n	%	n	%	n	%
Full Year	193	79%	197	80%	238	82%
School Year	119	49%	182	74%	275	95%
Vacations/Holidays	110	45%	153	62%	224	77%
Summer Only	68	28%	141	57%	230	79%

Each year there was an increase in all categories with the largest overall increase of 51% in the school year schedule. In 1993 and 1994 the schedule most frequently offered by providers was full year, but in 1995 school year was most frequently offered. In 1993 full year schedules were offered by 79% of providers, it increased to 82% in 1995; school year schedule increased from 49% to 95%; summer only increased from 28% to 79%; and vacations/holidays increased from 45% to 77%.

Table 32 illustrates the number and percentage of providers who offered a special schedule which included drop-in, hourly, temporary/emergency, sick care, 24 hour care, extended hours and flexible hours. Drop in was considered a temporary arrangement, hourly was a short term arrangement scheduled in advance, temporary/emergency was

child care offered for unanticipated or emergency occasions and care for child would not be on a regular basis, and flexible hours indicates the provider was flexible with opening and closing times.

Table 32

Number & Percentage of Providers Offering a Special Schedule

Special Schedule	FY 93 n=245		FY 94 n=246		FY 95 n=290	
	n	%	n	%	n	%
Drop In	128	52%	142	58%	180	62%
Hourly		*		*	147	51%
Temporary/Emergency	139	57%	147	60%	183	63%
Sick Care	11	4%	1	<1%	1	<1%
24 Hour	10	4%	9	4%	10	3%
Flexible Hours	146	60%	153	62%	195	67%

\* Data were not available

With the exception of sick care and 24 hour care, over 50% of providers offered some type of special schedule. Because the Department of Children & Family Services does not have licensing standards for sick care, only license-exempt homes and centers which indicated they provide sick care were included. The largest percent increase in special schedules was 10% in the drop-in category. The percentage of providers offering drop-in care increased from 52% in 1993 to 62% in 1995; temporary/emergency increased from 57% to 63%; and providers with flexible hours increased from 60% to 67%. In general, it appeared providers were responsive to family needs for various schedules with the exception of evening, overnight, and sick care.

Table 33 compares the number and percentage of providers who were willing to accept or offer child care subsidies for families from fiscal year 1993 through fiscal year 1995. The "Offer Head Start" category included the number of Head Start programs

funded by the US Department of Health and Human Services; "Contract w/DCFS-Site" included programs having contracts with DCFS to serve a specified number of eligible children; and the "Accept DCFS-Client" category included those providers who were willing to accept subsidized payments from the Illinois Department of Children & Family Services for eligible children. The "Accept DPA" category included those providers willing to accept subsidized payment from the Department of Public Aid for eligible children; and the "Offer Multi-Child Rate" category indicated those providers who offered a discount to families with more than one child enrolled. The "Offer Scholar/Sliding Scale" category indicated providers who offered scholarships or sliding scales; the "Offer ISBE Pre-K" category was for at risk programs funded by the Illinois State Board of Education; and the "Offer Employer" category indicated employer sponsored programs or programs who offered some type of assistance to employees of specified employers.

Table 33

Number & Percentage of Providers Accepting/Offering Subsidies

Subsidy	FY 93 n=245		FY 94 n=246		FY 95 n=290	
	n	%	n	%	n	%
Accept DPA	120	49%	145	59%	192	66%
Accept DCFS-Client	119	49%	144	59%	189	65%
Offer Multi-Child Rate	116	47%	139	57%	190	66%
Offer Head Start	11	4%	10	4%	12	4%
Offer ISBE Pre-K	11	4%	10	4%	11	4%
Contract w/ DCFS-Site	5	2%	3	1%	3	1%
Offer Employer	3	1%	1	<1%	1	<1%
Offer Scholar/Sliding Scale		*		*	11	4%

\* Data were not available.

The percentage of providers accepting DCFS-clients, DPA clients, and offering a multi-child each increased from 49%, 49%, 47% in 1993 to 65%, 66%, 66%, in 1995 respectively. The percentage of programs offering Head Start and ISBE Pre-K remained at 4% all three fiscal years, while the percentage of programs contracting with DCFS and offering employers programs declined from 2% and 1% in 1993 to 1% and <1% in 1995 respectively.

Table 34 compares the number and percentage of all providers who offered transportation for children in their program in fiscal year 1993 and fiscal year 1995.

Table 34

Number & Percentage of Providers Offering Transportation

	FY 93 n=245		FY 95 n=290	
Transportation Offered	118	48%	162	56%

In 1995, 56% of 290 providers offered some form of transportation, whereas in 1993, 48% of 245 providers offered transportation. Transportation not only included providers who offered transportation by use of their own vehicle but also providers who lived on school bus routes for the area school. Transportation could include to school and/or from school; or, to and/or from the child's home or some other location.

Provider retention/attrition rates. The number of providers who left the child care field, the number of providers who entered the child care field, and the reasons child care providers left the child care field are presented in the order given.

Table 35 compared the number of providers who were deleted from the CareFinder provider database by geographic location per fiscal year.

Table 35

Number of Providers Deleted by County per Fiscal Year

Deletes by County	FY 92	FY93	FY94	FY95	Total
Clark	6	3	3	5	17
Coles	19	17	32	27	95
Cumberland	3	3	1	3	10
Edgar	6	5	6	0	17
Moultrie	2	4	2	8	16
Shelby	1	4	0	2	7
Total	37	36	44	45	162

From July 1, 1991 through June 30, 1995, there were a total of 162 providers deleted from the CCR&R database. In 1992 there were a total of 37 providers deleted; in 1993, 36; in 1994, 44; and in 1995 there were 45 providers deleted. Each year Coles County consistently had the largest number of providers who quit providing child care. Overall totals for each county in descending order were Coles, 95; Clark and Edgar, 17 each; Moultrie, 16; Cumberland, 10; and Shelby, 7.

Table 36 is a comparison of the reasons given when the provider stopped providing care. In total, throughout the first four fiscal years the greatest number of providers left the child care field to go to work outside the home (33), followed by relocation (17), burnout (11), returning to school (8), did not renew license (7), only a part year program (7), retiring (6), health problems (6), problems with Department of Children & Family Services (DCFS) (4), and insufficient enrollment (3). The "No Reason Given/Available" category accounted for 47 of the 162 responses, and the "Other Reasons" category accounted for 13 of the responses. Because of changes in the way

providers were recorded upon leaving the field, 1994 and 1995 totals decreased in this category. The "other reasons" category included reasons such as death, husband did not want care being provided in the home, had twins, and husband switched shifts and was unable to sleep during times care was being provided.

Table 36

Reasons for Leaving Child Care Field & Number of Providers in Each Category

Reasons for Leaving Field	FY 92	FY 93	FY 94	FY 95	Total
No Reason Given/Available	16	19	9	3	47
Working Outside the Home	4	8	10	11	33
Relocation	5	1	7	4	17
Other Reasons	0	0	6	7	13
Burnout	0	0	1	10	11
Returning to School	3	2	1	2	8
Did Not Renew License	3	3	1	0	7
Only Part Year Program	1	2	3	1	7
Health Problems	3	0	3	0	6
Retiring	1	0	1	4	6
Problems with DCFS	0	1	2	1	4
Insufficient Enrollment	1	0	0	2	3
Total	37	36	44	45	162

Out of 225 providers on the Carefinder database in fiscal year 1992, 149 of those child care providers remained on the Carefinder database at the end of fiscal year 1995. Out of 46 providers added in fiscal year 1993, 28 of those providers were on the database at the end of fiscal year 1995; out of 43 providers added in fiscal year 1994, 35 providers remained at the end of fiscal year 1995; and in fiscal year 1995, out of 87 providers added, there were 60 still on the database at the end of the fiscal year.

Objective Two included the examination of the existing data in child care providers throughout SDA XI. Since Carefinder was not set up by fiscal year it was impossible to make comparisons of the data in a way similar to the parent database in Carefinder. Therefore, several instruments were used to obtain the necessary data. Monthly and quarterly reports, the Carefinder database, and original child care provider information forms (see Appendix A) were all used.

When examining the data for providers a few things need to be considered. When looking at data for family child care homes it is hard to determine the number of actual years of experience because of the way information was collected (1-3 years or 3+ years). For example, when yearly updates were completed on providers, some information may not have been transferred to the next higher category on years of experience. Even though the number of providers who were local association members increased, since local support groups were implemented at different times, all members belonging may have not reported their membership.

A study completed by Bolin (1993) on providers no longer providing care suggested that nonstable providers (ones who provided care only short-term) were more likely to have their own children in their home and job satisfaction was negatively correlated with the presence of providers on children. The National Day Care Home Study by Divine-Hawkins (as cited by Bolin, 1993) found that providers who had their own children in the home were likely to mix family and child care system boundaries. Providers with their own children were also more likely to perform less child centered activities and performed more household tasks. Deery-Schmidt and Todd (1995) found that even though the presence of the providers own children may be viewed as a benefit to family day care the balancing of one's own children's needs was also stressful. Furthermore, providers who were no longer providing care reported insufficient income, job stress, and problems with their own children as the main reasons for no longer providing child care (Bolin, 1993).

### Objective Three Analysis

The third objective was to examine the existing files on training sessions, conferences and workshops that had been implemented through EIU CCR&R from July 1, 1991 through June 30, 1995 to determine the characteristics of the training sessions that were offered, the characteristics of providers who attended the training sessions, and the level of satisfaction from those who attended.

Characteristics of training sessions offered. The number of training sessions and training hours offered each fiscal year in each service delivery area, the number of training sessions offered in each CDA area, and the sponsorship of training sessions are presented in given order.

Table 37 represents the number of training sessions held in each county per fiscal year. The "other" category included training sessions that were held outside of SDA XI. (For a detailed listing of all training sessions offered over the first four fiscal years, see Appendix I).

Table 37

#### Number of Training Sessions Held in Each County per Fiscal Year

County	FY 92	FY 93	FY 94	FY 95	Total
Clark	6	5	5	7	23
Coles	16	21	44	52	133
Cumberland	3	3	3	1	10
Edgar	3	3	4	3	13
Moultrie	3	3	4	8	18
Shelby	3	3	2	2	10
Other	3	1	8	0	12
Total	37	39	70	73	219



From July 1, 1991 through June 30, 1995, there were a total of 219 training sessions provided to child care providers, center staff, and parents throughout SDA XI. There were a total of 37 in 1992, 39 in 1993, 70 in 1994, and 73 in 1995. Of the four fiscal years there were a total of 133 training sessions offered in Coles County, 23 in Clark County, 18 in Moultrie County, 13 in Edgar County, 10 each in Cumberland and Shelby County and 12 in other counties. Since 1992, the number of training sessions held per fiscal year in each county have increased or remained the same with the exception of Cumberland and Shelby Counties.

Table 38 illustrates the total number of offered training hours and the total number of acquired training hours from July 1, 1991 through June 30, 1995. The total number of participants and the number of acquired training hours includes CCR&R staff, DCFS representatives, parents, child care providers, and other interested parties. The category "offered training hours" represents the total time duration of training sessions held. The category "acquired training hours" is tabulated by multiplying the duration of the training session by the number of attendees.

Table 38

Number of Offered Training Hours  
& Total Number of Acquired Training Hours

Training Hours	FY 92	FY 93	FY 94	FY 95	Total
Number Offered Training Hours	112	87.5	224.5	250	674
Total Number Participants	366	487	1021	651	2525
Total Number Acquired Training Hour	634	1042	2651.5	2177	6504.5
Average Number Acquired Training Hours by Participants	1.7	2.1	2.6	3.3	2.6

From July 1, 1991 through June 30, 1995 there were a total of 674 offered training hours for child care providers, center staff and parents combined. There was a total of 6504.5 acquired training hours. In 1992 there were 112 offered training hours, in 1993 there were 87.5 offered training hours, in 1994 there were 224.5 offered training hours and in 1995 there were 250 offered training hours. The total number of acquired training hours were 634, 1042, 2651.5, and 2177 for each fiscal year respectively. The average number of acquired training hours by participants were 1.7, 2.1, 2.6, and 3.3 for each fiscal year respectively. The total number of training session participants were 366, 487, 1021, and 651 for 1992, 1993, 1994, and 1995 respectively. Each year there was an increase in the number of training hours offered with the exception of fiscal year 1993, and there has been an increase in the number of training hours acquired each fiscal year with the exception of fiscal year 1995. In addition, each year there was an increase in the average number of training hours acquired by training participants. In total, there were 2,525 participants attending the training sessions. The largest number of participants attended in 1994, which was a 110% increase from 1993. The average number of acquired training hours suggested a steady increase in the number of training hours each participant acquired. This suggests CCR&R enhances quality through greater acquisition of training.

Table 39 illustrates the number of training sessions offered in each of the CDA areas from fiscal year 1992 through fiscal year 1995. Training in CDA 1 (health and safety) was offered 9, 11, 12, and 17 times from fiscal year 1992 through 1995 respectively; CDA 2 (physical and intellectual development) was offered 8, 4, 15, and 14 times respectively; CDA 3 (social & emotional development) was offered 6, 7, 22, and 15 times; CDA 4 (relationships with families) was offered 2, 6, 1, and 11 times; CDA 5 (effective program management) was offered 7, 7, 11, and 8 times; CDA 6 (commitment to professionalism) was offered 3, 0, 5, and 4 times; CDA 7 (observing and recording children's behavior) was offered 0, 1, 1, and 1 time; and CDA 8 (principles of child

growth and development) was offered 2, 3, 3, and 3 times in 1992, 1993, 1994, and 1995 respectively. In total, there were 49 training sessions offered in CDA 1; 41 in CDA 2; 50 in CDA 3; 20 in CDA 4; 33 in CDA 5; 12 in CDA 6; 3 in CDA 7; and 11 in CDA 8. Social and emotional development (CDA area 3) was offered the largest number of training sessions followed by CDA areas 1, 2, 5, 4, 6, 8, and 7. While there was an overall increase in the number of training sessions offered in each CDA area, the only CDA area that increased in training sessions each fiscal year was Health and Safety (CDA area 1). It is likely the steady increase reflected the state requirement for first aid and CPR training.

Table 39  
Number of Training Sessions by CDA Areas

Training Sessions by CDA Area	FY 92	FY 93	FY 94	FY 95	Total
CDA 1 Health & Safety	9	11	12	17	49
CDA 2 Physical & Intellectual Development	8	4	15	14	41
CDA 3 Social & Emotional Development	6	7	22	15	50
CDA 4 Relationships with Families	2	6	1	11	20
CDA 5 Effective Program Management	7	7	11	8	33
CDA 6 Commitment to Professionalism	3	0	5	4	12
CDA 7 Observing & Recording Children's Behavior	0	1	1	1	3
CDA 8 Principles of Child Growth & Development	2	3	3	3	11
TOTAL	37	39	70	73	219

Table 40 represents the number of training sessions that were either sponsored or co-sponsored by CCR&R from fiscal year 1992 through fiscal year 1995. CCR&R sponsored 26 training sessions in fiscal year 1992; 27 in fiscal year 1993; 30 in fiscal year 1994; and 41 in fiscal year 1995. The number of training sessions co-sponsored each fiscal year were 9, 10, 40 and 32 respectively. In 1992 and 1993 there were no data

available for 2 sponsored training sessions. Of the 219 training sessions that were held, 124 were sponsored, 91 co-sponsored, and for 4 sessions there were no data available. The number of training sessions sponsored by CCR&R increased each year. CCR&R has sponsored over 55% of all training sessions.

Table 40

Number of Sponsored & Co-Sponsored Training Sessions

Sponsorship	FY 92	FY 93	FY 94	FY 95	Total
Sponsored	26	27	30	41	124
Co-sponsored	9	10	40	32	91
No Data Available	2	2	0	0	4
Total	37	39	70	74	219

Characteristics of providers attending training sessions. The number of training sessions attended by child care providers, the number of different child care providers, the minimum and the maximum number of training sessions attended by different providers, the number of training hours attended by different child care providers, and a comparison of those provider's qualifications are presented in the given order.

Table 41 represents the number of providers who attended training sessions each fiscal year, the number of different providers who attended the training sessions, the average number of training sessions attended, the maximum number of training sessions attended, the standard of deviation, and the variance.

In fiscal year 1992 there were 115 training sessions attended by providers; there were 137 in 1993; 199 in 1994; and 205 in 1995. When the number of different providers attending the training sessions was tabulated, there were 53 different providers who attended training sessions in 1992; 85 in 1993; 80 in 1994; and 93 in 1995. The average number of training sessions attended by each provider by fiscal year was 2.3; 1.6; 2.5;

and 2.2. respectively. The maximum number of sessions attended by one provider in 1992 was 6, in 1993 it was 7, in 1994 it was 9, and in 1995 the maximum number of sessions attended by one provider was 13. The standard deviation and variance for all providers attending training sessions in 1992 was 1.3 and 1.7; in 1993, it was .9 and .8; in 1994, it was 2 and 3.9; and in 1995, it was 2.1 and 4.5. From fiscal year 1992 through 1995, the number of providers attending training sessions increased each year, and the overall increase in 1995 from 1992 was almost 80%, while the number of different providers attending training sessions increased 75%. Overall, a total of 171 different providers attended training sessions. The most training sessions attended by a single provider throughout the four fiscal years was 18. The average number of training sessions attended by providers was 3.8; however, the mean is skewed by the persons who attended 6 to 18 sessions.

Table 41  
Number of Providers Attending Training Sessions per Fiscal Year

Description of Training Attendees	FY 92	FY 93	FY 94	FY 95	Total
Number of Different Providers Who Attended Training Sessions	53	85	80	93	171
Number of Training Sessions Attended by Providers	115	137	199	205	657
Average of Number Training Sessions Attended by Each Provider	2.2	1.6	2.5	2.2	3.8
Maximum Number of Training Sessions Attended by 1 Provider	6	7	9	13	18
Standard Deviation	1.3	0.9	2	2.1	3.6
Variance	1.7	0.8	3.9	4.5	12.8

Table 42 represents the number of training hours attended by providers each fiscal year, the maximum number of training hours attended by one person, the average number of training hours attended, the standard deviation, and the variance. In fiscal year 1992,

there were 193.5 training hours attended by providers, there were 304 in 1993, 745 in 1994, and 789 in 1995. The maximum number of training hours attended by one person in 1992 was 11, in 1993 it was 12, in 1994 it was 41, and in 1995 the maximum number of training hours received by one person was 59. The standard deviation and variance for all providers attending training hours in 1992 was 2.3 and 5.3; in 1993, it was 2.7 and 7.1; in 1994, it was 8.4 and 71.1; and in 1995, it was 11 and 161.8. From fiscal year 1992 through 1995, the number of training hours attended by providers increased each year while the overall increase in 1995 from 1992 was over 300%. In total, providers attended 2,027 hours of training. Each year the maximum number of training hours received by one person progressively increased. The maximum number of hours of training received was 59 hours in 1995 which was an increase of 435% since fiscal year 1992. Again, the mean is skewed by the providers who acquired 11 to 59 training hours. The average number of training hours received by providers was 11.9.

Table 42

Number of Provider Training Session Hours per Fiscal Year

	FY 92	FY 93	FY 94	FY 95	Total
Number of Training Hours Attended by Providers	193.5	304	745	789	2027
Average Number Hours Attended	3.7	3.6	9.3	8.5	11.9
Maximum Number of Hours Accumulated by 1 Provider	11	12	41	59	59
Standard Deviation	2.3	2.7	8.4	11	12.8
Variance	5.3	7.1	71.1	119.9	161.8

When the data on providers attending training sessions and accumulating training hours were further examined, it was found that in each fiscal year, the person who attended the most training sessions was also the same person who accumulated the most training hours; the exception to this was fiscal year 1992. However, over the four year

period, the provider who attended the most training sessions was not the same person who accumulated the most training hours. Not surprisingly, each of those providers attended the most training sessions and accumulated the most training hours in different individual fiscal years. While there are a few variations in the data on training sessions and training hours, the data do suggest a positive trend towards the services of CCR&R attributing to increasing the quality of child care in SDA XI.

Level of satisfaction from training. Evaluations that providers completed after each training session were summarized by fiscal year. Because the numbers of training evaluations completed by attendees varied for each year, the numbers are represented in percentage figures to illustrate a better understanding of increase and decrease in the level of provider satisfaction with training sessions. Because changes have been made in the evaluation forms, results from two different evaluations were presented. After the results of the training evaluations were presented, the results from the training surveys that were distributed over the four year were presented.

Table 43 provides the number of completed training evaluations from fiscal year 1992 through fiscal year 1995 and the percentage of respondents that strongly agreed or agreed with each evaluation statement. See Appendix E for a copy of the training evaluation instrument.

Table 43

Training Attendees Level of Satisfaction \*With Training Sessions

Evaluation Statements	FY 92 n=165	FY 93 n=184	FY 94 n=193	FY 95 n=186	Total n=728
I learned a lot from this session.	98%	99%	98%	88%	96%
I will be able to use the information presented.	96%	99%	96%	95%	97%
I enjoyed this session.	100%	99%	97%	95%	98%
I recommend this session for others.	99%	99%	98%	92%	97%

\* Note: All the percentages represent only strongly agree and agree responses to each statement.

Of all the 1992 participants who filled out evaluations on the training session they attended, 98% felt they learned a lot from the session, 96% said they would be able to use the information presented, 100% enjoyed the session, and 99% would recommend the sessions for others. In 1993, 99% of respondents strongly agreed or agreed with all four statements. In 1994 and 1995, 98% and 88% learned a lot from the session; 96% and 95% agreed or strongly agreed they would be able to use the information presented; 97% and 95% strongly agreed or agreed they enjoyed the session; and 98% and 92% strongly agreed or agreed they would recommend this sessions for others, respectively.

From 1992 through 1995, the percentage of people answering strongly agreed or agreed to learning a lot from the session, enjoying the session, and that they would recommend the session for others slightly decreased; while overall 96%, 98%, and 97%, respectively, strongly agreed or agreed with the statements. From 1992 through 1995, the percentage of people who strongly agreed or agreed they would be able to use the information presented fluctuated between 95% and 99% with an overall total of 97% strongly agreeing or agreeing with this statement. In general, the training attendees expressed high levels of satisfaction with the training sessions during the first four years.

Table 44 illustrates the number of persons who completed a revised evaluation form (see Appendix E) in fiscal years 1994 and 1995, and the percentage of people who marked 5 or 4 on a continuum of 5 being strongly agree to 1 being strongly disagree on the 8 statements on the revised evaluation form.

In 1994 and 1995, respectively, 100% and 94% felt workshop content met their training expectations; 100% and 96% felt presentation was clear and to the point; 98% and 97% felt the presenter was knowledgeable and well prepared; 97% and 87% felt handouts were useful; 100% and 97% felt videos were helpful; 40% and 52% felt most of the content of the session was new to them; 80% and 90% felt their knowledge/awareness of the topic increased; and 85% and 88% felt the physical environment of the session was adequate. When comparing the number of participants in fiscal years 1994 and 1995 who



marked 5 or 4 there was a slight decrease on workshop content met their expectation, presentation was clear and to the point, presenter was knowledgeable and to the point, handouts were useful, and videos were helpful. Further comparison of the 1994 and 1995 data show an increase in the level of satisfaction on most of the content of the session was new to me, their knowledge/awareness of the topic had increased, and physical environment of session was adequate.

Table 44

Training Attendees Level of Satisfaction \*With Training Sessions (Revised Form)

Evaluation Questions	FY 94 n= 89	FY 95 n=229	Total n=318
Workshop content met my training expectations.	100%	94%	95%
Presentation was clear and to the point.	100%	96%	97%
Presenter was knowledgeable and well prepared.	98%	97%	97%
Handouts were useful.	97%	87%	90%
Videos - if used - were helpful.	100%	97%	93%
Most of the content of the session was new to me.	40%	52%	49%
My knowledge/awareness of this topic increased.	80%	90%	87%
Physical environment of session was adequate.	85%	88%	87%

Note: All the percentages represent 5 and 4 responses on a 5 to 1 continuum.

In order to assess training needs of the child care providers in SDA XI, throughout the first four years, CCR&R mailed four different training surveys out to child care providers and Department of Children & Family Licensing Representatives. In July of 1991, there were 73 surveys completed and returned; in August 1992, 36 surveys were completed and returned; in May 1993, 37 surveys were completed and returned; and in

June of 1995, 36 surveys were completed and returned. Because survey instruments were revised each year to better assess the needs of prospective training participants, complete comparisons could not be made across each survey; therefore, results of each training survey were presented followed with comparisons. See Appendix F for a copy of each training survey used.

In July 1991, there were 43 surveys from Coles County; 10 from Moultrie County; 7 from Clark County; 5 Cumberland County; 4 from Edgar County; 3 from counties outside of SDA XI; and 1 from Shelby County returned. The two most requested topics were Child Guidance & Discipline (CDA 3) and Working with Parents (CDA 4), followed by The Difficult Child (CDA 3), Avoiding Burnout (CDA 6), Self-Esteem in Children (CDA 3), and Enhancing Parent Involvement (CDA 4).

In August of 1992, there were 18 surveys completed and returned from Coles County; 4 surveys completed and returned from Clark, Edgar, and Moultrie counties; 3 from other counties outside of SDA XI; 2 from Cumberland County; and 1 from Shelby County. The number one topic requested was Child Guidance & Discipline (CDA 3), followed by Self-Esteem in Children (CDA 3), Working with Parents (CDA 4), Science and Nature (CDA 2), Preschool Development (CDA 8), and equally requested was Managing Family & Work and Tax Issues (CDA 5).

In May of 1993, there were 18 surveys completed and returned from Coles County; 6 from Clark County; 5 from Moultrie County; 4 from Cumberland and Shelby counties; and none from Edgar County. The most requested topic for training sessions included The Difficult Child (CDA 3), First Aid Certification (CDA 1), Child Guidance & Discipline (CDA 3), Preschool Development (CDA 8), Activities for Different Ages (CDA 3), and Avoiding Burnout (CDA 6).

In June of 1995, there were 18 surveys completed and returned from Coles County; 8 from Edgar County; 4 from Cumberland County; 3 from Moultrie County; 2 from Shelby County; and 1 from Clark County. The number one requested topic was

Management/Discipline Behavior (CDA 3), followed by Curriculum & Activities (CDA 2), CPR classes/First aid (CDA 1), Parent Communication (CDA 4), Theme Units (CDA 2), and Nutrition & Cooking ideas (CDA 1).

The first survey mailed received the largest response rate, while the three remaining years had approximately the same number of returns. For all four surveys mailed, CDA area 3 was the most requested training area. Topics chosen within CDA 3 included: child guidance, the difficult child, and management/discipline behavior. In the last two surveys, the number of survey participants requesting CPR and First Aid training (CDA area 1) increased. When looking at the number of training sessions offered by CDA areas (Table 39) the numbers suggest that CCR&R has worked to meet the needs of offering the training topics requested by survey participants.

Objective Three of this study was to examine the existing data on the training sessions that have been implemented through CCR&R in the first four fiscal years. The greatest number of training hours offered to child care providers were offered in Coles County. The number of training hours is probably explained by the fact the largest percentage of child care providers on the database reside in Coles County. Clark County had the second higher number of training sessions offered. In addition to the annual needs assessment, child care providers have the opportunity to request certain topics for training sessions and also for training sessions to be held in certain areas.

Even though there have been more training sessions and training hours offered each year, the number of participants decreased in fiscal year 1995 along with the number of acquired training hours. Participants could be child care providers, parents, center staff or other individuals. When the data were further analyzed to include only child care providers, the number of providers attending training sessions had consistently increased each year. A further examination of the training data revealed the number of different providers attending training sessions had increased each year with the exception of a small decrease in fiscal year 1994. The data on the number of different providers who

attended training sessions throughout the four year period revealed 171 different providers attended at least one training session offered. This represents approximately 41% of the 424 different providers that have been on the Carefinder database. The average number of sessions attended by providers increased each year, as well as the maximum number of training sessions attended by providers each year.

There is one aspect that needs to be taken into consideration when reviewing the data on the number of different child care providers attending training sessions. Because CCR&R did not keep records on the staff members of centers, the child care staff in centers that participated in training sessions could not be included in the analysis of different child care providers who had attended training sessions. However, center staff were included in the total number of training participants in Table 38. In addition, when child care providers had last name changes sometimes the tracking on the accurate number of total training sessions and training hours was impossible to attain.

The data indicated more providers were attending a larger number of training sessions each year; therefore, it could be concluded that providers are becoming better educated in the provision of quality child care. Several studies support training as a means to make a difference in the quality of care that is provided (Galinsky et al. 1994; Cost Quality and Outcomes Study Team, 1995; Machida, 1990; Fischer & Eheart, 1991, Pence & Goelman, 1991; Culkin, Morris, & Helburn, 1991).

In a paper presented by Galinsky (1990), providers' motivations to attend trainings included (a) wanting to provide the best experiences possible for the children they care for, (b) desiring assistance with day to day activities, (c) viewing child care as a profession that is benefited from instruction, and (d) needing to meet the requirements of licensing regulations. Galinsky (1990) reported that some of the disincentives that discourage providers from attending training include (a) providers work long hours and still have to meet the demands of their own family so having the time and the energy can be a challenge; (b) the distance to travel to the training; (c) some providers have a fear of

the unknown, or a fear they may not succeed because of reading and writing skills; and (d) the cost of training may discourage some while others do not see the advantage of making an that investment in training because often times providers do not increase their prices after attending.

When the training attendees level of satisfaction with training sessions was calculated, there was a very high degree of satisfaction. When the data were compared by fiscal year, a small decline in the level of satisfaction started to develop. There could be a few different reasons for the decline. Firstly, since new child care providers are constantly entering the field, some trainings are likely to be repeated and the more experienced providers may feel there is some repetition. Secondly, some child care providers are mandated to attend a certain amount of training, so they may feel some resentment. Thirdly, a relatively high number of providers have formal education through associate's and bachelor's degrees and also scholarships through CCR&R which may reflect the emphasis as well as proximity to community colleges and universities.

#### Objective Four Analysis

The fourth objective of this study was to examine the existing files on the distribution of the lending library resources from July 1, 1991 through June 30, 1995 to determine who used the resource lending library; the characteristics of the child care providers who utilized the resource lending library on a regular basis; and to identify the usage by each county. Measurement of quality indicators was added as the last analysis.

The resource lending library includes books, activity kits, videos, and cassettes on a wide variety of topics. Each fiscal year there were increases in the number of different users and the average number of resources checked out. The providers utilized the resource lending library by their own choice. The materials offered by CCR&R are directed at enhancing the quality of child care services provided.

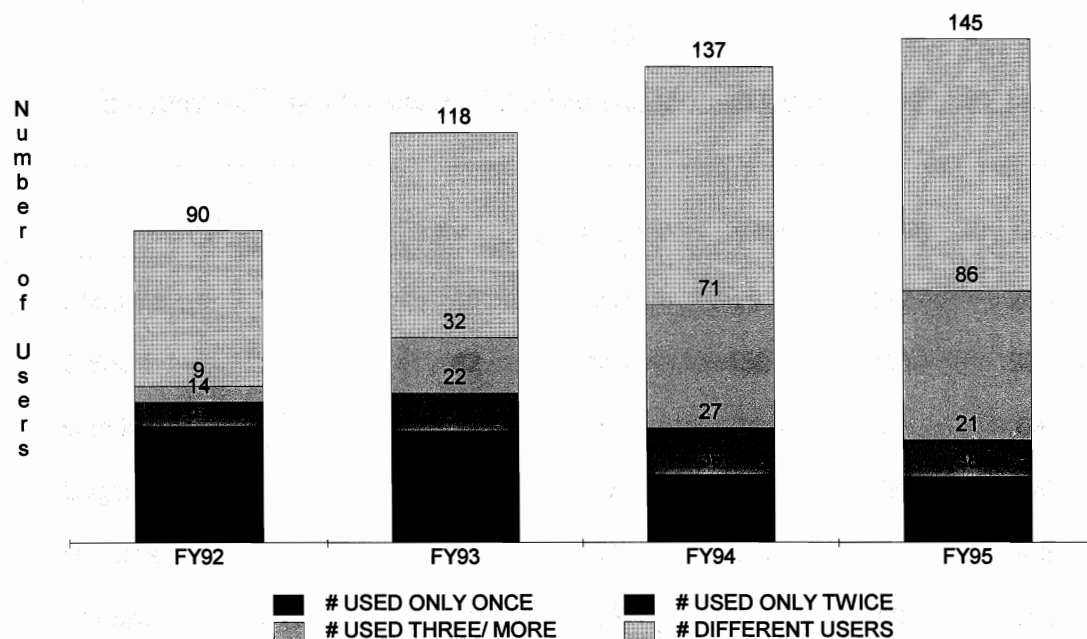
Number of resource lending library users. The number of all persons using the library once, twice, and more than three times; the breakdown of users by geographic

location; and the total number of resources that were checked out from July 1, 1991 through June 30, 1995 are presented in the given order.

Figure 2 represents the total number of persons who used the resource lending library; and of those, the total number who used it once, twice, or three or more times.

Figure 2

Number of Resource Lending Library Users & Frequency of Use by Fiscal Year



In 1992, there were a total of 90 different users; in 1993, there were 118; in 1994, there were 137; and in 1995, there were 145. Of the 90 in 1992, 67 used the library only once; 14 used the library twice; and 9 used it three or more times. In 1993 of the 118, 64 used it once; 22 used it twice; and 32 used it three or more times. In 1994 of the 137, 39 persons used the library only once; 27 used it twice; and 71 used it three or more times. Finally, in 1995 of the 145, 38 used it only once; 21 used it twice; and 86 used it three or more times.

From 1992 to 1995, the total number of users consistently increased each fiscal year. The number of users using the library three or more times increased each year,

while those using it only once decreased. Since 1991, there was a 856% increase in the number of persons who utilized the library three or more times each year, and the total number of different users increased 61%. The gap between the number of persons who used the library three or more times and the total number of different users decreased each year.

Table 45 represents the total number of times resources were checked out per fiscal year by county. The "other" category represents users outside of SDA XI.

Table 45

Number of Times Resources Checked Out in Each County per Fiscal Year

County	FY 92	FY 93	FY 94	FY 95	Total
Clark	18	31	99	112	260
Coles	82	148	136	230	596
Cumberland	12	7	21	23	63
Edgar	4	28	87	76	195
Moultrie	3	12	52	36	103
Shelby	7	23	53	63	146
Other	2	0	0	1	3
Total	128	249	448	541	1366

From July 1, 1991 through June 30, 1995, resources were checked out a total of 1366 times. In 1992 users from Clark County checked out resources 18 times; Coles County, 82 times; Cumberland County, 12 times; Edgar County, 4 times; Moultrie County, 3 times; and Shelby County, 7 times. In 1993, users from Clark County checked out resources 31 times; Coles County, 148 times; Cumberland County, 7 times; Edgar County, 28 times; Moultrie County, 12 times; and Shelby County, 23 times. In 1994, users from Clark County checked out resources 99 times; Coles County, 136 times;

Cumberland County, 21 times; Edgar County, 87 times; Moultrie County, 52 times; and Shelby County, 53 times. In 1995 resources were checked out 112 times by Clark County users, representing an increase 522% from 1992; Coles County, 230 times increasing 180% from 1992; Cumberland County, 23 times with an increase of 92% from 1992; Edgar County, 76 times with an increase of 1800% from 1992; Moultrie County, 36 times with an increase of 1100% since 1992; and Shelby County, 63 times with an increase of 800% since 1992.

Resources were checked out 128 times in 1992; 249 times in 1993; 448 times in 1994; and 541 times in 1995 which represented an overall increase of 326%. Coles County consistently had the largest number of providers who checked out resources each year, with an overall total of 596 times, followed by Clark County with a total of 260; Edgar County, 195; Shelby County, 146; Moultrie County, 103; and Cumberland County, 63. Edgar County had the largest increase of 1800% in users since 1992. For a further breakdown of resource utilization per month by county for each fiscal year see Appendix L.

Table 46 illustrates the total number of resources that were checked out by all library users in each county per fiscal year. From July 1, 1991 through June 30, 1995 there were a total of 3215 resources checked out from the resource lending library. In 1992, there were 31 resources checked out in Clark County; 221 resources in Coles County; 38 resources in Cumberland County; 9 in Edgar County; 7 in Moultrie County; and 16 in Shelby County. In 1993, Clark, Coles, Cumberland, Edgar, Moultrie, and Shelby Counties checked out 78, 323, 21, 78, 30, and 67 resources respectively; in 1994 the same counties checked out 217, 325, 52, 220, 110, and 113 resources respectively; and in 1995 there were 195, 614, 44, 195, 60, 143 resources checked out respectively. Each year there was an increase in the total number of resources checked out. In 1992 there were a total of 326 resources checked out; in 1993, 597; in 1994, 1037; and in 1995 there were 1255. There was a 285% increase in the number of resources checked out



since 1992. The number of resources checked out in Coles County and Shelby Counties have consistently increased each year while Clark, Cumberland, Edgar, and Moultrie counties consistently increased each year except 1995. Overall, the largest number of resources were checked out in Coles County which accounted for 46% of all resources checked out; followed by Clark County which accounted for 16%, Edgar County, 16%; Shelby County, 11%; Moultrie County, 6%; Cumberland County, 5%; and "Other" counties, less than 1%.

Table 46

Number of Resources Checked Out in Each County per Fiscal Year

County	FY 92	FY 93	FY 94	FY 95	Total
Clark	31	78	217	195	521
Coles	221	323	325	614	1483
Cumberland	38	21	52	44	155
Edgar	9	78	220	195	502
Moultrie	7	30	110	60	207
Shelby	16	67	113	143	339
Other	4	0	0	4	8
Total	326	597	1037	1255	3215

From July 1, 1991 through June 30, 1995, there was a consistent increase in the number of different persons utilizing the resource lending library. Since 1992, there was a 326% increase in the number of times resources were checked out. The number of persons using the library three or more times each year increased 856% since 1992. In total, there were 3,215 resources checked out. Each year the number of resources checked out consistently increased, which represented an overall increase of 285% since 1992.

The heavy use of materials in Coles County can be partially explained by the number of college and university early childhood students using them on the premises.

Providers using the resource lending library. The number of different child care providers who have used the resource lending library in each county, the percentage of providers using the library each year, the maximum number of times resources were checked out, and the average number of times resources were checked out by providers are presented in the order given.

Table 47 represents the number of child care providers in SDA XI who utilized the CCR&R resource lending library each year. The number in parentheses represents the percentage of providers who utilized the resource lending library each fiscal year.

Table 47

Number & Percentage of Different Providers Who

Used the Resource Lending Library in Each County per Fiscal Year

County	FY 92 n=225	FY93 n=245	FY94 n=246	FY95 n=290
Clark	8	12	23	24
Coles	35	43	45	49
Cumberland	2	2	7	7
Edgar	7	13	20	13
Moultrie	2	9	15	12
Shelby	4	8	12	8
Total	58 (26%)	87 (36%)	122 (50%)	113 (39%)

In 1992, there were 8 different providers in Clark County; 35 in Coles County; 2 in Cumberland County; 7 in Edgar County; 2 in Moultrie County; and 4 in Shelby County who checked out resources. In 1993, there were 12, 43, 2, 13, 9, and 8 respectively; in 1994, there were 23, 45, 7, 20, 15, and 12 respectively; and in 1995, there

were 24, 49, 7, 13, 12, and 8 respectively. In total there were 58 different providers in 1992; 87 different providers in 1993; 122 different providers in 1994; and 113 different providers in 1995 who used the resource lending library.

Coles County represented the largest number of providers using the resource library each year followed by Clark County which had the second largest number of providers using the library with the exception of 1993. The number of providers using the library in Coles County and Clark County consistently increased each year. The largest number of providers used the library during fiscal year 1994. In 1992, 26% of all providers used the library; in 1993, 36% of all providers used the library; in 1994, 50% of all providers used the library; and in 1995, 39% of all providers used the library. Of the 424 different providers on the Carefinder database for the study period, 46% (195) have used the resource lending library.

Refer to Table 48 to see the total number of times providers used the resource lending library, the average number of times resources were checked out.

Table 48

Number of Times Providers Used the Resource Lending Library

Description of Providers Using Resources	FY 92 *n=58	FY 93 n=87	FY94 n=122	FY95 n=113	Total n=195
Number of Times Resources Used by Providers	92	214	422	487	1208
Average Number of Times Providers Used Resources	1.6	2.5	3.5	4.3	6.2
Maximum Number of Times Resources Used	6	11	11	10	29

Note: n= the total number of different providers who used resources.

Over the four years, the resources were checked out 1208 times by providers. In 1992, providers checked out resources 92 times; in 1993, the number of times resources were checked out increased 136% to 214 times; in 1994, the number of times resources

were checked out increased 97% to 422 times; and in 1995, the number of times resources were checked out increased 15% to 487 times. In 1992, the average number of times providers checked out resources was 1.6 times; in 1993, that number increased to 2.5 times; in 1994, the number increased further to 3.5 times; and in 1995, the number increased even further to 4.3 times.

Each year the total number of times resources were checked out by child care providers consistently increased. Since 1992, the number of times resources were checked out increased 429%. The maximum number of times resources were checked out increased almost 50% in 1993 and has remained relatively consistent through 1995. Through the four year period, the maximum number of times resources checked out by a single provider was 29 times. Each year since 1992, the average number of times resources were checked out consistently increased. Even though there are some variations, the data suggest CCR&R has been effective in helping to increase the quality of child care services in SDA XI.

Table 49 compares the number of child care providers who utilized both the resource lending library and training sessions through CCR&R.

Table 49

Comparison of Center & Family Child Care Providers

Utilization of Resources & Training

Type of Use	FY 92		FY 93		FY94		FY95	
	Center	FCC*	Center	FCC*	Center	FCC*	Center	FCC*
Resources & Training	18%	11%	21%	18%	26%	21%	20%	18%
Resources Only	12%	15%	24%	15%	31%	26%	21%	20%
Training Only	8%	13%	5%	20%	16%	9%	7%	15%
n=	51	174	58	187	58	188	61	229

\* Family Child Care Provider

In 1992, 29% of child care providers utilized both the resource lending library and training; in 1993, 39% utilized both; in 1994, 44% utilized both; and in 1995, 48% utilized both. The percentage of child care providers using the resource lending library only was 27% in 1992, 39% in 1993, 57% in 1994, and 41% in 1995. From 1992 through 1995 the number of providers who utilized training only was 21%, 25%, 25%, and 22% respectively. Each year there was a larger percentage of centers utilizing the resource lending library and training in combination than there were family child care providers. Additionally, the percentage of centers utilizing the resources only was also higher with the exception of one fiscal year. The percentage of family child care providers utilizing the training only was nearly doubled of that of centers, with the exception of fiscal year 1994.

Measurement of Quality Indicators. To further examine the data, a scale was created to assess/identify the quality indicators of the child care providers (see Appendix J). The higher the number of points on the six point scale, the more quality indicators a provider possesses. After points were assigned for the number of total number of training hours acquired and the total number of times resources were utilized from the resource lending library percentages were calculated to see how many providers were using the resource lending library and training from CCR&R.

Table 50 shows the frequency and percentage of all providers within each point category. The total number of providers is representative of all providers who have ever been on the Carefinder provider database. Fifty-seven percent of all providers who have ever been listed on the Carefinder provider database had at least 1 point. Of the 61 center providers, 74% had at least 1 point while 54% of all family child care providers had at least 1 point. Out of 424 providers in the database, 1% had 6 points; 4% had 5 points; 6% had 4 points; 8% had 3 points; 16% had 2 points; and 21% had 1 point. A larger percentage of center providers tended to use the library and participate in training sessions more frequently than family child care providers.

Table 50

Assigned Point Categories of Total Resource Usage and  
Acquired Training Hours & Number of Providers

Points	Center		FCC		Total	
	n	%	n	%	n	%
6	2	3%	4	1%	6	1%
5	3	5%	14	4%	17	4%
4	6	10%	21	6%	27	6%
3	8	13%	27	7%	35	8%
2	14	23%	52	14%	66	16%
1	12	20%	79	22%	91	21%
0	16	26%	166	46%	182	43%
Total	61	100%	363	100%	424	100%

A second scale was created to include additional qualifications of providers (see Appendix J). The 11-point scale included all qualification variables listed in the Carefinder provider database (See Appendix A). Table 51 represents the number and percentage of all child care providers in each point category. All providers listed on the Carefinder provider database between July 1, 1991 through June 30, 1995 were included. Points were given for bachelors degree, associates degree, early childhood college credit, Illinois State Board of Education Certification, CDA, early childhood training, CCR&R training, and usage of CCR&R resource lending library. Years of experience and whether or not their own children were in the child care were excluded because center providers were not asked that information.

Out of 424 child care providers, 32 providers had scores ranging from 7 to 11 points. Of those 32, 14 were family child care providers and 18 center directors. When providers were separated by type of care (center or family child care provider), 75% of family day care providers and 61% of center directors had between 1 and 6 points.

Overall, 79% of family child care providers and 90% of center directors had at least one point. In general, 80% of all providers had at least one point while the remaining 20% had no points.

Table 51

Assigned Point Categories of Child Care Providers Qualifications from  
Fiscal Year 1992 through Fiscal Year 1995

Points	Center		FCC		Total	
	n	%	n	%	n	%
11	2	3%	0	---	2	<1%
10	1	2%	2	1%	3	1%
9	1	2%	0	---	1	2%
8	6	10%	4	1%	10	2%
7	8	13%	8	2%	16	4%
6	9	5%	17	5%	26	6%
5	8	13%	20	6%	28	7%
4	9	15%	32	9%	41	10%
3	3	5%	47	13%	50	12%
2	8	13%	80	22%	88	21%
1	6	10%	74	20%	80	19%
0	6	10%	79	21%	85	20%
Total	61	*101%	363	100%	424	100%

\* Due to rounding, percentage number does not equal 100%.

The objective of creating two scales was to try to determine a method of assessing the level of qualifications of providers in SDA XI. Since the use of the library and training participation are quality indicators, the data therefore suggested that CCR&R is having a measurable effect in increasing the quality of child care being provided in SDA XI. These data also suggested that providers take advantage of opportunities to increase

their knowledge in the area of child development which as research indicates does increase the quality of child care.

Objective Four of this study was to examine the existing data on the resource lending library offered by CCR&R to determine who has used the resources and the characteristics of child care providers who utilized the resource lending library and to identify the use by geographic location. Overall, the total number of library users increased each fiscal year. The number of times the library was utilized by providers also increased annually. The total number of resources checked out increased. The number of different providers using the resource library increased each year except for the last fiscal year. In fiscal year 1994, 50% of all providers used the library at one time or another. The average number of times the library was used by a provider increased each year.



## CHAPTER V

### Conclusion, Recommendations, and Limitations

The purpose of this evaluation study was to examine the existing data of Eastern Illinois University School of Family and Consumer Sciences Child Care Resource & Referral (CCR&R) to compile, summarize, and compare the first four fiscal years. Data were presented in tables and graphic illustrations to present the changes that occurred during the four year period.

The first objective examined the existing data on parents who used CCR&R. The number of parents using CCR&R steadily increased with the exception of the second fiscal year. The percentage of parents from single parent households versus two parent households increased the most. In addition, parents under the age of 20 accounted for the largest percent increase in the age category of parents. The percentage of children within each age category for whom care was requested remained relatively the same. The largest percentage of requests were for children under the age of one, but the age categories five and older also continued to make up a larger percentage each year. Almost 60% of all requests were for one child. Parents with younger children were more likely to request full-time care, while parents with older children were more likely to request referrals for part-time care. Each year a larger percentage of parents requested referrals for providers who provided some type of transportation. Employment was the number one reason parents requested referrals. When searching for child care, the number one problem encountered by parents was no provider opening available. Each year the number of parents rating their child care arrangement as very good or good increased, while the number of parents rating their child care arrangement as average, poor, or very poor declined. From 1992 through 1995, 94% of all parents who returned their evaluations were satisfied with their child care arrangement. Over 80% of all parents said they would use CCR&R again if they needed additional services. When parents found

child care with the help of CCR&R, they were more likely to be satisfied with the decision they had made regarding their child care arrangement. Each year parents rated their satisfaction with their child care arrangement higher. Ninety-seven percent of all parents who found child care with the help of CCR&R were satisfied with their child care arrangement and with CCR&R services.

Objective two of this study was to examine the existing data on child care providers in service delivery area XI. In general, there was an increase in the number of child care providers and the number of slots offered. The number of child care providers with over three years of experience declined each year while the number of providers with less than three years experience increased. The percentage of providers having experience with children having special needs decreased. In general, the average cost gap between centers and family child care providers narrowed since fiscal year 1992. The percentage of child care providers willing to accept subsidy payments increased each year and the percentage of providers offering transportation also increased. The number one reason providers gave for leaving the child care field was to go to work outside the home. Out of the 225 child care providers on the Carefinder database in fiscal year 1992, 66% of those providers remained on the Carefinder database at the end of fiscal year 1995.

Objective three of this study was to examine the existing data on the training sessions that were offered through CCR&R. Each fiscal year the number of training sessions held increased. The number of training sessions attended and the training hours acquired increased each year even though there was a slight decrease in the number of different providers attending training sessions in fiscal year 1994. The maximum number of training sessions and the maximum number of training hours attended by a single provider continued to increase each year. When training participants' level of satisfaction was examined, it was determined that participants were very satisfied with the training sessions offered. When a revised training evaluation form which asked more detailed

information was used, a small decrease in satisfaction was seen although the level of satisfaction remained very high.

Objective four of this study was to examine the existing data on the resource lending library offered by CCR&R. Each fiscal year there was an increase in the number of child care providers using the library. While the number of different people using the library increased, so did the number of times they utilized the library.

The last analysis of data included looking at all of the qualification data (see Appendix J) available on all child care providers ever listed on the CareFinder database. When all qualifications were combined out of 424 child care providers, at least 81% of all providers had at least one point. When just training sessions and resource usage were compared, 57% of all providers had attended training sessions and/or used the library resources. Of the 424 child care providers examined, 171 providers had utilized the resource lending library and 197 providers had attended at least one training session.

This study asked three questions: (1) Had the quality and accessibility of child care been increased through the services of CCR&R?; (2) Had the level of parent satisfaction with CCR&R improved?; and (3) Which services of CCR&R had been effective? The number of parents using CCR&R services has increased over 50% since the first fiscal year. The number of child care providers attending training sessions and using the resource lending library has increased each year. The number of child care providers and capacity to serve children have increased since fiscal year 1992. The number of training sessions offered by CCR&R increased each year. The frequency and the number of different providers using the resource lending library steadily increased over the four year period. The level of parent satisfaction with CCR&R remained very high each fiscal year. Over 80% of parents who returned evaluations stated they would use CCR&R again in the future. While there were some variations in the data presented, there were positive differences which suggest CCR&R helped improve the quality and accessibility of child care services in service delivery area XI.

### Recommendations

In order to measure the quality of child care providers, more detailed information is needed. Currently the CareFinder database keeps a continuous provider database rather than organizing data by fiscal year. The researcher used existing data from the CareFinder database which limited the background information on providers' qualifications and experience. One suggestion for better tracking of individual data on child care providers is to utilize a profile record that would be completed by the child care provider when she/he first registers with CCR&R. These data could include family information, specific information on education and experience, motivations for wanting to become a child care provider, and marital status. Currently CCR&R has no way of tracking provider background information. This information would aid in identifying common characteristics of the typical child care providers who offer quality programs needed by children of all ages and socio-economic backgrounds.

Another suggestion is to clarify some of the definitions in the CareFinder parent and provider database so there would be no broad discrepancies in categories. For instance, the definition of providers supplying transportation is very broad. Currently if providers are on a school bus route, they are categorized as providing transportation. This can cause problems because most school bus services will not provide transportation to a provider's home unless the child's residence is on a bus route. Another broad category is child care provider's experience. Currently only family child care providers are asked about their experience, and then they are lumped into 2 broad categories: less than three years experience or three or more years experience. The provider's profile record could be a way to document their exact years of experience. In addition, there is currently no way of tracking child care providers who have last name changes. The child care staff in centers is also an issue. Profiles could be kept on centers to enable more accurate data for research. Proper training and more diligent efforts by CCR&R staff in completing profile records would help prevent flawed data. With the family intake form the age group of the

inquiring parent is also very broad. When parents call for a referral, CCR&R determines only the number of children they are requesting referrals for, not the actual number of children residing in the home. Parent evaluation forms could include more information such as: evening, weekend, before/after school hours, rotating shifts, and if care was found through another provider CCR&R referred to originally. The problems parents encountered should be better defined instead of broad categories such as type of care not available, not available in needed time period. If categories were further divided into smaller categories, such as no infant openings, or part-time versus full-time issue, it would enable staff to better address problem areas.

While this study summarized much of the data that had been collected over the first four fiscal years, there are still many important unanswered questions. Does the demand for child care needed equal the supply of child care offered in SDA XI? Has the number of providers willing to care for children with special needs declined or has the number of providers with experience actually declined? How do child care providers screen the parent calling? To increase the quality of their child care programs, what additional measures can be taken to encourage child care providers to attend training sessions? What are the motivations and attitudes of providers attending training sessions? What would happen if the state required some type of yearly training mandate on family child care providers? Would there be a high drop out rate of family child care providers, or would this cause them to justify raising their costs and would this actually increase the quality? When parents do not find child care with a licensed child care provider, who do they use? Is this by choice? Are higher income families more satisfied with their child care arrangement? What is the turnover rate among child care center staff in SDA XI? What problems do families using DPA and DCFS subsidies encounter? What are their perceptions of child care providers? Do they feel forced to settle for lower quality child care? When parents owe a fee for child care referrals, is their level of satisfaction still the

same as opposed to parents who do not pay a fee for referrals? How many potential child care providers fail to pursue getting a license? Why?

Limitations of the study

This study focused on the existing data of Child Care Resource and Referral. Throughout the first four fiscal years there was a need to revise forms to more adequately meet the changing needs of CCR&R. Therefore, some of the data currently available were not previously collected. In reviewing files, some data were not specifically reported and as the program expanded, available information increased accordingly. The provider database did not allow comparisons to be made by each fiscal year.

## APPENDICES

## Appendix A

**CHILD CARE PROVIDER INFORMATION SHEET**

No Referrals

**OFFICE USE**

Provider # \_\_\_\_\_

Database \_\_\_\_\_

Date Entered \_\_\_\_\_

Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Closest Public Elementary School \_\_\_\_\_

Closest Major Intersection \_\_\_\_\_

Ages: FROM \_\_\_\_\_ Years \_\_\_\_\_ Months TO \_\_\_\_\_ Years \_\_\_\_\_ Months

Days: M T W TH F SA SU Hours: From \_\_\_\_\_ To \_\_\_\_\_ Flexible: Y N

License ID# \_\_\_\_\_ Expires \_\_\_\_\_

Total Capacity (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (overnight) \_\_\_\_\_

Total Vacancies (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (overnight) \_\_\_\_\_

**Type of Care**

center  
 FDC home  
 in-home (out)  
 in-home (in)  
 sch-age prog  
 playgroup  
 camp  
 nursery

**Year Schedule**

full year  
 school year  
 summer only  
 vac/holidays

**Languages**

English  
 Spanish  
 Polish

**Meals**

breakfast  
 snack  
 lunch  
 dinner  
 CACFP  
 kosher  
 special diet

**Type of Schedule**

full time  
 part time

**Subsidy**

Head Start  
 DCFS-site  
 DCFS-client  
 DPA  
 multi child  
 scholar/  
 sliding fee  
 ISBE pre-K  
 employer

**Affiliations**

for profit  
 employer/dev  
 non-profit  
 public school  
 college  
 church  
 hospital

**Other**

t train req  
 CPR  
 first aid  
 NAEYC accred  
 NAFDC accred  
 lic-exempt  
 CCR&R recruit

**Special Schedule**

drop in  
 hourly \$ \_\_\_\_\_  
 temp/emerg  
 sick care  
 24 hour care

**Special Service**

transportation

**Qualifications**

CDA  
 ece training  
 Assoc degree  
 Bach degree  
 ISBE ece cert  
 CCR&R train 1  
 CCR&R train 2  
 ece college cr  
 rtl/pep

**FDC Home**

independent  
 agency sponsor  
 loc assn mem  
 year experience  
 own child  
 gp fam home lic

**Day Schedule**

all day  
 evening  
 overnight  
 morning  
 afternoon  
 school hours  
 before school  
 after school

**Special Needs**

emotional/behav  
 physical  
 dev delay  
 other  
 sign  
 no experience  
 inclusion tr  
 inclusion mtls

**Environment**

non-smoking  
 outdoor play  
 pool  
 gym  
 no pets  
 near pub trans  
 fenced in yard

**Source**

organization  
 friend  
 training  
 provider  
 DCFS  
 Ad  
 phone book  
 other

**Week Schedule**

full week  
 part week  
 rotating  
 weekend

**Program**

Montessori  
 religious  
 kindergarten  
 w/grade school  
 nursery (only)  
 b/a school (only)  
 summer camp (only)  
 parent co-op

**List Any Pets**

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



## Appendix A--continued

	Infant	Toddler	2	3 & 4	5 & K	B/A S/A	V/H S/A
F/T Cost							
P/T Cost							
Capacity							
Vacancy							
Grp Size							
C/A Ratio							

Rates For Two Children: \_\_\_\_\_

Rates For Three Children: \_\_\_\_\_

Cost and Vacancy Comments: \_\_\_\_\_

Child Care Specialist \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

### School Age Program Information

Activities: \_\_\_\_\_

Grades: \_\_\_\_\_

Schools Served: \_\_\_\_\_

Field Trips: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

Summer Program: \_\_\_\_\_

School Vacation: \_\_\_\_\_

School Age Notes: \_\_\_\_\_

### Other Information

Date

CCR&R Orientation \_\_\_\_\_

Provider Handbook \_\_\_\_\_

Resource List \_\_\_\_\_

Added to Mailing List \_\_\_\_\_

Safe Home Illinois \_\_\_\_\_

## Appendix B

## FAMILY INTAKE FORM

\*\*\*\*\*  
 For Office Use: Date     /    /     Case ID#              Date Mailed               
 Initials              # of Referrals              Walk-In               
 \*\*\*\*\*

     Initial Request      Repeat Request (within 12 months of Initial Request)  
                                 Date of Initial Request

Parent Name                                  Caller Name                                 

Address                                  City                                  Zip                                 

County                                  Home Phone                                  Work Phone                                 

Phone Notes                                 

Employer                                  Employer (spouse)                                 

Family Composition (Check one from each line.)

A.      1 parent B.      2 parents C.      Guardian D.      Other E.      No Data

T.      Teen/20 O.      Over 20 yrs. N.      No Data

Income Information (Check One)

<u>    </u> Family Size	<u>    </u> 75% to 100% of IL Median
<u>    </u> Up to 75% of IL Median	<u>    </u> 100% to 125% of IL Median
<u>    </u> DPA (now/within 12 mos)	<u>    </u> Above 125% of IL Median
<u>    </u> DPA# (comp. serv only)	<u>    </u> No Income Data Available

# of Children Needing Care			Date Care Is Needed									
NAME	AGE	DOB	SEX	DAYS							HOURS	
#1	<u>    </u>	<u>    </u>	M/F	M	T	W	R	F	S	A	SU	<u>    </u>
#2	<u>    </u>	<u>    </u>	M/F	M	T	W	R	F	S	A	SU	<u>    </u>
#3	<u>    </u>	<u>    </u>	M/F	M	T	W	R	F	S	A	SU	<u>    </u>
#4	<u>    </u>	<u>    </u>	M/F	M	T	W	R	F	S	A	SU	<u>    </u>
#5	<u>    </u>	<u>    </u>	M/F	M	T	W	R	F	S	A	SU	<u>    </u>
#6	<u>    </u>	<u>    </u>	M/F	M	T	W	R	F	S	A	SU	<u>    </u>

<b>*Location</b>	Day Sched	<b>*Subsidy</b>	Reasons	<b>*Referred By</b>	Staff Time
<u>    </u> Near Home	<u>    </u> All Day	<u>    </u> Head Start	<u>    </u> Employment	<u>    </u> Phone Book	Estimate <u>    </u>
<u>    </u> Near Work	<u>    </u> Evening	<u>    </u> DCFS-Site	<u>    </u> Training	<u>    </u> CC Provider	
<u>    </u> Near School	<u>    </u> Overnight	<u>    </u> DCFS-Client	<u>    </u> Relocation	<u>    </u> Profes/Pvt	
<u>    </u> Other	<u>    </u> Morning	<u>    </u> DPA	<u>    </u> End L.O.A.	<u>    </u> Public Agen	Recruitment
	<u>    </u> Afternoon	<u>    </u> Multi-Child	<u>    </u> Ext Work	<u>    </u> Rel/Friend	Activities
<b>*Type of Care</b>	<u>    </u> School Hours	<u>    </u> Schol/Sli Sc	<u>    </u> Job Travel	<u>    </u> Ad	
<u>    </u> Center	<u>    </u> Before Sch	<u>    </u> ISBE Pre-K	<u>    </u> Job Sched	<u>    </u> Media/News	
<u>    </u> FDC Home	<u>    </u> After Sch	<u>    </u> Employer	<u>    </u> Child Needs	<u>    </u> Prev User	
<u>    </u> In Home (o)			<u>    </u> Parent Needs		
<u>    </u> In Home (i)	Week Sched	<b>*Special Needs</b>	<u>    </u> Spec Needs	Billing	
<u>    </u> Sch-age Pgm	<u>    </u> Full Week	<u>    </u> Emo/Behav	<u>    </u> Dissatisfied	<u>    </u> Billed	
<u>    </u> Nursery Sch	<u>    </u> Part Week	<u>    </u> Physical	<u>    </u> No Provider	<u>    </u> Pd 1st Bill	
<u>    </u> Playgroup	<u>    </u> Rotating	<u>    </u> Dev Delay		<u>    </u> 2nd Bill	
<u>    </u> Camp	<u>    </u> Weekend	<u>    </u> Other	Rel To Child	<u>    </u> Pd 2nd Bill	
		<u>    </u> Sign Lang	<u>    </u> Father	<u>    </u> No Fee	Environment
Type of Sched	Year Sched		<u>    </u> Mother	<u>    </u> Repeat Req	<u>    </u> Non-Smoking
<u>    </u> Full Time	<u>    </u> Full Year	Program	<u>    </u> Relative		<u>    </u> No Pets
<u>    </u> Part Time	<u>    </u> School Year	<u>    </u> Montessori	<u>    </u> Other	Reason < 3	
	<u>    </u> Summer	<u>    </u> Religious		<u>    </u> Cost	
Special Sched	<u>    </u> Vac/Holidays	<u>    </u> Kindergarten	Languages	<u>    </u> Type of Care	
<u>    </u> Drop In		<u>    </u> W/Grade Sch	<u>    </u> English	<u>    </u> No Openings	
<u>    </u> Hourly	Special Svcs	<u>    </u> 1/2 Day Nur	<u>    </u> Spanish	<u>    </u> Hrs/Sched	
<u>    </u> Temp/Emerg	<u>    </u> Transport	<u>    </u> B/A School	<u>    </u> Polish	<u>    </u> Program	
<u>    </u> Sick Care		<u>    </u> Sum Camp		<u>    </u> Location	
<u>    </u> 24 Hour		<u>    </u> Par Co-Op		<u>    </u> Quality	
				<u>    </u> Other	

## Appendix C

**CHILD CARE RESOURCE & REFERRAL PROJECT**  
 EASTERN ILLINOIS UNIVERSITY  
 SCHOOL OF HOME ECONOMICS

EVALUATION FORM

Dear Parent,

You recently used our Child Care Resource & Referral Service. In order for us to provide services that are truly useful, we rely on feedback from you. Please take a few minutes to complete the following questions. A return envelope is enclosed for your convenience.

1. Have you made a decision yet about your child(ren's) care?
  - a. ☐ Found care - new arrangement
  - b. ☐ Keeping former arrangement
  - c. ☐ Don't need care yet (no decision) SKIP TO QUESTION #4
  - d. ☐ Did not find care yet SKIP TO QUESTION #4
  - e. ☐ Decided not to use care at present time SKIP TO #4
2. How is (are) your child(ren) being cared for?
  - a. ☐ center based care
  - b. ☐ family day care (non-relative)
  - c. ☐ provider in child(ren's) home (non-relative)
  - d. ☐ other \_\_\_\_\_
3. Are you satisfied with this child care arrangement? Please rate how you feel on a scale of 1 to 5, with 1 = very satisfied to 5 = very dissatisfied.
 

1	2	3	4	5
---	---	---	---	---
4. Did you have any problems in your child care search? ☐ NO ☐ YES
 

<input type="checkbox"/> cost too high	<input type="checkbox"/> program
<input type="checkbox"/> type of care does not exist	<input type="checkbox"/> distance/transportation
<input type="checkbox"/> no opening	<input type="checkbox"/> lack of quality care
<input type="checkbox"/> not available in needed time period	
5. a. How helpful was this service in your search for child care? (1=very helpful to 5=not helpful at all)
 

1	2	3	4	5
---	---	---	---	---
- b. How helpful was the discussion with the child care counselor?
 

1	2	3	4	5
---	---	---	---	---
- c. How helpful were the referrals you received?
 

1	2	3	4	5
---	---	---	---	---
- d. How accurate was the child care provider information?
 

1	2	3	4	5
---	---	---	---	---
- e. If you needed to make arrangements, how likely would you be to use this service again? (1=very likely to 5 = not likely)
 

1	2	3	4	5
---	---	---	---	---
- f. Please explain your rating on #5a through e and add any other comments or suggestions on the back of the form.
6. How old is (are) the child(ren) who needs care? \_\_\_\_\_
7. Did you need care? ☐ full-time ☐ part-time ☐ other(specify) \_\_\_\_\_

Telling us your name, and what week and/or month you called will help us develop more accurate statistics about the child care needs in your area. This information will be kept confidential.

\_\_\_\_\_  
 Caller's Name (please print)\_\_\_\_\_  
 Week and Month Called\_\_\_\_\_  
 Today's Date\_\_\_\_\_  
 Thank you for your cooperation.

PLEASE RETURN TO: Child Care Resource & Referral Project, Eastern Illinois University, School of Home Economics, Room 217, Klehn Hall, Charleston, Illinois 61920. Phone 217-581-3398 or 800-545-7439.



## Appendix C--continued

**CHILD CARE RESOURCE & REFERRAL  
EASTERN ILLINOIS UNIVERSITY  
SCHOOL OF FAMILY AND CONSUMER SCIENCES  
217-581-6698 or 800-545-7439**

Dear Parent,

You recently used our Child Care Resource & Referral Service. Please remember that you are entitled to our service for a year and in order for us to provide services that are truly useful, we rely on feedback from you. Please take a few minutes to complete the following questions. A return envelope is enclosed for your convenience.

1. What decision have you made about your child(ren's) care?  
Please check one of the items below.
  - a. ☐ I found a new child care arrangement with the help of Child Care Resource and Referral.
  - b. ☐ I found a new child care arrangement without the help of Child Care Resource and Referral.
  - c. ☐ I kept former arrangement.
  - d. ☐ I have not made a decision about child care yet.
  - e. ☐ I have not found care yet.
  - f. ☐ I decided not to use care at present time.
  - g. ☐ I don't need child care yet.
  
2. Where are your child(ren) being cared for? Please check all appropriate responses.
  - a. ☐ In a child care center
  - b. ☐ In a family day care home
  - c. ☐ In my home
  - d. ☐ In a playgroup
  - e. ☐ At a camp
  - f. ☐ In a nursery school
  - g. ☐ In an afterschool program
  - h. ☐ By a relative
  
3. Are you satisfied with your current child care arrangement?  
☐ Yes ☐ No  
 How do you rate the child care arrangement?  
☐ Very good ☐ Good ☐ Average ☐ Poor ☐ Very Poor
  
4. Did you have any problems in your search for child care?  
☐ Yes ☐ No  
 If yes, please check the problem area(s) that applied.
  - ☐ Cost too high
  - ☐ Type of care needed not available
  - ☐ No opening
  - ☐ Not available in needed time period
  - ☐ Type of program not available
  - ☐ Distance/Transportation
  - ☐ Lack of quality care
  - ☐ Other (Please specify) \_\_\_\_\_

## Appendix C--continued

5. a. How helpful was this service in your search for child care?  
       \_\_\_ Very Helpful \_\_\_ Helpful \_\_\_ Somewhat Helpful  
       \_\_\_ Not Very Helpful \_\_\_ Not Helpful At All
- b. How helpful was the conversation with the Child Care Resource & Referral staff person?  
       \_\_\_ Very Helpful \_\_\_ Helpful \_\_\_ Somewhat Helpful  
       \_\_\_ Not Very Helpful \_\_\_ Not Helpful At All
- c. How helpful were the referrals you received?  
       \_\_\_ Very Helpful \_\_\_ Helpful \_\_\_ Somewhat Helpful  
       \_\_\_ Not Very Helpful \_\_\_ Not Helpful At All
- d. How helpful was the Child Care Choices booklet?  
       \_\_\_ Very Helpful \_\_\_ Helpful \_\_\_ Somewhat Helpful  
       \_\_\_ Not Very Helpful \_\_\_ Not Helpful At All
- e. How helpful was the other printed information you received in your packet?  
       \_\_\_ Very Helpful \_\_\_ Helpful \_\_\_ Somewhat Helpful  
       \_\_\_ Not Very Helpful \_\_\_ Not Helpful At All
- f. How accurate was the child care provider information?  
       \_\_\_ Very Accurate \_\_\_ Accurate \_\_\_ Somewhat Accurate  
       \_\_\_ Not Very Accurate \_\_\_ Not Accurate At All
- g. If you needed additional child care arrangements, would you use this service again?  
       \_\_\_ Yes \_\_\_ No \_\_\_ Maybe
- h. Please add any other comments or suggestions.

6. How old are the children who needed care? \_\_\_ \_\_\_ \_\_\_

7. Did you need care? \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Other

Telling us your name, and what week and/or month you called will help us develop more accurate statistics about the child care needs in your area. This information will be kept confidential.

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Week and Month Called

\_\_\_\_\_  
 Today's Date

Thank you for your cooperation.

PLEASE RETURN IN THE ENCLOSED ENVELOPE.

## Appendix D

**CHILD CARE RESOURCE AND REFERRAL  
RESOURCE LENDING LIBRARY**

NAME \_\_\_\_\_

CENTER \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

Town

PHONE \_\_\_\_\_

COUNTY \_\_\_\_\_

## PLEASE CHECK:

\_\_\_\_\_ CENTER DIRECTOR

\_\_\_\_\_ FAMILY DAY CARE PROVIDER

\_\_\_\_\_ CENTER STAFF

\_\_\_\_\_ OTHER \_\_\_\_\_

LENDING DATE \_\_\_\_\_

DUE DATE \_\_\_\_\_

YOU MAY CHECK OUT 5 RESOURCES, INCLUDING 1 ACTIVITY KIT.

## ITEMS BORROWED:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

I UNDERSTAND THAT THE CHILD CARE RESOURCE AND REFERRAL PROJECT IS NOT RESPONSIBLE FOR ANY ACCIDENTS OR INJURY RESULTING FROM THE USE OF THE ITEMS FROM THE RESOURCE LENDING LIBRARY.

PROVIDERS ARE RESPONSIBLE FOR RETURN OF ALL ITEMS IN A CLEAN AND USEABLE CONDITION. IT IS EXPECTED THAT MATERIALS WILL SHOW NORMAL SIGNS OF WEAR WHEN USED ON A REGULAR BASIS AND WHEN USED APPROPRIATELY.

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE

## Appendix E

**EIU CHILD CARE RESOURCE & REFERRAL**  
**School of Home Economics**  
Workshop Evaluation

Session Title: \_\_\_\_\_

Presenter: \_\_\_\_\_

Date: \_\_\_\_\_

I am a: (Check One)

\_\_\_\_\_ Family Day Care Provider

\_\_\_\_\_ Center Director

\_\_\_\_\_ Center Teacher or Assistant

\_\_\_\_\_ Other \_\_\_\_\_

Circle the number after each statement that represents your level of agreement:

strongly agree   agree   disagree   strongly disagree

A. I learned a lot from this session.                      1                      2                      3                      4

B. I will be able to use the information  
presented.                      1                      2                      3                      4

C. I enjoyed this session.                      1                      2                      3                      4

D. I recommend this session for  
future programs.                      1                      2                      3                      4

Comments:

List two things from this session that you will use working with young children.

1. \_\_\_\_\_

2. \_\_\_\_\_

Additional training you would like.

## Appendix E--continued

Composite Summary  
CCDBG WORKSHOP EVALUATION

Session Title: \_\_\_\_\_

CDA Subject Area: \_\_\_\_\_

Presenter: \_\_\_\_\_ Date: \_\_\_\_\_

I am a: (check one)

Years in child care:

\_\_\_\_\_ Family Child Care Provider

\_\_\_\_\_ Less than 2 years

\_\_\_\_\_ Center Teacher or Assistant

\_\_\_\_\_ 2-5 years

\_\_\_\_\_ Center Director

\_\_\_\_\_ 6-10 years

\_\_\_\_\_ Other

\_\_\_\_\_ More than 10 years

Please circle the appropriate rating for each item.

(Strongly agree 5 4 3 2 1 Strongly disagree)

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Workshop content met my training expectations.    | 5 | 4 | 3 | 2 | 1 |
| 2. Presentation was clear and to the point.          | 5 | 4 | 3 | 2 | 1 |
| 3. Presenter was knowledgeable and well prepared.    | 5 | 4 | 3 | 2 | 1 |
| 4. Handouts were useful.                             | 5 | 4 | 3 | 2 | 1 |
| 5. Videos - if used- were helpful.                   | 5 | 4 | 3 | 2 | 1 |
| 6. Most of the content of the session was new to me. | 5 | 4 | 3 | 2 | 1 |
| 7. My knowledge/awareness of this topic increased.   | 5 | 4 | 3 | 2 | 1 |
| 8. Physical environment of session was adequate.     | 5 | 4 | 3 | 2 | 1 |

List two things from this session that you will use in working with young children.

1. \_\_\_\_\_

2. \_\_\_\_\_

What features of the workshop did you like best?

\_\_\_\_\_

What features did you like least? How would you change them?

\_\_\_\_\_

Suggestions for future training sessions and workshops?

\_\_\_\_\_



## Appendix F

First survey

**CHILD CARE RESOURCE AND REFERRAL**

Eastern Illinois University

School of Home Economics

Klehm Hall 217

Charleston, IL 61920

**ROLLING RESOURCES**  
**TRAINING NEEDS ASSESSMENT**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Current Position/Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

PLEASE CHECK ANY OF THE FOLLOWING TOPICS THAT WOULD BE OF INTEREST TO YOU.**PLANNING A SAFE, HEALTHY**  
**LEARNING ENVIRONMENT**

- 52% - 38 First Aid Certification  
 58% - 42 CPR Certification  
 32% - 23 Health & Safety  
 26% - 19 Nutrition  
 38% - 28 Space Planning  
 41% - 30 Materials & Equipment  
 25% - 18 Play  
 1% - 1 Other \_\_\_\_\_  
 1% - 1 Other \_\_\_\_\_

**STEPS TO ADVANCE CHILDREN'S**  
**PHYSICAL AND INTELLECTUAL**  
**DEVELOPMENT**

- 29% - 21 Manipulatives  
 34% - 25 Large & Small Muscles  
 36% - 26 Language  
 51% - 37 Art  
 45% - 33 Music/Movement  
 49% - 36 Outdoor Play  
 30% - 22 Transitions  
 36% - 26 Science & Nature  
 49% - 36 Activities for Ages \_\_\_\_\_  
 18% - 13 Literature/Books  
       Other \_\_\_\_\_  
       Other \_\_\_\_\_

**POSITIVE WAYS TO SUPPORT**  
**CHILDREN'S SOCIAL AND**  
**EMOTIONAL DEVELOPMENT**

- 64% - 47 Self Esteem in Children  
 48% - 35 Independence in Children  
 73% - 53 Child Guidance & Discipline  
 68% - 50 The Difficult Child  
 53% - 39 Children and Stress  
 29% - 21 Children with Special Needs  
 33% - 24 Sibling Rivalry  
 18% - 13 Multi/Cultural Awareness  
 1% - 1 Other \_\_\_\_\_  
 1% - 1 Other \_\_\_\_\_  
 1% - 1 Other \_\_\_\_\_

**STRATEGIES TO ESTABLISH**  
**PRODUCTIVE RELATIONSHIPS**  
**WITH FAMILIES**

- 73% - 53 Working with Parents  
 59% - 43 Enhancing Parent Involvement  
 18% - 13 Home Visits  
 26% - 19 Site Events to Involve  
       Parents  
       Other \_\_\_\_\_  
       Other \_\_\_\_\_

Appendix F--continued  
First survey continued

STRATEGIES TO MANAGE AN EFFECTIVE PROGRAM OPERATION      MAINTAINING A COMMITMENT TO PROFESSIONALISM

40%-29 Managing Family & Work	5%-4 Advocacy
33%-24 Business Management for Homes	7%-5 Workforce Issues
11%-8 Business Management for Cent.	26%-19 Home Day Care Support Groups
38%-28 Tax Issues	66%-48 Avoiding Burnout
37%-27 Legal Issues	44%-36 Motivating Self
41%-30 Insurance Issues	25%-18 Leadership skills
25%-18 Licensing Issues	18%-13 Administrative Styles
25%-18 Motivating Staff	51%-37 Time Management
10%-7 Performance Appraisals	11%-8 Ethical Practices
1%-1 Other _____	1%- Other _____
Other _____	Other _____

OBSERVING AND RECORDING CHILDREN'S BEHAVIOR

PRINCIPLES OF CHILD GROWTH AND DEVELOPMENT

27%-20 Tools and Strategies for Effective Data Collection	23%-17 Infant Development
Other _____	37%-27 Toddler Development
Other _____	53%-39 Preschool Development
	41%-30 School-age Development
	1 Other _____
	Other _____
	Other _____

Check the days and times most convenient for you to attend child care training workshops.

43 Weekday Evenings 35 Saturday Mornings 17 Saturday Afternoons  
Other \_\_\_\_\_

Comments or suggestions: \_\_\_\_\_

Would you be willing to serve as a trainer? 3 Yes 20 No 18 Maybe

If yes, what training topics interest you? \_\_\_\_\_

Appendix F--continued  
Second survey

**CHILD CARE RESOURCE AND REFERRAL**  
Eastern Illinois University  
School of Home Economics  
Klehm Hall 217  
Charleston, IL 61920

Please return this survey by August 21, 1992. We really need your input to assist us in planning training for the year.

**TRAINING NEEDS ASSESSMENT**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
\_\_\_\_ Home Child Care Provider \_\_\_\_ Center Director \_\_\_\_ Center Staff  
\_\_\_\_ Other \_\_\_\_\_ Place of employment \_\_\_\_\_  
(Please specify)

PLEASE CHECK THE FOLLOWING TOPICS THAT WOULD BE OF MOST INTEREST TO YOU.

**PLANNING A SAFE, HEALTHY  
LEARNING ENVIRONMENT**

36Z - 13 First Aid Certification  
39Z - 14 CPR Certification  
17Z - 6 Health & Safety  
31Z - 11 Nutrition  
39Z - 14 Space Planning  
36Z - 13 Materials & Equipment  
3Z - 1 Play  
3Z - 1 Other \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_

**POSITIVE WAYS TO SUPPORT  
CHILDREN'S SOCIAL AND  
EMOTIONAL DEVELOPMENT**

58Z - 21 Self Esteem in Children  
39Z - 14 Independence in Children  
61Z - 22 Child Guidance & Discipline  
53Z - 19 The Difficult Child  
36Z - 13 Children and Stress  
22Z - 8 Children with Special Needs  
28Z - 10 Sibling Rivalry  
3Z - 1 Multi/Cultural Awareness  
3Z - 1 Other \_\_\_\_\_  
3Z - \_\_\_\_\_ Other \_\_\_\_\_

**STEPS TO ADVANCE CHILDREN'S  
PHYSICAL AND INTELLECTUAL  
DEVELOPMENT**

25Z - 9 Manipulatives  
17Z - 7 Large & Small Muscles  
22Z - 8 Language  
28Z - 10 Art  
33Z - 12 Music/Movement  
28Z - 10 Outdoor Play  
28Z - 10 Transitions  
50Z - 18 Science & Nature  
42Z - 15 Activities for Ages \_\_\_\_\_  
25Z - 9 Literature/Books  
\_\_\_\_ Other \_\_\_\_\_

**STRATEGIES TO ESTABLISH  
PRODUCTIVE RELATIONSHIPS  
WITH FAMILIES**

56Z - 20 Working with Parents  
33Z - 12 Enhancing Parent Involvement  
11Z - 4 Home Visits  
17Z - 6 Site Events to Involve  
\_\_\_\_ Parents  
3Z - 1 Other \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_



Eastern  
Illinois  
University  
BOARD OF GOVERNORS UNIVERSITIES

Appendix F--continued  
Second survey continued

STRATEGIES TO MANAGE AN EFFECTIVE PROGRAM OPERATION      MAINTAINING A COMMITMENT TO PROFESSIONALISM

50%-18 Managing Family & Work	9 Advocacy
25%-9 Business Management for Homes	8%-3 Workforce Issues
8%-3 Business Management for Centers	22%-8 Home Day Care Support Groups
50%-18 Tax Issues	36%-13 Avoiding Burnout
22%-8 Legal Issues	28%-10 Motivating Self
33%-12 Insurance Issues	22%-8 Leadership Skills
17%-6 Licensing Issues	25%-9 Administrative Styles
14%-5 Motivating Staff	39%-14 Time Management
8%-3 Performance Appraisals	8%-3 Ethical Practices
3%-1 Other _____	Other _____
3%-1 Other _____	Other _____

OBSERVING AND RECORDING CHILDREN'S BEHAVIOR

PRINCIPLES OF CHILD GROWTH AND DEVELOPMENT

33%-12 Tools and Strategies for Effective Data Collection	17%-6 Infant Development
Other _____	31%-11 Toddler Development
Other _____	15%-18 Preschool Development
	25%-9 School-age Development
	Other _____
	Other _____

PERSONAL GROWTH & DEVELOPMENT

28%-10 Stress and How to Deal with It  
33%-12 Relaxation Techniques  
33%-12 Increasing Personal Self-Esteem  
44%-16 Communication Skills  
Other \_\_\_\_\_  
Other \_\_\_\_\_

Check the days and times most convenient for you to attend child care training workshops.

19 Weekday Evenings 21 Saturday Mornings 17 Saturday Afternoons

Best days for training? 9 Mon. 11 Tue. 3 Wed. 11 Thur. 2 Fri. 18 Sat.

What length of time do you recommend for effective training?  
1 hr. 9 1 1/2 hrs. 15 2 hrs. 16 1/2 day 6 1 day conference

If you cannot attend workshops or conferences, what other ways would you prefer to receive training or information?

16 Educational Videos 10 Support Groups 10 Resource Library  
17 Resource Packets 7 College Courses 0 Other

Do you have a video cassette recorder (VCR)?        Yes        No

Comments or suggestions: \_\_\_\_\_

## Appendix F--continued

## Third survey

**CHILD CARE RESOURCE AND REFERRAL**

Eastern Illinois University

School of Home Economics

Klehm Hall 217

Charleston, IL 61920

Please return this survey by May 24, 1993. We really need your input to assist us in planning training for the year.

**TRAINING SURVEY**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Work Address \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_ Home Provider \_\_\_\_ Center Director \_\_\_\_ Center Staff \_\_\_\_ Other

Number of years in child care: \_\_\_\_\_

PLEASE CHECK THE FOLLOWING TOPICS THAT WOULD BE OF MOST INTEREST TO YOU.

**PLANNING A SAFE, HEALTHY  
LEARNING ENVIRONMENT**

55% - 17 First Aid Certification  
48% - 15 CPR Certification  
26% - 8 Health & Safety  
26% - 8 Nutrition  
19% - 6 Space Planning  
26% - 8 Materials & Equipment  
19% - 6 Play  
3% - 1 Other \_\_\_\_\_

**STEPS TO ADVANCE CHILDREN'S  
PHYSICAL AND INTELLECTUAL  
DEVELOPMENT**

29% - 9 Manipulatives  
29% - 9 Large & Small Muscles  
26% - 8 Language  
29% - 9 Art  
35% - 11 Music/Movement  
35% - 11 Outdoor Play  
23% - 7 Transitions  
35% - 11 Science & Nature  
45% - 14 Activities for Ages \_\_\_\_\_  
16% - 5 Literature/Books  
10% - 3 Other \_\_\_\_\_

**POSITIVE WAYS TO SUPPORT  
CHILDREN'S SOCIAL AND  
EMOTIONAL DEVELOPMENT**

39% - 12 Self Esteem in Children  
29% - 9 Independence in Children  
52% - 16 Child Guidance & Discipline  
55% - 17 The Difficult Child  
19% - 6 Children and Stress  
16% - 5 Children with Special Needs  
10% - 3 Sibling Rivalry  
26% - 8 Multi/Cultural Awareness  
0 Other \_\_\_\_\_

**STRATEGIES TO ESTABLISH  
PRODUCTIVE RELATIONSHIPS  
WITH FAMILIES**

42% - 13 Working with Parents  
23% - 7 Enhancing Parent Involvement  
3% - 1 Home Visits  
29% - 9 Site Events to Involve  
Parents  
3% - 1 Other \_\_\_\_\_

Appendix F--continued  
Third survey continued

**STRATEGIES TO MANAGE AN EFFECTIVE PROGRAM OPERATION**      **MAINTAINING A COMMITMENT TO PROFESSIONALISM**

16%-5 Managing Family & Work	6%-2 Advocacy
16%-5 Business Management for Homes	0 Workforce Issues
16%-5 Business Management for Cent.	23%-7 Home Day Care Support Groups
42%-13 Tax Issues	45%-14 Avoiding Burnout
32%-10 Legal Issues	6 Motivating Self
26%-8 Insurance Issues	16%-5 Leadership Skills
19%-6 Licensing Issues	10%-3 Administrative Styles
13%-4 Motivating Staff	29%-9 Time Management
13%-4 Performance Appraisals	6%-2 Ethical Practices
3%-10 Other _____	0 Other _____

**OBSERVING AND RECORDING CHILDREN'S BEHAVIOR**

**PRINCIPLES OF CHILD GROWTH AND DEVELOPMENT**

35%-11 Tools and Strategies for Effective Data Collection	26%-8 Infant Development
Other _____	39%-12 Toddler Development
	52%-16 Preschool Development
	26%-8 School-age Development
	Other _____

**PERSONAL GROWTH & DEVELOPMENT**

39%-12 Stress and How to Deal with It	26%-8 Relaxation Techniques
26%-8 Communication Skills	29%-9 Increasing Personal Self-Esteem
Other _____	

What are the three most important topics you would like to see offered as training?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Check the Days and times most convenient for you to attend child care training workshops.

\_\_\_\_ Weekday Evenings \_\_\_\_ Saturday Mornings \_\_\_\_ Saturday Afternoons

Best Days for training? 10 Mon. 7 Tue. 6 Wed. 3 Thur. 3 Fri. 19 Sat.

What length of time do you recommend for effective training?

\_\_\_\_ 1 hr. 5 1 1/2 hrs. 9 2 hrs. 6 1/2 day 3 1 day conference

If you cannot attend workshops or conferences, what other ways would you prefer to receive training or information?

19 Educational Videos 9 Support Groups 7 Resource Library  
18 Resource Packets 3 College Courses \_\_\_\_ Other

**THANK YOU FOR YOUR TIME AND INFORMATION!**

## Appendix F--continued

## Fourth survey

**TRAINING SURVEY**

Please take a moment to complete and return the following survey to help us provide workshops of interest for 95-96.

Directors: Please copy and distribute to your staff.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Family Day Care \_\_\_\_\_ Center Staff \_\_\_\_\_ Head Start/Pre K \_\_\_\_\_ Other \_\_\_\_\_

I prefer workshops: 22 Evenings 8 Saturday 8 On Site

Would you attend a mini-conference(1/2 day) in your area? 24 Y N

Please number five training areas that are of interest to you with 1 being of most interest.

- |  |   |
|--|---|
| 43%- <u>16</u> CPR Classes/First Aid     | 62%- <u>23</u> Management/Discipline Behavior |
| 30%- <u>11</u> Nutrition & Cooking Ideas | 8%- <u>3</u> Special Needs                    |
| 16%- <u>6</u> Childhood Diseases         | 16%- <u>6</u> Family Child Care Policies      |
| 19%- <u>7</u> Health & Safety            | 35%- <u>13</u> Parent Communication           |
| 27%- <u>10</u> Setting Up Environments   | 27%- <u>10</u> Record Keeping & Taxes         |
| 54%- <u>20</u> Curriculum & Activities   | 16%- <u>6</u> Movement & Music                |

\_\_\_\_\_ Infant & Toddler \_\_\_\_\_ Pre School \_\_\_\_\_ School Age

- |                                     |  |
|-------------------------------------|--|
| 32%- <u>12</u> Theme Units          | 22%- <u>8</u> Professionalism            |
| 14%- <u>5</u> Children's Literature | 16%- <u>6</u> Observing & Recording      |
| 24%- <u>9</u> Make It/Take It       | Children's Behavior                      |
| 24%- <u>9</u> Math & Science        | 11%- <u>4</u> Child Growth & Development |

Other Training Suggestions: \_\_\_\_\_

Have you ever attended a workshop? 28 Yes 8 No Conference 15 Yes 13 No

If not please indicate the reasons that prevented you from attending: evenings, distance too far drive, family obligations

Are you interested in working on your CDA credential? 11 Yes 20 No

Are you interested in taking college courses? 21 Yes 9 No

Do you find The Provider Press newsletter to be useful? 36 Yes No

Does your center need additional copies? 1 Yes 30 No

Is the training calendar easy to read and refer to? 34 Yes No

I would like to see more information in The Provider Press newsletter about: (Be Specific) Everything is great, sometimes we get after the training dates, swap shop for providers, discipline, thanks

**PLEASE MAIL BY JUNE 25**

Your input is invaluable to us. We will be having a drawing from returned surveys! You may be the winner of the book Practical Solutions to Practically Every Problem. Fold and mail to EIU CCR&R - 217 Klehm Hall, Charleston, IL - 61920.









## Appendix G

**TO INSURE ACCURATE SCORING:**

- Use a No. 2 pencil.
- Fill in the circle completely.
- Do not make any stray marks.

CORRECT MARK    INCORRECT MARKS

31	A	B	C	D	E	F	G	H	I	J
32	A	B	C	D	E	F	G	H	I	J
33	A	B	C	D	E	F	G	H	I	J
34	A	B	C	D	E	F	G	H	I	J
35	A	B	C	D	E	F	G	H	I	J
36	A	B	C	D	E	F	G	H	I	J
37	A	B	C	D	E	F	G	H	I	J
38	A	B	C	D	E	F	G	H	I	J
39	A	B	C	D	E	F	G	H	I	J
40	A	B	C	D	E	F	G	H	I	J
41	A	B	C	D	E	F	G	H	I	J
42	A	B	C	D	E	F	G	H	I	J
43	A	B	C	D	E	F	G	H	I	J
44	A	B	C	D	E	F	G	H	I	J
45	A	B	C	D	E	F	G	H	I	J
46	A	B	C	D	E	F	G	H	I	J
47	A	B	C	D	E	F	G	H	I	J
48	A	B	C	D	E	F	G	H	I	J
49	A	B	C	D	E	F	G	H	I	J
50	A	B	C	D	E	F	G	H	I	J

EASTERN ILLINOIS UNIVERSITY

**INSTRUMENT**

SEAT/TEST NO.

**YOU MAY WRITE IN THIS SPACE**

[illegible]

EDUC LEVEL	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	GENDER	M	F
------------	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	--------	---	---

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z  
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z  
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z  
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

[illegible]

**TEST FORM**

SPECIAL CODE		1	2	3	4	5
0	0	0	0	0	0	0
0	1	1	1	1	1	1
0	2	2	2	2	2	2
0	3	3	3	3	3	3
0	4	4	4	4	4	4
0	5	5	5	5	5	5
0	6	6	6	6	6	6
0	7	7	7	7	7	7
0	8	8	8	8	8	8
0	9	9	9	9	9	9

SOCIAL SECURITY NO.		TEST DATE	
DAY	YEAR	DAY	YEAR
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8</		



## Appendix H

10 Categories for Qualitative Comments from Parent Evaluations  
and the number of parents in each category

1. Thank you, your service is really beneficial (57)
2. Good Service (18)
3. Pleased with the choice I made (11)
4. Problems with the referrals, too many names on the list (22)
5. Location child care needed in is not readily available (6)
6. Cost too high (6)
7. Infant care, no one wants to take infants, openings for older children but not infant (16)
8. Part Time versus Full Time issue, (24)
9. Lack of Quality (23)
10. General comments--- won't be using service again because moved out of the area, only needed you for one day, I will recommend CCR&R to others, ended up I did not need the service (21)

## Appendix I

## Training Sessions Offered in Fiscal Year 1995

DATE	TRAINING	LOCATION	C	#	P	HR	I	HRS	EV	NL	GRP	SPR
7/6/94	FLEXIBLE,FEARFUL,FIESTY	MATTOON/COLES	3	8	2			16	NO	YES	CCP	SPON
7/11/94	FOUNDATIONS SETTING UP YOUR HOME & SAFETY	CHARLESTON/COLES	5	2	1			2	NO	NO	CCP	SPON
7/11/94	ORIENTATION	CHARLESTON/COLES	1	2	1			2	NO	YES	CCP	SPON
8/4/94	FIRST AID/CPR	MARSHALL/CLARK	1	7	9			63	YES	YES	CCP	COSP
8/8/94	FOUNDATIONS CHILD DVLPMT & ACTIV.	CHARLESTON/COLES	2	4	2			8	YES	YES	CCP	SPON
8/9/94	FLEXIBLE, FEARFUL, FIESTY	CHARLESTON/COLES	3	8	2			16	YES	YES	CCP	SPON
9/6/94	CPR RENEWAL	CASEY/CLARK	1	9	4.5			40.5	YES	YES	CCP	COSP
9/12/94	FOUNDATIONS DISCIPLINE	CHARLESTON/COLES	3	3	1.5			4.5	YES	YES	CCP	SPON
9/13/94	FIRST AID/CPR	CHARLESTON/COLES	1	11	9			99	YES	YES	CCP	COSP
9/15/94	ATTITUDES OF BEHAVIOR	PARIS/EDGAR	3	5	2			10	YES	YES	CCP	SPON
9/16/94	CREATIVE CIRRICULUM	SULLIVAN/MOULTRIE	2	2	1			2	YES	NO	CCP	SPON
9/20/94	AGES OF INFANCY	MATTOON/COLES	8	19	1			19	YES	YES	PAR	SPON
9/20/94	FIRST AID/CPR	CHARLESTON/COLES	1	11	9			99	YES	YES	CCP	COSP
9/22/94	ACCREDITATION	CHARLESTON/COLES	6	7	2			14	YES	NO	CCP	SPON
9/29/94	BUILDING A PARTNERSHIP WITH PARENTS	CHARLESTON/COLES	4	6	2			12	YES	YES	CCP	SPON
10/4/94	ITS JUST NOT ROUTINE DISCOVERY OF INFANCY	GREENUP/CUMBERLAND	8	9	2			18	YES	YES	PAR	SPON
10/5/94	RESPECTFULLY YOURS	MATTOON/COLES	8	13	3			39	YES	YES	CCP	SPON
10/6/94	FIRST AID/CPR	SHELBYVILLE/SHELBY	1	2	9			18	NO	NO	CCP	COSP
10/8/94	PEP HOME BASED TRAINING	CASEY/CLARK	2	1	1			1	NO	YES	CCP	COSP
10/10/94	FOUNDATIONS HEALTH & WELL BEING & HEALTHLY FO	CHARLESTON/COLES	1	3	1.5			4.5	YES	YES	CCP	SPON
10/19/94	FLEXIBLE, FEARFUL, FIESTY	MATTOON/COLES	3	9	2			18	YES	YES	PAR	SPON
10/19/94	FIRST AID/CPR	MATTOON/COLES	1	10	9			90	YES	YES	CCP	COSP
10/20/94	FIRST AID/CPR	MATTOON/COLES	1	9	9			81	NO	NO	CCP	COSP
10/21/94	CREATIVE CIRRICULUM/WASHING WITH CHILDREN	MATTOON/COLES	3	2	1			2	NO	NO	CCP	SPON
10/25/94	PEP HOME BASED TRAINING	CASEY/CLARK	2	1	1			1	NO	YES	CCP	COSP
11/3/94	FLEXIBLE,FEARFUL,FIESTY	MATTOON/COLES	2	10	2			20	YES	YES	PAR	SPON
11/3/94	FIRST AID/CPR	PARIS/EDGAR	1	5	9			45	NO	NO	CCP	COSP
11/6/94	ITS JUST NOT ROUTINE DIAPERING	MATTOON/COLES	3	12	2			24	YES	YES	PAR	SPON
11/8/94	FIRST AID/CPR	CHARLESTON/COLES	1	7	9			63	NO	NO	CCP	COSP
11/12/94	PEP TRAINING	MATTOON/COLES	2	10	5			50	YES	YES	CCP	COSP
11/14/94	FOUNDATIONS TAXES AND OTHER BUSINESS ISSUES	CHARLESTON/COLES	5	3	1.5			4.5	NO	NO	CCP	SPON
11/15/94	PEP HOME BASED TRAINING	SHELBYVILLE/SHELBY	2	3	1			3	NO	YES	CCP	COSP
11/30/94	ITS JUST NOT ROUTINE FEEDING	MATTOON/COLES	3	9	2			18	YES	YES	PAR	SPON
1/4/95	ITS NOT JUST ROUTINE BEDTIME & NAPPING	MATTOON/COLES	3	9	2			18	YES	YES	PAR	SPON
1/9/95	ORIENTATION	MATTOON/COLES	5	4	1.5			6	NO	YES	CCP	SPON
1/20/95	WINDFLOWER THE PROVIDER	CHARLESTON/COLES	5	7	8			56	YES	YES	CCP	COSP
1/21/95	WINDFLOWER THE PROVIDER	MATTOON/COLES	6	8	8			64	YES	YES	CCP	COSP
1/24/95	CDA	CHARLESTON/COLES	6	2	2.5			5	NO	YES	CCP	SPON

## Appendix I--continued

DATE	TRAINING	LOCATION	C	#	P	HR	I	HRS	EV	NL	GRP	SPR
1/28/95	WINDFLOWER THE BUSINESS	MATTOON/COLES	6	8	8			64	YES	YES	CCP	COSP
2/4/95	SESAME ST PEP TRAINING	CHARLESTON/COLES	3	6	1			6	YES	YES	CCP	COSP
2/4/95	SESAME ST PEP TRAINING	CHARLESTON/COLES	2	6	1			6	YES	YES	CCP	COSP
2/6/95	FIRST AID/CPR	SULLIVAN/MOULTRIE	1	15	9			135	YES	YES	CCP	COSP
2/8/95	LISTENING & RESPONDING TO FAMILIES NEEDS	MATTOON/COLES	4	8	2			16	YES	YES	CCP	SPON
2/8/95	TALES OF SELF ESTEEM	CHARLESTON/COLES	3	11	2			22	YES	YES	CCP	SPON
2/11/95	WINDFLOWER THE FAMILY	MATTOON/COLES	4	6	3.5			21	NO	YES	CCP	COSP
2/11/95	WINDFLOWER THE FAMILY	MATTOON/COLES	5	6	3.5			21	YES	YES	CCP	COSP
2/14/95	INCLUSION DELUSIONS	MATTOON/COLES	2	29	2			48	NO	NO	CCP	SPON
2/17/95	SESAME ST PEP PARENT TRAINING	MATTOON/COLES	2	47	1			47	NO	YES	PAR	COSP
2/18/95	WINDFLOWER THE CHILDREN	MATTOON/COLES	3	7	3.5			24.5	NO	YES	CCP	COSP
2/18/95	WINDFLOWER THE CHILDREN	MATTOON/COLES	7	7	3.5			24.5	YES	YES	CCP	COSP
2/25/95	SESAME ST PEP TRAINING	CASEY/CLARK	3	13	2			26	YES	YES	CCP	COSP
2/25/95	SESAME ST PEP TRAINING	CASEY/CLARK	2	13	2			26	YES	YES	CCP	COSP
3/7/95	INCLUSION DELUSIONS	SULLIVAN/MOULTRIE	2	13	2			26	YES	NO	CCP	SPON
3/13/95	ORIENTATION FOUNDATIONS	CHARLESTON/COLES	5	6	2			12	NO	YES	CCP	SPON
3/15/95	ACKNOWLEDGE,ASK,ADAPT	MATTOON/COLES	4	13	2			26	YES	YES	CCP	SPON
3/25/95	HOME DAY CARE PROVIDER CONFERENCE	CHARLESTON/COLES	3	23	2			46	NO	YES	CCP	SPON
3/27/95	LISTENING & RESPONDING TO FAMILIES NEEDS	SULLIVAN/MOULTRIE	4	7	2			14	YES	YES	CCP	SPON
3/29/95	BECOMING AWARE OF CULTURAL ISSUES	MATTOON/COLES	4	5	2			10	YES	YES	CCP	SPON
4/4/95	PARENT COMMUNICATION	CASEY/CLARK	4	12	2			24	YES	YES	CCP	SPON
4/4/95	FIRST AID/CPR	MATTOON/COLES	1	9	9			81	YES	YES	CCP	COSP
4/11/95	BECOMING MORE SENSITIVE TO CULTURAL ISSUES	SULLIVAN/MOULTRIE	3	9	2			18	YES	YES	CCP	SPON
4/11/95	SIDS	MATTOON/COLES	1	26	1.5			39	NO	YES	CCP	COSP
4/17/95	ACKNOWLEDGE,ASK,ADAPT	SULLIVAN/MOULTRIE	4	6	2			12	YES	YES	CCP	SPON
4/27/95	LISTENING & RESPONDING TO FAMILY NEEDS	MATTOON/COLES	4	6	2			12	YES	YES	CCP	SPON
5/2/95	INFANT/CHILD CPR	SULLIVAN/MOULTRIE	1	10	4.5			45	YES	YES	CCP	COSP
5/8/95	ORIENTATION	CHARLESTON/COLES	5	3	1.5			4.5	NO	YES	CCP	SPON
5/9/95	ORIENTATION	CHARLESTON/COLES	5	2	1.5			3	NO	YES	CCP	SPON
5/11/95	ACKNOWLEDGE,ASK,ADAPT	MATTOON/COLES	4	14	2			28	NO	NO	CCP	SPON
5/16/95	ACKNOWLEDGE,ASK,ADAPT	SULLIVAN/MOULTRIE	4	8	2			16	YES	YES	CCP	SPON
5/17/95	SESAME ST PEP TRAINING	PARIS/EDGAR	2	19	3			57	NO	YES	CCP	COSP
5/17/95	READ & WRITE ACROSS THE CURRICULUM	CHARLESTON/COLES	2	19	2			38	NO	YES	CCP	COSP
5/24/95	FIRST AID/CPR	CHARLESTON/COLES	1	9	9			81	YES	YES	CCP	COSP
6/1/95	ACKNOWLEDGE,ASK,ADAPT	MATTOON/COLES	4	5	2			10	YES	YES	CCP	SPON
6/14/95	FIRST AID/CPR	CHARLESTON/COLES	1	7	8.5			59.5	NO	NO	CCP	COSP

## Appendix I--continued

## Training Sessions Offered in Fiscal Year 1994

DATE	TRAINING	C	#P	HR	I HRS	EV	NL	GRP	SPR
7/17/93	SESAME ST PEP INITIATIVE TRAINING	2	17	6	102	YES	YES	CCP	COSP
7/24/93	SESAME ST PEP INITIATIVE TRAINING	2	23	6	138	YES	YES	CCP	COSP
8/2/93	ORIENTATION	5	2	2	4	NO	YES	CCP	SPON
8/3/93	A DAY IN THE PARK	3	216	1	216	NO	NO	CCP	SPON
8/14/93	FIRST AID/CPR	1	8	9	72	NO	NO	CCP	COSP
8/28/93	FIRST AID/CPR	1	9	9	81	NO	NO	CCP	COSP
9/25/93	SESAME ST PEP TRAINING	2	15	6	90	YES	YES	CCP	COSP
10/4/93	ORIENTATION	5	4	2	8	NO	YES	CCP	SPON
10/4/93	FIRST AID/CPR	1	13	9	117	NO	YES	CCP	COSP
10/13/93	FLEXIBLE, FEARFUL, FIESTY	3	13	1.5	19.5	YES	YES	PAR	COSP
10/13/93	OUR CHILDREN OUR WORLD	3	25	1.5	37.5	NO	YES	CCP	COSP
10/13/93	OUR CHILDREN OUR WORLD	3	11	2	22	NO	YES	CCP	COSP
10/26/93	TAX ISSUES	5	20	2	40	YES	YES	CCP	SPON
10/27/93	FLEXIBLE, FEARFUL, FIESTY	3	14	1.5	21	YES	YES	PAR	COSP
11/2/93	1-2-3 MAGIC=DISCIPLINE TECHNIQUES	3	12	2	24	YES	YES	CCP	SPON
11/8/93	RED CROSS	1	7	4	28	NO	NO	CCP	SPON
11/9/93	EXPLORING THE CREATIVE CURRICULUM	2	5	2	10	NO	NO	CCP	SPON
11/11/93	ACCREDITATION	5	9	2	18	NO	NO	CCP	SPON
11/15/93	CDA	6	3	2	6	NO	NO	CCP	SPON
11/22/93	PEP RALLY	2	40	2	80	NO	YES	CCP	COSP
12/6/93	FOUNDATIONS	5	1	2	2	YES	NO	CCP	SPON
12/13/93	PEP RALLY AT HEAD START	2	26	6	156	YES	YES	CCP/PA	COSP
1/11/94	TAX PLANNING SEMINAR	5	5	2	10	NO	NO	CCP	SPON
1/21/94	PROJECT HELP	6	20	1.5	30	NO	NO	CCP/PA	COSP
1/21/94	WINDFLOWER THE PROVIDER	6	6	2.5	15	YES	YES	CCP	COSP
1/22/94	WINDFLOWER THE PROVIDER	6	6	6.5	39	YES	YES	CCP	COSP
1/22/94	IMPROVING CARE FOR VERY YOUNG CHILDREN	3	3	2	6	NO	NO	CCP	COSP
1/22/94	IMPROVING CARE FOR VERY YOUNG CHILDREN	2	3	2	6	NO	NO	CCP	COSP
1/22/94	IMPROVING CARE FOR VERY YOUNG CHILDREN	1	3	1	3	NO	NO	CCP	COSP
1/25/94	ITS JUST NOT ROUTINE DIAPERING & TOLIETING	3	4	2	8	YES	YES	PAR	COSP
2/2/94	FIRST AID/CPR	1	11	8	88	YES	YES	CCP	COSP
2/7/94	ORIENTATION	5	3	1.5	4.5	NO	YES	CCP	SPON
2/8/94	ITS NOT JUST ROUTINE FEEDING	3	5	2	10	YES	YES	PAR	SPON
2/11/94	ITS NOT JUST ROUTINE BEDTIME & NAPPING	3	5	2	10	YES	YES	PAR	SPON
2/18/94	ATTENTION DEFICIT HYPERACTIVITY DISORDER	8	7	2.5	17.5	YES	YES	CCP	SPON
2/19/94	WINDFLOWER "THE BUSINESS"	5	5	8	40	YES	YES	CCP	COSP
2/23/94	EXPLORING THE CREATIVE CURRICULUM	2	3	2	6	NO	NO	CCP	SPON
2/23/94	FIRST AID/CPR	1	6	8	48	YES	YES	CCP	SPON
3/1/94	ITS JUST NOT ROUTINE BATHING & DRESSING	3	4	2	8	YES	YES	PAR	COSP

## Appendix I--continued

DATE	TRAINING	C	#P	HR	I HRS	EV	NL	GRP	SPR
3/2/94	FIRST AID/CPR	1	6	9	54	YES	YES	CCP	SPON
3/5/94	WORKING W/ SCHOOL AGE CHILDREN	8	7	1	7	YES	YES	CCP	SPON
3/5/94	WORKING WITH SCHOOL AGE CHILDREN	5	6	1	6	YES	YES	CCP	SPON
3/5/94	WORKING WITH SCHOOL AGE CHILDREN	3	7	2	14	YES	YES	CCP	SPON
3/5/94	WINDFLOWER THE FAMILY	3	5	4	20	YES	YES	CO	COSP
3/5/94	WINDFLOWER THE FAMILY	3	5	2.5	12.5	YES	YES	CO	COSP
3/5/94	WORKING WITH SCHOLL AGE CHILDREN	2	8	1	8	YES	YES	CCP	SPON
3/8/94	INFANT/TODDLER CAREGIVING	3	23	2	46	YES	YES	CCP	COSP
3/9/94	FIRST AID/CPR	1	11	9	99	YES	YES	CCP	COSP
3/10/94	FIRST AID/CPR	1	10	9	90	YES	YES	CCP	COSP
3/14/94	STORY TELLING TELL IT ALL	2	21	2	42	YES	YES	CCP	SPON
3/16/94	INFANT/TODDLER	8	5	3	15	YES	YES	PAR	COSP
3/19/94	WINDFLOWER THE CHILDREN	4	5	8	40	YES	YES	CCP	COSP
3/21/94	SIBLING RIVALRY	3	27	1.5	40.5	NO	NO	CCP/PA	COSP
3/29/94	PEP SESAME STREET PEP 1ST ANNIVERSARY	2	121	1.5	181.5	NO	YES	CCP	COSP
4/4/94	ORIENTATION	5	2	2	4	NO	YES	CCP	SPON
4/4/94	4-H BABYSITTING WORKSHOP	3	17	1	17	NO	NO	TEENS	COSP
4/5/94	EXPLORING THE CREATIVE CIRRICULUM: SETTING THE STA	2	10	2	20	YES	YES	CCP	SPON
4/6/94	IT'S JUST NOT ROUTINE	3	8	2	16	YES	YES	CCP	COSP
4/6/94	FLEXIBLE, FEARFUL, FIESTY	3	9	2	18	YES	YES	CCP	COSP
4/12/94	LET'S LOOK AT MUSIC & MOVEMENT	2	17	2	34	YES	YES	CCP	SPON
5/2/94	OBSERVING & RECORDING CHILDREN'S BEHAVIOR	7	7	2	14	YES	YES	CCP	SPON
5/7/94	CAREGIVING ROUTINES THAT WORK	3	16	2	32	YES	YES	CCP	COSP
5/7/94	CAREGIVING ROUTINES THAT WORK	1	10	1	10	YES	YES	CCP	COSP
5/11/94	TEEN MOMS WORKSHOP	3	17	2	34	NO	NO	PAR	COSP
5/14/94	PEP SESAME STREET PEP TRAINING	2	14	6	84	YES	YES	CCP	COSP
6/7/94	SCHOOL AGE ACTIVITIES	2	5	2	10	YES	YES	CCP	SPON
6/8/94	SPACE AS YOU GROW	3	9	1	9	YES	YES	CCP	COSP
6/8/94	SPACE AS YOU GROW	1	9	1	9	YES	YES	CCP	COSP
6/13/94	FOUNDATIONS FCC AS YOUR BUSINESS & PARENTS AS PAR	5	3	2	6	NO	YES	CCP	SPON
6/22/94	CENTER DIRECTORS	6	9	2	18	YES	YES	CCP	SPON

## Appendix I--continued

## Training Sessions Offered in Fiscal Year 1993

DATE	TRAINING	LOCATION	C	#	P	HR	T	HRS	EV	NL	GRP	SPR
7/2/92	ORIENTATION	CHARLESTON/COL	4		2	1.5		3	NO	YES	CCP	SPON
8/3/92	ORIENTATION	CHARLESTON/COL	4		3	1.5		4.5	NO	YES	CCP	SPON
8/24/92	CREATING LEARNING MATERIALS	CHARLESTON/COL	2		10	2		20	YES	YES	CCP	SPON
9/14/92	ORIENTATION	CHARLESTON/COL	5		10	1.5		6	NO	YES	CCP	SPON
10/5/92		CHARLESTON/COL	5		10	2		20	NO	NO		
10/6/92	FIRST AID/CPR	PARIS/EDGAR	1		1	8		8	NO	NO	CCP	COSP
10/12/92	INFANT/CHILD CPR	MATTOON/COLES	1		4	4		16	NO	NO	CCP	COSP
10/17/92	LANGUAGE ACQUISITION	CHARLESTON/COL	8		31	2		62	YES	YES	CCP/P	COSP
10/27/92	TAX ISSUES FOR CC PROVIDERS	MATTOON/COLES	1		8	2		16	YES	YES	CCP	SPON
11/2/92	ORIENTATION	CHARLESTON/COL	5		3	2		6	NO	YES	CCP	SPON
11/7/92	SAFE HOME ILLINOIS	MARSHALL/CLARK	1		9	1		9	YES	YES	CCP	SPON
11/7/92	SOLVING DISCIPLINE PRBLMS	MARSHALL/CLARK	3		12	2		24	YES	YES	CCP/P	SPON
11/10/92	FIRST AID/CPR	CHARLESTON/COL	1		3	8		64	NO	YES	CCP	COSP
11/30/92		SHELBYVILLE/SHE	1		8	1		3	NO	YES	CCP	
1/16/93	BRINGING US ALTOGETHER WORKING	SULLIVAN/MOULTR	4		34	2		68	YES	YES	CCP	SPON
1/16/93	SAFE HOME ILLINOIS	SULLIVAN/MOULTR	1		34	1		34	YES	YES	CCP	SPON
1/27/93	A CHILD'S WORLD DRAMATIC PLAY	MATTOON/COLES	3		8	2		16	YES	YES	CCP	SPON
2/1/93	ORIENTATION	CHARLESTON/COL	5		1	1.5		1.5	NO	YES	CCP	SPON
2/8/93	HANDS ON ACTIVITIES TO MAKE	CASEY/CLARK	3		12	2		24	YES	YES	CCP	SPON
2/20/93	SAFE HOME ILLINOIS	TOLEDO/CUMBERL	1		11	1		11	YES	YES	CCP	SPON
2/20/93	WATCH US GROW DVLPMNTLY APPR. A	TOLEDO/CUMBERL	8		14	2		28	YES	YES	CCP	SPON
3/1/93	ORIENTATION	CHARLESTON/COL	5		1	1.5		1.5	NO	YES	CCP	SPON
3/6/93	SESAME ST PEP INITIATIVE TRAINING	CHARLESTON/COL	3		31	5		155	NO	YES	CCP	COSP
3/8/93	SEE MORE, DO MORE	MATTOON/COLES	7		14	2		28	YES	YES	CCP	SPON
3/13/93	LETS HAVE FUN TOGETHER CONFERE	CHARLESTON/COL	3		35	2		70	YES	YES	CCP	SPON
3/15/93	PARENTS W/ HEADSTART	CASEY/CLARK	1		24	1		24	NO	NO	CCP/P	COSP
4/17/93	SAFE HOME ILLINOIS	PARIS/EDGAR	1		16	1		16	YES	YES	CCP	SPON
4/17/93	STORY STRETCHERS	PARIS/EDGAR	2		16	2		32	YES	YES	CCP	SPON
4/17/93	SESAME ST PEP TRAINING	CASEY/CLARK	3		9	5		45	YES	YES	CCP	COSP
4/21/93	PARENT FEST	MATTOON/COLES	4		12	1		12	NO	NO	PAR	COSP
5/2/93	LISTENING & RESPONDING TO FAMILIE	SULLIVAN/MOULTR	4		14	2		28	YES	YES	CCP	SPON
5/3/93	ORIENTATION	CHARLESTON/COL	5		1	1.5		1.5	NO	YES	CCP	SPON
5/8/93	SAFE HOME ILLINOIS	SHELBYVILLE/SHE	1		8	1		8	NO	YES	CCP	SPON
5/8/93	JUNK BOX ACTIV TO INCREASE CHILDS	SHELBYVILLE/SHE	2		8	1		8	YES	YES	CCP	SPON
5/11/93	SESAME ST PEP LIBRARIANS TRAINING	CHARLESTON/COL	3		11	5		55	YES	YES	LIBRAR	COSP
5/20/93	SUMMER ACTIV IDEAS TO USE W/ SCH.	MATTOON/COLES	2		12	1		12	YES	YES	PAR	SPON
5/25/93	HOW TO MAKE THE MOST OF YOUR TI	CHARLESTON/COL	4		25	2		50	YES	YES	PAR	SPON
6/7/93	ORIENTATION	CHARLESTON/COL	5		8	1.5		12	NO	YES	CCP	SPON
6/14/93	BABYSITTERS WORKSHOP	TOLEDO/CUMBERL	8		20	2		40	NO	YES	TEENS	COSP

## Appendix I--continued

## Training Sessions Offered in Fiscal Year 1992

DATE	TRAINING	LOCATION	C	#	P	HR	HR	EV	NL	GRP	SPR
2/00/92		CHARLESTON/COLES	1	8	1	8	1	8	NO	CCP	
3/00/92	GRANT WRITING	CASEY/CLARK	5	2	2	4	NO	NO	NO	CCP	
4/00/92	CPR	MATTOON/COLES	1	2	8	16	NO	NO	NO	CCP	COSP
10/15/91	FIRST AID/CPR	SHELBYVILLE/SHELBY	1	8	8	NO	NO	NO	NO	CCP	COSP
10/15/91	FIRST AID/CPR	SULLIVAN/MOULTRIE	1	8	8	NO	NO	NO	NO	CCP	COSP
10/17/91	FIRST AID/CPR	PARIS/EDGAR	1	8	8	NO	NO	NO	NO	CCP	COSP
10/17/91	FIRST AID/CPR	TOLEDO/CUMBERLAND	1	8	8	NO	NO	NO	NO	CCP	COSP
10/28/91	FIRST AID/CPR	CASEY/CLARK	1	8	8	NO	NO	NO	NO	CCP	COSP
11/4/91	HEAD START PARENT FAIR		4	39	1	39	NO	YES	CCP/PAR	COSP	
11/7/91	FIRST AID/CPR	CHARLESTON/COLES	1	8	8	NO	NO	NO	NO	CCP	SPON
11/9/91	DVLPMTLY APPRO. PRE-READING & WRITING AC	TOLEDO/CUMBERLAND	2	9	3	27	YES	YES	CCP	SPON	
11/21/91	TAX ISSUES FOR CC PROVIDERS	MATTOON/COLES	6	19	2	38	YES	YES	CCP	SPON	
11/23/91	WHAT MAKES ACTV DVPLY APPR	SHELBYVILLE/SHELBY	8	4	1.5	6	YES	YES	CCP	SPON	
11/23/91	PROMOTING SELF-ESTEEM IN ADULTS & CHILDRE	SHELBYVILLE/SHELBY	3	7	1.5	10.5	YES	YES	CCP	SPON	
1/25/92	STORY STRETCHERS	CASEY/CLARK	3	13	1.5	19.5	YES	YES	CCP	SPON	
1/25/92	STEPS TO BUILDING STRONG RLTS	CASEY/CLARK	4	13	1.5	19.5	YES	YES	CCP	SPON	
2/25/92	ORIENTATION	CHARLESTON/COLES	5	12	1.5	18	NO	YES	CCP	SPON	
2/29/92	DVPMNTLY APPRO ACTIV FOR PRESCHOOLERS	MATTOON/COLES	3	34	1.5	51	YES	YES	CCP	SPON	
2/29/92	AVOIDING BURNOUT IN EARLY CH	MATTOON/COLES	5	11	1.5	16.5	YES	YES	CCP	SPON	
2/29/92	FOR CENTER DIRECTORS: TIME TO NETWORK	MATTOON/COLES	6	45	1.5	67.5	YES	YES	CCP	SPON	
3/2/92	ORIENTATION	CHARLESTON/COLES	5	6	2	12	NO	YES	CCP	SPON	
3/21/92	PREPRESCHOOL DVLPMT	SULLIVAN/MOULTRIE	2	9	1.5	13.5	YES	YES	CCP	SPON	
3/21/92	LANGUAGE DVLPMT: HELP THEY NEED YOU	SULLIVAN/MOULTRIE	2	9	1.5	13.5	YES	YES	CCP	SPON	
4/6/92	ORIENTATION	CHARLESTON/COLES	5	1	1.5	1.5	NO	YES	CCP	SPON	
4/20/92	DESIGNING & MAKING LEARNING ACTIVITIES	CHARLESTON/COLES	2	9	1.5	13.5	NO	YES	CCP	SPON	
4/20/92	IMPROVING TECHNIQUES FOR WORKING W/ A DIS	CHARLESTON/COLES	3	9	1.5	13.5	NO	YES	CCP	SPON	
4/25/92	SUPPORTING INDEPENDENCE IN YOUNG CHILDRE	PARIS/EDGAR	2	5	1.5	7.5	YES	YES	CCP	SPON	
4/25/92	SCIENCE IS MORE THAN BUGS & ROCKS	PARIS/EDGAR	3	5	1.5	7.5	NO	YES	CCP	SPON	
4/30/92	AVOIDING BURNOUT	CASEY/CLARK	6	6	1.5	9	YES	YES	CCP	SPON	
5/18/92	SIAEYC		3	51	2.5	27.5	NO	NO	ALL	COSP	
6/1/92	ORIENTATION	CHARLESTON/COLES	5	2	1.5	3	NO	YES	CCP	SPON	
6/17/92	TIPS FOR TEACHING PRESCHOOLERS	CHARLESTON/COLES	8	6	2.5	15	NO	YES	CCP	SPON	
6/18/92	COLES CO. HOME EDUCATORS	CHARLESTON/COLES	5	3	1.5	4.5	NO	YES	CCP	SPON	
6/20/92	FUN & CREATIVE ACTIV. FOR SA CHILDREN	MARSHALL/CLARK	2	5	2	19	NO	YES	CCP	SPON	
6/24/92	MUSIC & MOVEMENT	TOLEDO/CUMBERLAND	2	7	1.5	10.5	YES	YES	CCP	SPON	
6/29/92	MUSIC & MOVEMENT	CHARLESTON/COLES	2	15	1.5	22.5	NO	YES	CCP	SPON	

## Appendix J

## Point System Used to Assess Provider Qualification

Bachelors Degree	2 points*
Associates Degree	1 point*
Child Development Associate	1 point
Early Childhood Training	1 point
Early Childhood College Credit	1 point
Illinois State Board Education	
ECE certification	1 point
NAEYC Accreditation	1 point
CCR&R Training Hours	
Attended 1-10.5 hours	1 point
Attended 11- 21.5 hours	2 points
Attended 22 or more hours	3 points
Resource Lending Library Usage	
Used 1-3 times	1 point
Used 4-6 times	2 points
Used 7 or more times	3 points

\* If a person had only a Bachelors degree, they were given 2 points. In the event that a person had a Bachelors degree in addition to an Associates degree they were given 1 point for each degree.



## Appendix K

FEE CHARGED BASED ON INCOME LEVEL & FAMILY SIZE

Family Size	\$0 Below 75%	\$10 75%-100%	\$20 100%-125%	\$30 Above 125%
2	\$0-\$21,500	to \$28,500	to \$35,500	+
3	\$0-\$26,500	to \$35,000	to \$44,000	+
4	\$0-\$31,500	to \$42,000	to \$44,000	+
5	\$0-\$36,500	to \$48,500	to \$52,500	+
6	\$0-\$41,500	to \$55,000	to \$60,500	+
7	\$0-\$42,500	to \$57,500	to \$69,000	+
8	\$0-\$43,500	to \$57,000	to \$70,500	+

## Appendix L

NUMBER OF TIMES RESOURCES WERE CHECKED  
OUT BY COUNTY PER MONTH FISCAL YEAR 95

County	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
Clark	4	10	20	17	4	9	12	5	8	11	12	0	112
Coles	16	8	18	13	17	6	20	35	32	30	33	2	230
Cumberland	0	1	3	5	6	2	0	0	1	0	5	0	23
Edgar	10	0	11	10	10	0	10	8	4	4	9	0	76
Moultrie	0	0	10	7	4	0	1	7	1	0	6	0	36
Shelby	5	0	8	9	8	0	8	8	6	8	3	0	63
Other	0	0	0	0	0	0	0	1	0	0	0	0	1
Total	35	19	69	61	49	18	50	64	53	54	67	2	541

NUMBER OF TIMES RESOURCES WERE CHECKED  
OUT BY COUNTY PER MONTH FISCAL YEAR 94

County	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
Clark	6	6	7	10	14	0	4	8	16	12	6	10	99
Coles	16	11	12	19	12	0	18	14	13	14	4	9	136
Cumberland	0	1	0	5	4	0	1	2	4	3	0	1	21
Edgar	10	11	11	12	9	0	5	11	7	10	4	0	87
Moultrie	0	0	17	9	1	3	0	0	0	7	0	14	52
Shelby	5	5	6	10	1	0	0	0	10	8	5	8	53
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	24	34	53	65	41	3	28	35	50	54	19	42	448

## Appendix L--continued

NUMBER OF TIMES RESOURCES WERE CHECKED  
OUT BY COUNTY PER MONTH FISCAL YEAR 93

County	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
Clark	0	0	0	0	6	6	4	4	0	3	7	1	31
Coles	4	6	12	12	10	14	21	12	15	13	15	14	148
Cumberland	0	0	0	0	0	0	1	1	1	3	0	1	7
Edgar	0	0	2	1	2	0	5	0	7	4	2	5	28
Moultrie	0	0	0	2	0	0	3	0	0	0	0	7	12
Shelby	1	0	1	0	0	0	6	3	1	5	6	0	23
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5	6	15	15	18	20	40	20	24	28	30	28	249

NUMBER OF TIMES RESOURCES WERE CHECKED  
OUT BY COUNTY PER MONTH FISCAL YEAR 92

County	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
Clark	0	0	0	0	2	0	7	1	1	4	0	3	18
Coles	13	0	10	4	5	1	6	7	17	10	0	9	82
Cumberland	0	0	1	0	2	1	2	1	3	0	1	1	12
Edgar	0	0	0	1	1	0	0	0	1	1	0	0	4
Moultrie	0	0	1	1	1	0	0	0	0	0	0	0	3
Shelby	1	0	0	0	3	1	1	0	0	1	0	0	7
Other	0	0	0	1	1	0	0	0	0	0	0	0	2
Total	14	0	12	7	15	3	16	9	22	16	1	13	128

## References

Annie E. Casey Foundation. (1995) . Kids count data book: 1995 . Baltimore, MD: Annie E. Casey Foundation.

Atkinson, A. M. (1991) . Providers evaluation of family day care services. Early Child Development and Care, 68, 113-123.

Bailey, S. & Warford, B. (1995) . Delivering services in rural areas: Using child care resource and referral networks. Young Children, 50,(5), 86-90.

Blank, H. (1991) . The child care development block grants to states under Title IV-A of the social security act: Describes major provisions and issues to consider in implementation . Children's Defense Fund: Washington, DC.

Blank, H. (1993) . Using federal funds to improve child care (Report No. EDO-PS-94-1) . Washington, DC : Office of Educational Research and Improvement. (ERIC Document Reproduction Service No. ED 365 468)

Children's Defense Fund . (1992) . Child care under the family support act: Early lessons from the states. Washington, DC: Author.

Committee for Economic Development. (1993) . Why child care matters: Preparing young children for a more productive America. Washington, DC: Author.

Corporate Parent Association. (1991) . Illinois statewide child care resource and referral: A public private partnership model 1989-1991. Chicago, IL.

Cost Quality and Outcomes Study Team. (1995) . Cost, quality, and child outcomes in child care centers: Key findings and recommendations. Young Children, 50(4), 40-44.

Department of Health and Human Resources. (1995, January) . Fact sheet: ACF child care programs serving children and families. Washington, DC: Administration for Children and Families.

Dunn, L. (1993) . Proximal and distal features of day care quality and children's development. Early Childhood Research Quarterly, 8, 167-192.

Ebb, N. (1994) . Child care tradeoffs: States make painful choices. Washington, DC: Children's Defense Fund

Endsley, R. C., Minish, P. A., & Zhou, Q. (1993) . Parent involvement and quality day care in proprietary centers. Journal of Research in Childhood Education, 7, (2), 53-61.

Fischer, J. L., & Eheart, B. K. (1991) . Family day care: A theoretical basis for improving quality. Early Childhood Research Quarterly, 6, 549-563.

Fosburg, S. (1981) . Family day care in the United States: Summary of findings. (U. S. Department of Health and Human Services, publication No. DHDS 80-30282) Washington, DC: U.S. Government Printing Office.

Galinsky, E. (1989) . Labor force participation of dual-earner couples and single parents. Washington, DC . Office of Educational Research and Improvement. (ERIC Document Reproduction Service No. ED 317 691).

Galinsky, E., Bond, T. J., & Friedman, D. E. (1993) . The changing workforce: Highlights from the national study. New York, NY: Families and Work Institute.

Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994) . The study of children in family child care and relative care: Key findings and recommendations. Young Children, 49,(6), 58-61.

Galinsky, E. & Stein, P. J. (1990) . The impact of human resource policies on employees. Journal of Family Issues, 11,(4), 368-383.

Hofferth, S. L. & Phillips, D. A. (1987) . Child care in the United States, 1970 to 1995. Journal of Marriage and Family, 49, 559-571.

Howes, C., Phillips, D. & Whitebook, M. (1992) . Thresholds of quality: Implications for the social development of children in center based care. Child Development, 63, 449-460.

Machida, S. (1990) . In-home health education for family day care providers: A rural community based project. Child & Youth Care Quarterly, 19,(4), 271-288.

Nelson, M. K. (1991) . A study of family day care providers: Attitudes toward regulation. Child & Youth Care Forum, 20,(4), 225-242.

Pence, A. R. & Goelman, H. (1991). The Relationship of regulation, training, and motivation to quality of care in family day care. Child & Youth Care Forum, 20(2), 83-101.

Roupp, R., Travers, J., Glantz, R., & Coelen, C. (1979) . Children at the center: Final report of the national day care study. Cambridge, MA: Abt. Associates.

Seigel, G. & Loman, A. (1991) . Child care and AFDC recipients in Illinois. Springfield, IL: Illinois Department of Public Aid.

Sonenstein, F. L. & Wolf, D. A. (1991) . Satisfaction with child care: Perspectives of welfare mothers. Journal of Social Issues, 47, (2), 15-31.

Staff. (1995, July) . Washington update. Young Children, 50,(5), 43.

Waite, L. J., Leibowitz, A. & Witsberger, C. (1991) . What parents pay for: Child care characteristics, quality, and costs. Journal of Social Issues, 47,(2), 33-48.

Washburn, P. V. & Washburn, J. S. (1985) . The four roles of the family day care provider. Child Welfare, 64,(5), 547-553.

Willer, B. Hofferth, S. L. Kisker, E. E. Divine-Hawkins, P., Farquar, F. B., & Glantz, F. B. (1991). The demand and supply of child care in 1990. Washington, D.C.: NAEYC

Whitebook, M., Marcy, & Others. (1989) . Who cares? Child care teachers and the quality of care in America. Executive summary, national child care staffing study. Berkley, CA: Child Care Employee Project. (ERIC Document Reproduction Service No. ED 323 032).

Whitebook, M., Phillips, D. & Howes, C. (1993) . National child care staffing revisited: Four years in the life of center-based child care. Oakland, CA: Child Care Employee Project.

Work Group on Early Childhood. (1995, March) . Report to the governor and the Illinois General Assembly. Illinois.

Voices for Illinois Children. (1994) . Making kids count: Illinois issues briefing book. Chicago, IL: Author.