



Insight

A Publication for Child Nutrition Professionals from the National Food Service Management Institute — Spring 2006

Family Day Care Home Providers Participating in the Child and Adult Care Food Program Identify Training Needs and Support Training Mentors

O Family Day Care Home (FDCH) providers have the unique responsibility of providing care on a daily basis to a treasured commodity, our children. To support a quality managed program, there is a need for effective training. High-quality child care has increased due to the number of children receiving care out-of-home. In today's world, the need for quality child care by a nonparental provider is the norm for working families in the United States. Effective training is the foundation for program excellence. Understanding the training needs of Family Day Care Home (FDCH) providers and responding to those needs guides an organization, ultimately leading to program excellence. Little is known regarding how FDCH providers operating in-home child care services within the guidelines of the Child and Adult Care Food Program (CACFP)

perceive their training needs or their assessment of the training experience.

The National Food Service Management Institute (NFSMI), Applied Research Division embarked on a study to assess the needs and issues associated with the training of FDCH providers participating in the United States Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP). The CACFP is a federally funded nutrition assistance program designed to provide healthy meals and snacks to children and adults receiving day care services. CACFP-funded programs operate within federal, state, and local child care guidelines with an overriding goal of improving the health and nutrition of those individuals participating in the program, while promoting the development of good eating habits through the use of nutrition education. The CACFP provides reimbursement for meals and snacks, meal preparation cost, and training in meeting nutrition needs and food safety, while providing assistance to ensure nutrition guidelines set by USDA are met (USDA, 2003). For many operating a FDCH, the subsidized reimbursement is an important source of financial

support. Since the inception of the FDCH program in 1977, providers have prepared and served over 694 million meals to children in their care (USDA, 2004). The Annual training opportunities are one form of program accountability that is regulation driven.

State CACFP agencies administer the federally funded program in support of the USDA Regional Food and Nutrition Service, and USDA Food and Nutrition Service Sponsoring organizations are approved and screened by the state agencies to serve as the direct link and to provide oversight to the FDCH provider to assure program regulations are implemented at the local level. The FDCH provider operates within a signed agreement with the sponsoring organization to participate in the CACFP.

For FDCHs, the monitor or in-home visitor is employed by the approved sponsoring organization to influence accountability by providing oversight and guidance to the provider. The monitor or in-home visitor's oversight of the FDCH program is guided by a formalized monitoring system. All of these steps assure program accountability and program compliance. It is the direction of the monitor that plays a vital role in supporting the delivery of quality day care services that assist in providing a foundation of program integrity.

A descriptive study was conducted to assess the training needs and issues associated with Family Day Care Home (FDCH) providers participating in the Child and Adult Care Food Program. A telephone survey was performed on a proportional stratified random sample of seven hundred FDCH providers equally representing the seven USDA regions. The researcher designed the survey to limit individual survey interview time to no more than five minutes. Data were collected and descriptive statistics determined using SPSS Version 11.5. Three hundred sixty-four respondents (52%) participated in the study. The majority of respondents (96.4%) indicated that they participated in training. Respondents reported that the preferred location for training is off-site from the FDCH and training with hands-on activities and small group sessions were indicated as the top two

methods of training, respectively. Also, three hundred forty-two (94%) conveyed that they would attend approved training conducted by a provider/mentor as readiness and/or remedial support to the sponsor monitor (in home visitor) directed training.

Whereas the findings indicated FDCH providers embrace training opportunities, training professionals and sponsoring organizations are advised to explore diverse forms of delivering training to FDCH providers. A training model that incorporates a local FDCH provider to serve as a training mentor for other local providers is recommended for consideration by NFSMI, state agency, sponsoring organization, USDA, and other training professionals.

The University of Southern Mississippi Human Subjects Institutional Review Board approved the protocol for the research study. Participation in the study was voluntary.

METHODS

PHASE I

- Solicited the services of the Center of Analysis, Research, and Evaluation (CARE) telephone research laboratory at the University of Southern Mississippi to conduct a telephone survey and compile the data.
- Developed a 24-item telephone survey questionnaire.
- Piloted the telephone survey questionnaire with twenty-six FDCH providers located in the USDA Southwest Region.
- Reviewed the pilot results and made minor adjustments in the survey questionnaire to improve clarity and responsiveness of study participants.
- Finalized the survey questionnaire to include questions that collected the needed information, but limited individual survey/interview time to no more than five minutes.
- Formed survey questions on identifying factors that depict a FDCH provider, the type of training providers participate in, the preferred training location, the desired method of training, the desired topics, the challenges to providing quality child care, the interest in receiving training from provider/mentor, and the type of training equipment available in the FDCH setting.

PHASE II

- Contacted the Child and Adult Care Food Program Sponsor's Association to provide a complete database of approved sponsoring organizations of FDCH in the United States.
- Contacted by mail 1055 sponsoring organization directors and requested contact information (name, mailing address, and telephone number) of the FDCH providers approved by their organization to participate in the CACFP.
- Received the requested information from sponsoring organization directors representing 33 states and seven USDA regions.

- Selected a stratified proportional random sample of 100 FDCH providers, systematically chosen, from each of the seven USDA regions.
- Contacted the 700 sampled FDCH providers by mail, explaining the nature of the research study, informing them that they were randomly selected to participate in a telephone survey to determine the training needs of FDCH providers across the United States, to assure them their participation was voluntary, and to expect a phone call within two weeks.
- Provided to the CARE laboratory coordinator the participants' names and contact information to initiate the telephone interview surveys.
- Confirmed with the CARE laboratory coordinator that all calls would be made by trained interviewers during normal business hours, with special consideration to not call during meal service time, based on time zones.

RESULTS AND DISCUSSION

PHASE I

- Researcher developed a 24-item survey questionnaire.
- Pilot tested the survey questionnaire with FDCH providers in the South West USDA Region.
- Trained interviewers conducted the survey and data analysis conducted.

PHASE II

- Three hundred and sixty four completed telephone surveys, generating a 52% rate of return.
- Participants verified their work titles for the purpose of validating the sampled participants as the desired study group.
- Ninety-seven percent (359) responded that they considered FDCH provider as their work title. The remaining three percent responded that their work title is FDCH Director, Owner, or Operator.
- Study respondents represented a range of 47 to 57 completed calls from each of the seven USDA regions.
- Study respondents represented 31 states.
- Fifty-two percent of study respondents worked as an in-home provider six or greater years.
- Fifty-eight percent reported their highest level of education ranged from having some college to having at least a Baccalaureate Degree.
- Ninety-two percent reported that they care for one to twelve children.
- Sixty-five percent of respondents confirmed their age range as 36-65.
- Ninety-six percent indicated that they participate in training.
- Ninety percent of respondents expressed training opportunities outside the FDCH setting were conveniently located.

Table 1
Training Issues of Family Day Care Home Providers

Topic of Discussion	Response Category	Frequency	Percent
<i>Do you participate in training?</i>	Yes	351	96.4
	No	13	3.6
<i>Do you feel you are provided enough training opportunities?</i>	Yes	348	96.0
	No	16	4.0
<i>Are training opportunities conveniently located?</i>	Yes	318	89.8
	No	36	10.2
<i>What is the most desired time to have training?</i>	Evening	179	49.2
	Weekend	135	37.1
	Anytime/No Preference	25	6.9
	Weekend Evenings	10	2.7
	Weekday Afternoon	8	2.2
	Weekday Morning	7	1.9
<i>Do you have training opportunities outside the FDCH setting?</i>	Yes	354	97.3
	No	10	2.7
<i>Do you feel the training received is helpful to providing a quality child care program?</i>	Yes	360	98.9
	No	4	1.1
<i>Does your monitor/in-home visitor provide training?</i>	Yes	325	89.0
	No	39	11.0
<i>What is your most desired method of training?</i>	Hands-on Activities	139	38.2
	Small Group Training	128	35.2
	Lecture	64	17.5
	Other (i.e., In-home video/Online)	21	5.8
	One-on-one Instruction	12	3.3
<i>Where do you prefer to have your training?</i>	Off-site Training	245	69.8
	In-home Training	83	22.8
	Other (i.e., online)	27	7.4
<i>Where is your training provided?</i>	Off-site Training	228	70.2
	In-home Training	29	8.9
	In-home and Off-site	68	20.9
<i>Would you attend approved training if a local provider/mentor conducted the training?</i>	Yes	342	94.0
	No	22	6.0
<i>What types of training equipment are available in the home?^a</i>	VCR and TV	335	97.5
	Computer	311	85.4
	DVD and TV	293	80.5
	Internet Access	281	77.2
	Satellite Dish	99	27.2
	TV Only	2	0.5
	None Available	1	0.3
<i>How have you received training in the past?^a</i>	Small Group Training	252	69.2
	Lecture	227	62.4
	Hands-on Activities	193	53.0
	One-on-one Instruction	105	28.8
	Other	30	8.2

^a Percentages for question total more than 100% because respondents were allowed multiple responses.

PRACTICAL USE OF THIS INFORMATION

Training opportunities are an expectation for FDCH providers. FDCH providers operating within the guidelines of the CACFP have a regulatory framework to assure the nutrition needs of children are met and training is a form of support that supports program goals. Sponsoring organizations contribute to the professional development of FDCH providers by offering appropriate and mandated training and provide oversight through a monitoring process directed by the approved sponsoring organization monitor or in-home visitor. Therefore, gaining a better understanding of the training needs of FDCH providers is essential to those directly responsible for contributing to their professional development experience.

The study findings indicate that FDCH providers are well educated child care professionals with a commitment to participating in professional development training opportunities. Of the 364 respondents participating in the telephone interview survey, the majority (51.4%) indicated that they had been FDCH providers for 6 to 30 years, while 5.2% reported working as a FDCH provider for less than one year.

Training experts that contribute training opportunities would be advised to explore diverse forms of delivering training for FDCH providers. Study participants appear to have experience using the computer and Internet. Three hundred eleven confirmed the availability of a computer in the home, while two hundred eighty-one indicated accessibility to the Internet. Based on respondents' comments, the VCR/TV, computer, DVD/TV, and Internet were ranked as the top four forms of accessible training equipment. Also, the majority of respondents (73%) indicated that their most desired methods of training were hands-on activities and small group training sessions.

Three hundred forty two study respondents (94%) supported the question, "Would you attend approved training if a local provider/mentor conducted the training?" Sponsoring organizations faced with the CACFP regulation to provide training would strengthen their training commitment following a model that embraces the provider/mentor level of reinforcement training. Following this model, the provider/mentor would be supplied training resources by the sponsor monitor based on regulatory needs and sponsoring organization goals and then customize the professional development

experience by selecting and designing provider/mentor directed training appropriate to meet the needs of the local providers. For this model to be successful, sponsor monitors or in-home visitors would facilitate the professional development experience of the mentoring provider and support the activity as a readiness or remedial training experience for those participating. Developing a systematically planned model for training would ensure that the experience is implemented properly.

CACFP training experts and organizations that contribute to the professional development opportunities of FDCH providers are advised to explore a training model that supports a local FDCH provider as a training mentor for other local providers and that the training be directed as an extension of the sponsoring organizations' training processes. Also, the CACFP professionals and organizations should continue to examine the professional development opportunities provided and developed for FDCH providers as a means for assuring the implementation and maintenance of a well-trained FDCH provider. It is an intentional, well-planned activity that meets the needs of FDCH providers responsible for the day-to-day child care services and fulfills the goals of the organization.

PREVAILING COMMENTS FROM STUDY PARTICIPANTS

"I hope the survey results will provide more training opportunities."

"I feel that the survey and issues being addressed are very much needed."

"I really appreciate our concerns being addressed."

"I feel the survey covers every aspect of our needs."

Continued from Page 2

- Eighty-six percent reported the most desired time to have training was the evening or weekend.
- Ninety-nine percent indicated that training received was helpful to their providing a quality child care program.
- Eighty-nine percent designated that their training was provided by the sponsoring organization monitor/home visitor.
- Seventy-three percent specified their desired methods of training were hands-on or small group activities.
- Ninety-seven percent reported that training does occur in the FDCH.
- Seventy-percent indicated that they would prefer training off-site or away from the FDCH setting.
- Twenty-seven percent responded the most available training equipment in the FDCH setting was "VCR and TV."
- Seventy-five percent reported that they knew other FDCH providers in their local area.
- Forty-six percent indicated that they considered one of the other local FDCH providers as a mentor.
- Ninety-four percent of those that knew other FDCH providers indicated that they would attend approved training conducted by a local mentoring FDCH.
- Twenty-one training categories were identified based on the open-ended data.
- Eighty-one percent of the unrestricted response focused on six training areas important to running a quality child care program.

Top Six Training Topics Identified by FDCH Providers as Important to Running a Quality Program

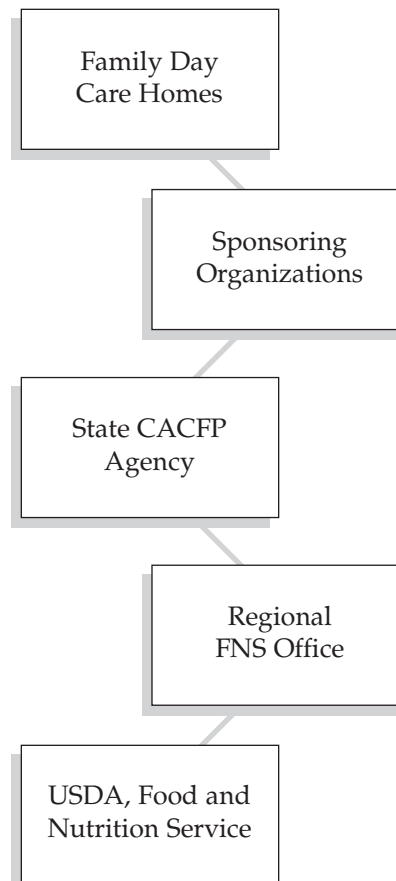
- promoting health/safety
- understanding child development
- promoting nutrition/healthy eating
- understanding behavior/discipline
- importance of quality child care
- appropriate activity/craft/play time

FACT FINDER

Relating to Study Participants

- 99%**...feel training is helpful
- 96%**...take part in training
- 94%**...would take part in training conducted by a mentoring provider
- 90%**...feel training is conveniently located
- 86%**...prefer training on evenings and weekends
- 58%**...have some college credit, or have earned a Baccalaureate Degree
- 52%**...have worked as a FDCH provider 6 or more years

CACFP Partners



For More Information

CACFP Training Resource Checklist – This two-page voluntary training resource checklist was designed to assist CACFP professionals in making an informed decision regarding the appropriateness of a training resource.

http://www.nfsmi.org/Information/cacfp_training_resource_checklist.pdf

Identification of Available Training Resources Appropriate for Family Day Care Home Providers – A full report describing a research study designed to provide a list of current training resources that are available to train FDCH providers.

http://www.nfsmi.org/Information/training_resources_for_fdch_providers.pdf

Steps to Nutrition Success Checklist...Family Day Care Homes – A program self-assessment tool for FDCH providers.

http://www.nfsmi.org/Information/fdch_checklist.pdf

Training Needs Assessment of Family Day Care Home Providers Participating in the CACFP – A full report of the research presented in this *Insight*. http://www.nfsmi.org/Information/training_needs_cacfp.pdf



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NATIONAL FOOD SERVICE MANAGEMENT INSTITUTE

The University of Mississippi

Telephone: 800-321-3054

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Author – Deborah H. Carr, PhD, RD., Director of the Applied Research Division of the National Food Service Management Institute; Shellie R. Hubbard, M.A., Research Assistant for the Applied Research Division of the National Food Service Management Institute, located at The University of Southern Mississippi, Hattiesburg.

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