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# Childcare and Youth Training and Technical Assistance Project (CYTTAP) November 2013 Evaluation Report


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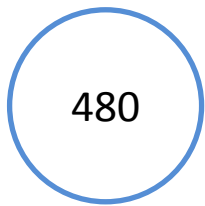
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# Childcare and Youth Training & Technical Assistance Project (CYTTAP)

November 2013 | Evaluation Report



The Childcare and Youth Training & Technical Assistance Project (CYTTAP) works to improve the quality and quantity of child care in states with high densities of off-installation military families. From November 2011 through October 2013, child care providers and early childhood education professionals attended face-to-face trainings, train-the-trainer events, and low- or no- cost online trainings. All the trainings hours are accepted for Child Development Associate (CDA) formal education hours. In addition, most of the participating states credit the trainings towards state-approved professional development hours required to maintain licensing/certification or quality improvement ratings. Train the trainer events contributed to the sustainability of CYTTAP project goals. These events produced a cadre of state trainers who are prepared to deliver ongoing professional development training throughout the state to direct care providers.



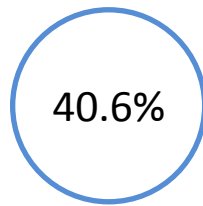
**480**  
CYTTAP-sponsored face-to-face trainings were hosted



**23,889**  
online training hours were completed in participating states



**26,439**  
people participated in CYTTAP trainings (approx. 9,800 of these are unduplicated)



**40.6%**  
of participants report serving children from military families

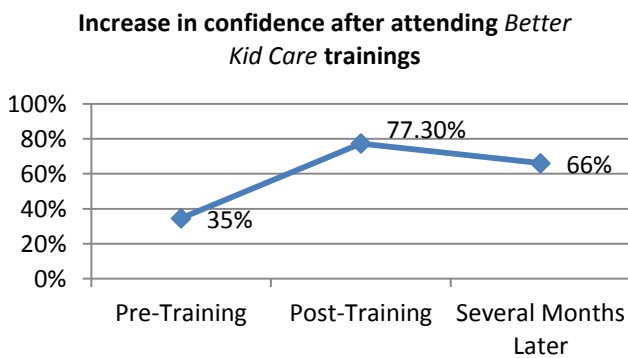
### Demographics of participants

- 72.0% work in facility-based centers
- 24.7% work in home-based child care
- 0.4% provide neighbor/relative child care
- 2.9% do not currently or directly care for children

**Quality of online trainings:** Participants gave positive ratings about the usefulness of the online modules taken via *Better Kid Care On Demand*. On a scale of 1 (not much at all) to 4 (quite a lot), they responded with an average of 3.51 for how much they learned and an average of 3.47 for how much they will be able to use in their work with children and families

**Quality of face-to-face trainings:** About 3,600 survey responses from multiple professional development programs are summarized in the remainder of this report. Positive results consisted of 95.1% of the responses related to the training content; 95.0% of the responses related to applicability of the content; 98.8% of the responses regarding to satisfaction with the program; and 99.1% of the responses regarding satisfaction with the instructor.

**Better Kid Care Instructor Modules** | *Better Kid Care (BKC)* face-to-face trainings cover a wide range of topics including partnerships with parents, health and safety, nutrition and physical activity, and curriculum planning; the 177 direct care provider trainings were attended by 4,509 people and 2,466 survey responses were received (most attended modules about positive guidance, fostering relationships, partnerships with parents, play, and infants). Respondents shared the following:



- Obtaining ideas for building relationships with children and their parents, such as teaching self-control, adjusting body language, involving others in problem-solving and making more eye contact and increasing speech with infants
  - Learning new science, math, music, art, and outdoor activities to incorporate into their lesson plans, including using common and household materials
  - An interest and plan to go back and improve play areas
  - Strategies to provide and teach children about healthy foods, such as reading labels, paying attention to portions and serving size, and meal planning

The chart above shows the percent of respondents that feel "very confident" about using the strategies discussed in the attended trainings. Participants increased their confidence in implementing strategies discussed at the training, indicated by statistically significant t-tests and an increase from 35% to 77% between pre and post training responses. In follow-up surveys sent several months after the trainings, 184 *BKC* participants responded with 66% feeling very confident.

**“Getting Started in Family Child Care”** | “Getting Started in Family Child Care” is one *BKC* training module attended by individuals interested in learning more about starting a family child care business. A special emphasis was placed on the recruitment of training participants for this module to reach the goal of improving the quantity of child care in states with high populations of off-installation military families. Twenty direct care provider trainings were attended by 99 people and 38 survey responses were received. Respondents shared a variety of takeaways and strategies, including:

- Helpful knowledge about the business side of opening a family childcare business, such as creating a budget, making contracts, managing payments, etc.
- Ideas for obtaining more professional development and education opportunities
- A desire to get more local information about licensing and regulations
- Strategies for building relationships with clients, including how to talk to parents and how to work with children of different age groups
- Plans to start a family child care business, including talking to their families and neighbors, preparing their homes for safety, updating or creating handbooks and policy manuals, etc.
- New knowledge about zoning and how to learn more about it
- After the training, one participant said: *“I plan to approach opening a Day Care more as a Business instead of just something to do.”*

Paired Samples T-tests of retrospective pre- and post- training survey responses resulted in significant results ( $p < 0.05$ ) regarding:

| Improved Knowledge  | Improved Practice   |
|---|---|
| <ul style="list-style-type: none"> <li>• The effects of operating a family childcare home on your family, your home, and your neighborhood</li> <li>• Knowledge of state regulations for family childcare provider</li> <li>• The business side of child care</li> <li>• Potential safety hazards for children in a typical home</li> <li>• How children learn through play</li> <li>• How to supervise children in a family childcare home and what to expect from children of different ages and in different stages of development</li> <li>• The need to communicate and build relationships with the parents of children in childcare</li> <li>• The stress that might be involved if you decide to care for young children</li> </ul> | <ul style="list-style-type: none"> <li>• Discuss the pros and cons of opening a family childcare home with your family</li> <li>• Contact the childcare licensing agency in your state to get more information about becoming licensed</li> <li>• Use the home safety checklist to look for safety hazards for children in your home</li> <li>• Make changes in your home to make it safer for children</li> <li>• Use information in the handout, “The Best Toys for Children” when buying toys and materials for children to play with</li> <li>• Consider the age and stage of development when handling a situation with a child</li> </ul> |

***I am Moving I am Learning*** | Providers that attended *I am Moving I am Learning* face-to-face trainings about preventing childhood obesity left with new strategies to implement in their work. Seven train-the-trainer events were attended by 163 people; 63 direct care provider trainings were attended by 819 people and 446 survey responses were received. Respondents shared learning new strategies to try in child care settings:

*“Learn more about culture and unique experiences of each child in order to create more activities for them.”*

*“[Use] movement vocabulary to support children’s development and a lot of strategies on healthy eating.”*

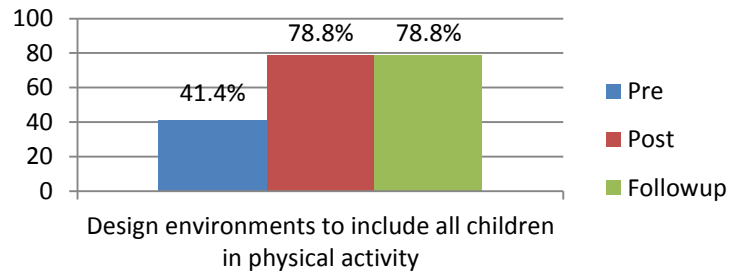
*“Try to [incorporate] food activities during meals. That would encourage children to eat more vegetables or the main course and not focus on the ‘sweets.’”*

*“Get some more selection of music and some supplies like scarves, yarn, and hoops to complete easy day to day lessons and activities”*

Significant changes ( $p < 0.01$ ) occurred between retrospective pre- and post- training survey responses regarding:

| Improved Knowledge  | Improved Practice  |
|---|--|
| <ul style="list-style-type: none"> <li>• How to use appropriate verbal cues to encourage movement</li> <li>• Health benefits associated with daily moderate to vigorous physical activity (MVPA), including preschool readiness</li> <li>• Strategies to support families &amp; staff in applying MVPA</li> <li>• The impact of good nutrition</li> <li>• How culture and unique experiences of children and families influence children’s healthy development</li> </ul> | <ul style="list-style-type: none"> <li>• Strategies to promote healthy food choices for children</li> <li>• Discussing strategies with parents to support MVPA with children at home</li> <li>• Building in movement activities with children that achieve 60 minutes of MVPA per day</li> <li>• Implementing strategies for improving nutritional choices among parents and children</li> </ul> |

Follow-up surveys were sent several months after the training and 34 *IMIL* participants responded. Independent samples t-tests indicated significant differences ( $p < 0.05$ ) between pre and follow up responses on the item in the chart to the right. The histogram shows the percent of respondents who indicated utilizing the practices "very much."



**Rock Solid Foundations** | *Rock Solid Foundations* is a series of programs that introduces training participants to strategies on supporting young children's social and emotional growth and development. Ten train the trainer events were attended by 165 people; 86 direct care provider trainings were attended by 2209 people and 683 survey responses were received. Respondents noted the impact of the training in helping them to gain understanding and new strategies to promote social emotional development. Examples include:

*"To teach more effectively, [ask] children to describe what they feel and help them deal with their emotions. Not just [assume] certain negative behaviors are intentional."*

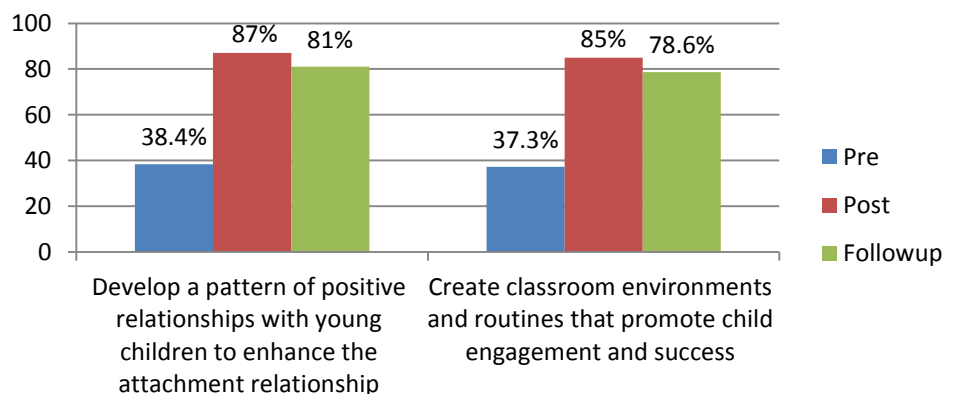
*"Make copies of the emotional faces, use in room."*

*"Being positive or think positive with others that you work with. Read books that will help you to feel good about yourself to bring you to the next step of level."*

Providers reported significant change ( $P < 0.01$ ) between retrospective pre- and post- training responses in all questionnaire items, including:

| Improved Knowledge   | Improved Practice   |
|--|---|
| <ul style="list-style-type: none"> <li>Being intentional about supporting children's social emotional competency &amp; how to promote social emotional development</li> <li>The importance of and strategies for building positive relationships with children</li> <li>The impact of the environment on helping children expand their social skills</li> <li>Strategies that can be used to design classroom environments, schedules, and routines</li> <li>How to use positive feedback and encouragement to effectively support children's positive social behaviors</li> </ul> | <ul style="list-style-type: none"> <li>Design environments to promote children's social and emotional development</li> <li>Implement strategies for preventing challenging behaviors and promoting social emotional development</li> <li>Develop a pattern of positive relationships with young children to enhance the attachment relationship</li> <li>Encourage other adults and peers to use positive feedback and encouragement</li> <li>Focus on prevention and teaching social skills</li> </ul> |

Follow-up surveys were sent several months after the training and 42 participants responded. Independent samples t-tests indicated significant differences ( $p < 0.05$ ) between pre and follow up responses on the items in the chart to the right. The histograms show the percent of respondents who indicated utilizing the practices "very much."



**CONTACT INFORMATION:** If you have questions or comments about this evaluation report or method, you may contact Kit Alviz (612-625-8271 or [alviz002@umn.edu](mailto:alviz002@umn.edu)). If you have questions or comments about the Childcare and Youth Training & Technical Assistance Project (CYTTAP), you may contact Tonia Durden (402-472-6578 or [tdurden2@unl.edu](mailto:tdurden2@unl.edu)) or Claudia Mincemoyer (814-863-5879 or [cxm324@psu.edu](mailto:cxm324@psu.edu)).

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