Michigan Child Care Expulsion Prevention Program

Informing Providers About CCEP Services

Survey Summary No. 1 • May 2008

Introduction

In February and March 2008, 29 Michigan Child Care Expulsion Prevention Program (CCEP) consultants from 16 CCEP programs across Michigan, participated in a survey administered by the Michigan State University evaluation team. Consultants reported about the best ways to inform providers about the CCEP program. They were asked about three kinds of providers: center-based providers, family and group home providers, and relative providers. Because the needs of—and access to—each kind of provider can differ, consultants reported about the best ways to reach each group separately.

This fact sheet provides information on:

- The most effective strategies overall for informing providers about CCEP services—that is, the strategies consultants considered at least somewhat effective for each type of provider.
- The strategies that consultants thought most effective for each type of provider.
- Additional strategies that some consultants have used to create awareness among providers as well as barriers that they have encountered.
- Strategies that are not options in some CCEP programs.

Glossary

4C	Michigan Child Care Coordinating Council. A statewide organization that has regional offices.
Core modules	Training modules developed by consultants to CCEP
DHS	Michigan Department of Human Services
Great Start Collaborative	County-based collaborative sponsored by the state- and foundation-funded public corporation known as Early Childhood Investment Corporation
MSUE	Michigan State University Extension. A statewide organization that has county offices.
NAEYC	National Association for the Education of Young Children
Part C	Known as Early On in Michigan. The infant/toddlers component of the federal *Individuals with Disabilities Education Act*., under the jurisdiction of the Michigan Department of Education and single or multi-county intermediate school districts.
Work First	Michigan's job training and search program for recipients of public assistance

Awareness Strategies

Table 1 provides information about which strategies consultants considered *very* effective for each group of providers as well as strategies that consultants considered at least *somewhat* effective. Notably, word of mouth was the most effective strategy for all groups of providers, which newsletters and brochures were reported to be *somewhat* effective but not *highly* effective in eliciting referrals.

- For **center-based providers**, the most effective strategies were:
  - Word of mouth (83%)
  - Local in-services for advertising the program (45%)
  - Child care provider professional development opportunities from 4C and MSUE (48%)
- For **family and group home providers**, the most effective strategies were:
  - Word of mouth (64%)
  - At child care provider professional development opportunities from 4C and MSUE (36%)
- For **relative providers**, the most effective strategy was word of mouth; however, it was listed as very effective by only 15% of consultants.

Table 1. Percent of Consultants Reporting VERY EFFECTIVE (and SOMEWHAT EFFECTIVE) Ways to Inform Providers About CCEP Services

Strategy	*Center-based providers*	*Family and group home providers*	*Relative providers*
Word of mouth	**83% (17%)**	**64% (29%)**	15% (36%)
Newsletter or other publications from 4C, resource and referral agencies, and DHS child care licensing office	**21% (75%)**	**18% (67%)**	7% (23%)
At child care provider professional development activities from 4C or MSUE	**45% (48%)**	**36% (50%)**	4% (21%)
Through local in-services to advertise program	**48% (40%)**	9% (56%)	0% (25%)
At local or state training or conferences	**33% (52%)**	19% (53%)	4% (10%)
Brochures mailed by local CCEP office	23% (46%)	13% (37%)	9% (13%)
From other service providers, such as Part C Family Service Coordinator	29% (38%)	17% (44%)	4% (17%)

Note. N for each item = 23 to 29 consultants responding; some did not respond because the strategy was not an option for them or they chose not to. Percent reported is of those consultants responding. Bold = at least 80% of consultants indicated that this strategy was very or somewhat effective for these types of providers.

Word of mouth was the only really highly effective strategy, and was considered to be much more effective with center-based providers than other types of providers. Professional development and in-services also worked well with center-based providers. Apart from word of mouth, few strategies were highly effective with family and group home providers, and no strategies were very effective for relative providers.

Other Ways to Inform Providers

Consultants responded to an open-ended question about other ways to inform each type of provider of CCEP services.

Center-Based Providers

Consultants described a number of other ways that they connect with center-based providers to increase their awareness of CCEP services.

- **Email:** Through a director and center support staff listserv as well as email updates and memos.
- **Trainings:** Through advertising and conducting the core module trainings as well as trainings conducted through early childhood workgroups. However, as one consultant reported, "We trained over 60 people last year through (core) modules and they all learned about our services, but we got zero referrals from the trainings."
- **Visiting centers:** Several consultants mentioned, "Stopping at the centers, so they know your face, and become comfortable with you."
- **Community collaborations**: Consultants described working with DHS Protective Service workers, local NAEYC activities, Work First orientations, workforce development centers, and Head Start connections. One consultant reported that "4C has also given us the addresses of all daycares in our service provider group and we have sent brochures and referral forms."
- **Parents**: Through visits at parent groups.
- **Community events**. Attending community events.
- **Repeat business**: "I have found most referrals come from people we have relationships with... that forming a relationship with a provider is the best way to stay connected with them and generate business."

Family and Group Home Providers

Many of the suggestions for family and group home providers were the same as for center-based providers, including email and core module trainings. Consultants also provided strategies specific to this group:

- **Training:** "We held a Dollar Store and Discipline training as a make-it-take-it, specifically for family providers…this yielded success." Another said, "We have a lot of home providers come to our training series, which we advertised through a mass mailing, but most do not refer children to our program."
- **Follow-up Contacts:** Some consultants contact home providers by phone and drop off information at a follow-up visit.
- **Coffee Clubs:** "Child Care Coffee Clubs, where providers come once a month for support resources and small trainings."
- **4C Sponsored Family Day Care Association Meetings. "**We attend the 4C sponsored Family Day Care Association meeting held once a month, where we offer mini-trainings on topics they request."

Relative Providers

Relative providers presented the greatest challenge to consultants, several of whom reported that they had not been able to reach this group. Barriers to informing relative providers included not having their addresses and the lower likelihood of their attending CCEP or other trainings. Word of mouth was deemed most likely of success, with one consultant reporting, “Our relative providers have mainly come from the families we have already served, when the child is no longer in formal care and a relative is now caring for the child.” Still, a few suggestions were offered:

- **Coffee Clubs** (described under Family and Group Home Providers)
- **Participation in the local Great Start Collaborative committee** focusing on building play group services for relative providers and the children they care for.
- **Play time meetings**
- **Collaborating with the MSUE Professional Development Coordinator**

Consultants suggested some innovative ways to connect with providers, including hard-to-reach groups of providers. Their comments clearly suggested that personal contacts, word of mouth, and repeat business were critical to building awareness of CCEP.

Copies of this report are available from:

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