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**ABSTRACT**

Part of a series on early childhood demonstration programs designed to improve early parent-child relationships, stimulate positive child development, and prevent later behavior difficulties, the pamphlet describes the Infant Satellite Nursery Program, developed in Honolulu, Hawaii, to provide low-income families with subsidized, home-based care for their infants and toddlers. A cadre of men and women from the community were screened and trained to establish satellite nurseries in their own homes, which they then operated on a full-time, regular basis. Program aspects covered include trainee screening and selection, training the caregivers, parent involvement, staffing, and special facilities and resources. Nursery operation, coordination, and supportive services are discussed and illustrated with brief glimpses of the procedures used in several of the satellite nurseries. Most of the parents of children involved in the program were able to stay off welfare assistance; and on the average, the children themselves showed steady gains in cognitive, language, socioemotional, and psychomotor development as a result of the program. (DLS)

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# Parent-Child Program Series

National Institute of Mental Health

Report No. 4

ED175187

## Infant Satellite Nurseries: Family Day Care With a Difference

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**Parent-Child Program Series.**

Report No. 4  
7 Infant Satellite Nurseries: Family Day Care With a Difference

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## Preface

Families and Professionals as Partners pamphlets represent an effort on the part of the Center for Studies of Child and Family Mental Health, National Institute of Mental Health, to make visible successful models of programs which enable families to play an important role in improving child mental health. Each pamphlet describes a practical program that can be adapted to local community needs. The present Parent-Child Program Series of five pamphlets describes demonstration programs involving young children from infancy through preschool. The general goals of the series include improving early parent-child relationships, stimulating positive social-emotional development, and preventing later behavior difficulties. This reflects the center's goal of encouraging the utilization of recent research findings by service providers and families to help improve child mental health in their communities.

Joy G. Schulterbrandt  
Chief

Center for Studies of Child and Family  
Mental Health

## PARENT-CHILD PROGRAM SERIES

### Introduction

Our Nation's children are a precious but often underdeveloped natural resource. Since the 1960's, social conscience and new scientific insights have converged to spark exploration and demonstration of many new ways to enhance the early years of childhood. Spurred by child development research that marked the preschool years as the cornerstone for subsequent cognitive and emotional development, a number of action and evaluation programs have begun with Federal funding to discover effective ways to stimulate psychological growth in infants and young children. Although many of these programs have been geared toward children from poverty backgrounds, they can help in better development for all children. Head Start, Follow Through, and Sesame Street are among the most famous of these large-scale programs.

Less familiar, perhaps, has been another line of exploration; although more modest in scope, it is comparable in developmental impact: educating parents to work and play with their young children so that their youngsters may grow as thinking, feeling individuals. Many of the programs have been sponsored by the National Institute of Mental Health, which has long recognized that starting children at a very early age on the right developmental footing may prevent later emotional and intellectual problems.

More than a decade of experiment and study has yielded a wealth of parent-involved programs for early childhood enrichment. Their efficacy is well documented. They work—and they can work in new settings and communities as well. The question now is: Will we let them work? Are there people who care enough about children in their own communities to carry these programs forward? We have made great strides as a Nation in providing better opportunities for children to grow up physically healthy. But, for all too many preschoolers, critical formative years are passing without the stimulation and guidance required for healthy emotional and mental development. As innumerable experimental programs have shown, parents can become eager and able teachers of their infants and children once they have learned how to translate their caring into skills and attitudes that actually help their children to develop. Many parents tend to underestimate their young children's abilities because they do not know how to bring them out into the open.

• Good parenting does not come automatically with the birth of a child—or even many children. It is a skillful activity that for many takes some training. How to provide that training—in a number of different settings and for somewhat different children—is the subject of this series of pamphlets.

The approaches to parent training reported here grew out of research-demonstration programs supported by the National Institute of Mental Health. Having demonstrated their feasibility and worth, these approaches are now ready for use wherever there are communities willing to make a modest investment that may pay big, long-range dividends for their children. The specific training programs are for the most part relatively simple and inexpensive to implement, and they are likely to offer rich rewards not only to the children but to their parents as well. Because the skills parents acquire are easy to transmit, these programs potentially have a snowball effect. Each parent trained may transmit skills to other children and parents. Once a program has been established, recruitment is often unnecessary. Enthusiastic parents spread the word to others. Over and over these programs have met with great parent support because they provide them with the deeply gratifying ability to help their children make visible progress at home and later at school—often far more than parents thought possible.

This report provides an overview of one approach to parent training, but only its highlights. More detailed information is available. We will describe the program as it was carried out in its original setting as a research-demonstration project, but, as you will see, many variations on the theme are possible, depending on local community needs and resources.

Parent training programs are no panaceas. But they represent needed ways to start young children on the right developmental path—stimulating their curiosity, rewarding their explorations and little triumphs, guiding mind, hand, and eye, indeed the whole child, toward greater understanding, confidence, and competence. Both parents and their young children can learn a form of communication that enriches and delights.

## Infant Satellite Nurseries: Family Day Care With a Difference

The road out of poverty is paved with problems. Key among them, for many working mothers, is finding excellent day care for their infants and toddlers. While day care centers may be appropriate for older preschoolers, younger children may thrive best in an intimate, home-like setting in which they can receive very personalized attention. Ideally, family day care homes can provide that kind of familial environment—a home away from home—most congenial to the good development of infants and toddlers. But at present, as many parents recognize, that potential is often unrealized. These homes are frequently unlicensed, overcrowded, and run by people who do not necessarily understand or respond to the special psychological and developmental needs of the very young. While adequate custodial care may be offered, intellectual, social, and emotional growth may go unheeded. Thus, children from low-income families who need, if anything, an extra boost during their early years to assure their optimal development, may spend critical weeks, months, and years in such homes without adequate opportunities for growth.

In response to this problem, an innovative approach to home day care was developed in Honolulu, Hawaii, to provide low-income families with subsidized care of excellent quality for their infants and toddlers. A network of family day care homes was created as "satellites" of a local day care center. The "Infant Satellite Nurseries," each of which served up to five children under the age of 3, were situated in the homes of caregivers who had undergone careful selection and training for their roles. The same agency that conducted initial training also provided the caregivers with support services and ongoing individual and group guidance to assure their continuing motivation, skill, and growth. All of these program features were designed to capitalize on the inherent benefits of home-based day care, while upgrading its quality.

The Infant Satellite Nursery program was designed by Mariorn Kagan, Doris Crowell, and Jean Fargo, with assistance from other community professionals, as part of a Model Cities comprehensive day care project, with Federal funding from the National Institute of Mental Health and the Office of Child Development. The Depart-

ment of Human Development, University of Hawaii, chaired by Dr. John Chantiny, served as the project's sponsor.

The Infant Satellite Nursery project successfully reached many of its goals.

- To provide excellent home-based child care for infants and toddlers of parents who were at work, in job training, or in school
- To increase the level of employability of low-income persons living in the area
- To provide very young children from low income families with the kinds of experiences that would help them realize their best developmental potential
- To establish close linkages between child caregivers and the parents of children in their care to help upgrade the quality of parenting in the children's own homes

The program encouraged personal pride and "professionalism" in the caregivers, while contributing to a quality of childrearing in the homes that truly nurtured good development. Many of the caregivers found new and rewarding careers, while the parents who used their child care services were freed to develop their own potential as workers. Evaluation of the project under Doris Crowell revealed that the children reaped many measurable developmental benefits which apparently stemmed directly from the quality of their interaction with their caregivers.

The Infant Satellite Nursery project was carried out in the unique multicultural context of the inner-city Kalihi-Palama area of Honolulu. In this setting, extensive effort was needed to bridge the cultural and linguistic differences among the caregiver-trainees and among the families who used the nurseries, most of whom were drawn from ethnically mixed backgrounds including Hawaiian, Filipino, and other Polynesian, Oriental, and Hispanic cultural groups, as well as Caucasians. Although the demographic characteristics of the caregivers and the children they served may be somewhat different from those in other parts of the United States, it seems likely that the Satellite Nursery program can be successfully replicated with other trainees and children from low-income families, if certain basic principles are followed. In the demonstration project, the trainees were largely low-income women with limited education and often diverse linguistic and cultural backgrounds. Similar programs in more homogeneous communities, using better educated trainees, might require less emphasis on training.

Let us now look more closely at the program, its effects, and features that might lend themselves to successful adaptation in other settings and communities.

An Infant Satellite Nursery program has several critical components:

- A sponsoring agency with staff members able to provide training and supportive services for Satellite Nursery caregivers.
- A cadre of women (and/or men) willing and able to undergo screening and training to establish Satellite Nurseries or to work in child development settings. (A person wishing to operate his/her own family day care home must have a house suitable to pass local licensing requirements.)
- Low-income parents with infants and toddlers who need day care for their children.
- Special curricular materials and tests for preservice and in-service training of caregivers. (Those developed by the program staff can be used as curricular aids for training child development students and workers.)

During the project's demonstration phase, an increasingly refined and effective approach was developed by Marian Rauch (nursery manager, later director of the project) for choosing the best people for the job, providing the kinds of training experiences and materials for them to perform well, and sustaining their continuing growth in their new roles.

### **Trainee Screening and Selection**

Not every person works well with children; not all who think they'd like to operate a family day care home are well qualified to do so, especially when that role calls for long days caring for up to five active infants and toddlers all under 3. Who, then, is likely to be the right person for the job? The project's experience has shown that those caregivers most likely to be successful are healthy, with considerable stamina and energy; are open, flexible, and eager and able to learn; are able to interact verbally with parents, staff, and children; and are accepting, having concern and commitment to children, parents, and staff. Withal, they demonstrate humor, warmth, and affection.

How can staff members determine in advance which applicants are likely to have this combination of essential qualities? The staff of this project have developed screening procedures that, on the basis of a week of interviews and orientation, enable them to predict with 82 percent accuracy how their trainees will fare. A candidate applies and is interviewed by one or two staff paraprofessionals and a caregiver employed by the program. During the interview (usually conducted in the candidate's own home) a slide-tape presentation of a typical nursery day is given, followed by a structured discussion

period. The interview committee members meet the applicant's family, assess the candidate's interaction patterns with its members, and record their impressions. During the remainder of the week, the candidate participates in a tour of the nurseries, hears more about the program's scope, undergoes some preliminary training, and works with an experienced caregiver in a nursery. The combination of the initial interview and orientation permits the candidate and the interview committee to decide in a final conference, on the basis of a fairly realistic assessment of the candidate's potential and the job's demands, whether further training should be undertaken.

## **Training Caregivers**

The program's originators have recognized that delivering high-quality care to children requires more than energy and a warm heart. Program staff developed an extensive array of locally relevant training materials to help potential caregivers and other child care workers prepare for and grow in their new roles. The training program is designed to meet the needs of trainees from culturally diverse backgrounds whose academic skills are minimal. Visual aids are used extensively to overcome linguistic and reading problems.

Training is in two phases: preservice and inservice. There is a natural progression from the first phase, which usually spans a 4 to 6 week period, to the second, an ongoing program in which all caregivers participate. A trainee may progress through the curriculum at his or her own pace from simpler to more advanced levels. There is a clear set of performance objectives for trainees at every level, with pre- and post-tests to measure performance and achievement as they move through the program. To stimulate ongoing self-improvement of caregivers, their improved performance is rewarded with pay raises.

The 10 major topic areas of the training program are: feelings related to child care; everyday physical care of children; care of children in emergencies and sickness; food for children; observing and testing; how children grow; helping children learn; guiding children's behavior; involving parents; and managing a day care home. During preservice training, the novice caregivers are exposed to relatively simple and concrete skills and content in each of the 10 areas. Later, during inservice training, more complex aspects of the same topics are explored through various means. Training is based on several types of evaluation of on-the-job performance. The program staff provide informal on-the-job modeling, depending on the individual needs of each caregiver. In addition, frequent "rap" sessions are held to air operational problems and suggestions.

Other inservice training activities include formal group training sessions, held at one of the homes or combined with an outing for all the caregivers and their children. "Institute" days are also held to provide intensive training on such issues as interpersonal communication and development or to prepare the first wave of trainees to supervise the practicum teaching of later waves. Trainees may also be given release time, through the use of part-time student help, to take community college courses to upgrade their skills.

## Nursery Operation, Coordination, and Supportive Services

At one home

It's 7:15 a.m. and here comes R. (1½ years) bright, happy and ready to start a full day doing things, discovering things, and getting into things. Well, what do you know, there are K. and C. coming through our gate and straight into the kitchen for breakfast. S. is wondering when she's going to get her syrup on her pancakes. This is the morning when she's going to get to make chocolate chip cookies; where K. gets to mix the flour and sugar to start making cookies; S. gets to crack two eggs into the bowl; C. is impatient—she wants to stir also, so she gets to stir. C. gets to put her finger in the bowl to taste the batter. The cookies are put on the cookie sheet and into the oven. Twenty minutes later they're done. S. gets to taste her first cookie without K. and C. knowing. But at the afternoon snack they each get two chocolate chip cookies and milk before they go home.

At another home:

Our nursery opens at 7:30 in the morning and A. comes first, K. and T. a little bit later. We give them breakfast at 8:00. This morning A., K., and T. had Spam, scrambled egg, toast, and jelly, and fruit juice. They ate their food with no trouble. After breakfast we took them out for a walk. K. didn't like to ride in the stroller. She preferred to walk. Sometimes she pushed the stroller or ran away from us. On our way we picked some flowers for them to take home. We had to stop, too, to watch the dogs and at the same time called them "bow-wow." When we got home they were so tired we laid them down to sleep. While they were sleeping we prepared their lunch. When they got up we served them their food.

All of them (T., A., and K.) are eating table foods. They make no trouble while eating and sleeping. They enjoy playing with each

other. K and T are enlarging their vocabularies. When you say something they will imitate your pronunciation of the words like "baby," "mama," "dog," "hello," "bye," etc. and when asked to go inside the room for a diaper change or told to bring their chairs they will do it. A is also learning to utter words like "mama," "baby," and "bow-wow." When lunch is finished for them we sit down and hear music. They love to dance with the music and play with the castanets, the rhythm sticks, and the drums. When they get tired of the music, they play with their other toys. After that we give them their baths and get them ready to be picked up by their parents.

These glimpses of life in two Infant Satellite Nurseries, as reported by the caregivers themselves, give some of the flavor of their day to day richness, as simple daily events become an opportunity to stimulate youngsters to perceive, participate, understand, and talk about their world. Through the Infant Satellite Nursery Project, six such nurseries were established in the homes of caregivers, serving 54 children (1 month to 3 years of age) over a 2½ year period. The caregivers worked largely alone in their homes, caring for the children from 7 a.m. to 5 p.m. each weekday. They were regularly relieved by several other caregivers so that none had to work 10-hour days consistently, and all could be available for inservice training. High school and college students provided additional help.

Both the pre-employment and inservice training of the caregivers were designed to encourage them to provide stimulating activities that would enhance the social, emotional, and cognitive development of children in their care. Project staff helped the caregivers to give their day care programs structure, to arrange home and yard appropriately, and to interest the children in art, stories, excursions, and daily household events. Caregivers also learned to give individual children recognition through birthday and other parties and through praise for specific developmental accomplishments. To stimulate the children's language development, the caregivers were encouraged to talk with the children, label familiar objects, and ask them questions. The physical resources of the caregivers and their homes were expanded with basic baby equipment, toys, books, and records (and instructions for using them) which were circulated among the nurseries on a regular basis by the program office.

The program office also served as a coordination center to match families in need of child care with appropriate nurseries. A centralized waiting list of eligible children was kept, and parents were informed as vacancies occurred. Usually when a space was available, both parents, the child, a staff member, and the suggested caregiver would meet at the caregiver's home to see if placement was mutually agreeable. Since all of the homes were within a few

square miles, the child's age and the amount of space available were usually placement determinants.

Other support services for the caregivers and the children in their care were provided through linkages with community agencies. Thus, the enrolled children received some health care from a nurse who was part of the day care center staff, and caregivers and parents benefitted from the presence and guidance of a social worker also attached to the center. In addition, a psychologist member of a local mental health clinic consulted with caregivers concerning the management of behavior problems.

A major support service for the caregivers was the program office's provision of salaries which, although initially quite low, were subject to regular increases, as the caregivers demonstrated growing competence. The project's staff recommend that replications of this project maintain a structure in which the caregivers are salaried by a central agency or the agency collects the fees from parents and pays the caregivers. This arrangement eliminates the temptation to crowd homes with many children to make more money. Salary based on competence, not the number of enrollees, stimulates quality of care, undiluted by excess quantity.

## **Parent Involvement**

From its inception, the Satellite Nursery project staff recognized that the program's success would depend, in part, on the good relations between the caregivers and the parents of children using their family day care homes. They also recognized the need to establish some consistency between the good child care techniques used by the caregivers and those adopted by the parents. Although working parents are difficult to involve in a program of this sort, many techniques were used which successfully engaged parents as partners in the effort to assure optimal development for their children. Among the many techniques used were: encouraging parents to deal directly with the caregivers, but permitting staff members to act as buffers when necessary; compiling a parent handbook for all new enrollees outlining the policies, lines of communication, and responsibilities of parents and caregivers; arranging for consultations and occasional home visits with parents when problems arose; and giving special training to caregivers in ways to interact with parents. In addition, caregivers were encouraged to communicate with parents directly at pickup time, through notes and phone calls to parents at other times.

Other vehicles for enhanced communications with parents included socials for parents, children, and staff; and childrearing

training for parents, based on training materials developed for caregivers. These meetings, often combined with a simple meal held at a central location after pickup time, were well attended. In addition, smaller meetings at individual nurseries were held. Parent involvement was also elicited through having them plan meals for the large group meetings, through the creation of a Parent Advisory Board, and through the biweekly distribution of newsletters which described nursery activities and provided child-rearing tips.

## Staffing

Staffing requirements for a network of high-quality family day care homes in other communities will depend on the scope of training undertaken and the number of actual and prospective satellite nurseries in operation. In the Hawaiian demonstration project, the following staffing was used to create and operate six new family day care homes, run by a caregiver staff of seven:

- A program director: To coordinate all facets of the program and sustain liaison with relevant agencies and individuals; to aid in curriculum development and trainee supervision; to manage program administration budget, and staff supervision.
- A nurseries manager: To provide planning, scheduling, and recording for all nurseries and nursery personnel; to conduct on-site inservice training for nursery personnel; to provide liaison between nurseries, central staff, and parents; and assign and orient new children to nurseries.
- A training manager: To facilitate training by coordinating training materials, scheduling and planning interviews, orientation sessions, training sessions; locating potential trainees; distributing toys and equipment.
- A program secretary: To aid in scheduling, payroll management and purchasing, recordkeeping, and phone and written communications.

Other programs might be able to combine some of these roles to reduce staffing size, particularly if they use existing curricular materials (such as those already developed by the project staff), and select caregiver-trainees with more background education than those used in the demonstration project. One full-time person could

probably supervise at least six homes within a day care agency which supplied funding or collection of fees, a little training, and secretarial and telephone service.

## **Special Facilities and Resources**

It is essential that trainees have homes that will pass licensing requirements. A program of the scope described here has minimal additional requirements for space and facilities: an office, a telephone, and storage space for toys and equipment. Other desirable features might be a room with audiovisual equipment for caregiver training and parent-caregiver get-togethers, and a toy and book "library" that can circulate among the caregivers to provide variety in play resources.

## **Program Impact**

Although the program's formal evaluation was focused primarily on its impact on the infants and toddlers who attended the Satellite Nurseries, the program apparently had an appreciable impact on parents as well as children. For example, in the initial project, 85 percent of the parents were enrolled in job training or completing high school or college programs. The majority were able to stay off welfare assistance. Many of these parents attributed their economic stability to the project and wrote letters to State legislators supporting its continuation. Ample anecdotal evidence also suggests that caregivers gained both an opportunity for employment and the confidence and self-esteem that comes from demonstrated competence and satisfactory wages.

The program's impact on children was comparably encouraging. The 54 children enrolled over the course of the project (about equally boys and girls) were admitted at an average age of 18 months, and stayed about 9½ months in day care. During the project, several aspects of their cognitive, language, and socio-emotional and psychomotor development were measured. On the average, the children showed steady gains in all aspects of development. Compared to national norms of the standardized tests used, the children showed average or better than average gains in all aspects of development. The pace of developmental progress of individual children seemed to be related to the quality of interaction they had with their caregivers. That is, when caregivers were particularly adept in talking and working with children (as determined by objective raters who observed them), the youngsters

In their care showed appreciable developmental progress over time, conversely, progress was slower for children with caregivers whose interaction skills were less well developed. Findings such as these suggest that, if caregivers can be carefully selected and trained to interact well with their young charges, it may be possible to assure positive growth for these children in many essential dimensions of development such as thinking, talking, feeling, and getting along with others.

### For Further Informa

The final report of the Infant Satellite Nurseries Project, "Toward High-Quality Family Day Care for Infants and Toddlers," co-authored by Marian Rauch and Doris Crowell, is available through ERIC accession number ED110-1830. It provides a detailed description of the program's organization, of procedures for caregiver selection and training, and of the impact of the program on the infants. Further information on the project and on curricular and training materials developed by its staff can be obtained by writing to:

Doris Crowell or Marian Rauch  
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