This document describes 19 Appalachian day care centers, operated by the Kentucky Child Welfare Research Foundation, serving 639 preschoolers for nine school months and 247 during the 9-week summer session. The centers, located in churches, abandoned school houses and store fronts are staffed largely by paraprofessionals from the community. Social services are extended beyond the child to the family. For instance, a homemaker service is offered to the mothers during which the homemaker visits parents and offers to help in cooking, cleaning, or caring for a disabled parent. The homemaker often stimulates parents' interest in their children and helps families to help themselves. Parents are involved in all levels of the project's policymaking apparatus and active in all aspects of the program. The training of paraprofessionals helps them to develop a wide variety of job skills. Volunteers are used extensively in many capacities. The children's education program is not formal and written curriculum is avoided. Emphasis is placed on individual expression through the use of creative materials. Nutrition and health are emphasized and providing transportation for children over the mountain roads is a continuing concern. Information is given on the centers' organization and use of resources. (AJ)
"THEY BRAG ON A CHILD TO MAKE HIM FEEL GOOD"

Kentucky Child Welfare Research Foundation, Inc.
Rural Child Care Project
Frankfort, Kentucky

Principal Author: Kristine Rosenthal
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               Helen George
               Janna Roth

Case Study from Volume II-B
A STUDY IN CHILD CARE
sponsored by
The Office of Economic Opportunity
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AT A GLANCE*

THE SYSTEM

19 CENTERS in 9 Eastern Kentucky counties

SPONSORED BY: Kentucky Child Welfare Research Foundation, Inc. (private non-profit organization)

ADMISSION CRITERIA: Family within OEO poverty guidelines and accessible to center's transportation

TOTAL CHILDREN: 639 enrolled/558 A. D. A. pre-school (nine months)
247 enrolled/199 A. D. A. pre-school (summer)

TOTAL PAID STAFF: 182 (162 full-time) 6830 hours/week
TOTAL IN-KIND STAFF: Not Available

SYSTEM STARTED: May 1965

CONTACT: Director
Kentucky Child Welfare Research Foundation, Inc.
314 West Main Street
Frankfurt, Kentucky
502-223-2370

SYSTEM DISTRIBUTIONS

ETHNIC: Children: 96% Anglo, 4% Black
SEX: Children: 53% Girls, 47% Boys
OVERALL ADULT/CHILD RATIO: 1 to 3.4 **
ADULT/CHILD CONTACT HOUR RATIO: 1 to 6.7 (estimated) **
FAMILY STATUS: 73% complete, 21% mother only, 1% father only, 5% surrogate
PARENT EMPLOYMENT: 36% employed, 60% unemployed, 4% in school or training

SYSTEM COSTS

TO PARENTS: None

* All Cost figures 1969-70. All other data 1970-71.
** Does not include volunteer hours.
TO THE SYSTEM: $2,663 per child/year, $1.37 per child/hour

ACTUAL FUNDING, 1969-70:
OEO $948,200
In-Kind Kentucky Research Foundation, Inc. 54,000
In-Kind Other 214,900
$1,217,100

NOTABLE SYSTEM ELEMENTS

SOCIAL SERVICES AND HOMEMAKERS
PARENT INVOLVEMENT
STAFF DEVELOPMENT
VOLUNTEERS

AUXIER DAY CARE CENTER*

HOURS: M - F, 8 AM - 3 PM, 42 weeks
SPACE (sq. ft./child): Indoor = 32.8
Outdoor = 170.7 (a gym)
TOTAL CHILDREN: 29 pre-school (3 - 5)
TOTAL PAID STAFF: 6 (5 full-time) 220 hours/week
TOTAL IN-KIND STAFF: 3 (0 full-time) 120 hours/week
STAFF POSITIONS: Senior Teacher, Teacher, 2 Teacher Aides, Cook, Transportation Aide

OVERALL ADULT/CHILD RATIO: 1 to 2*
ADULT/CHILD CONTACT HOUR RATIO: 1 to 3**

* Presented as representative of the 19 centers.
** Includes volunteer hours.
Driving through the nine eastern Kentucky counties served by the project is a trip back through time to the sepia photographs of the Depression. This is Appalachia. The counties are Elliott, Morgan, Wolfe, Lee and Owsley, Magoffin, Floyd, Knott and Letcher. Some of them are agricultural, and some of them used to be coal-mining areas. The houses are wood frame, the vistas are bleak, and the people are poor.

According to local sources, unemployment is widespread, especially in the mining counties. While the mines were going strong, local men constituted the labor force. It was more efficient, however, for the mining companies to bring in experienced managerial talent than to train local residents, so when the mines closed and management went elsewhere, they left behind untrained, unemployed and often physically debilitated men. Employment opportunities, then as now, were limited, and some miners left to seek other work. Many stayed behind, living in the mountain hollows in primitive conditions, with limited access to the outside world. The Rural Child Care Project serves a number of these families, some suffering from the malnutrition, anemia and T. B. associated with poverty. Lack of sanitary water is one of the major problems in the area, plaguing children with intestinal parasites.

The hollows in which many of the children live are isolated, often miles from a paved road, and severe winters make them even less accessible. The rural population is very distrustful of outsiders. Proud and suspicious of change, they are not easily approached, nor do they seek outside help (which might be construed as charity) for their problems. Children in this setting, exposed to few people, often are limited in their language development and lack social skills.

Because families are scattered through remote areas, and because funds could not be used for construction of centers, the project
has had to take any space it could get. Centers are located in churches, abandoned schoolhouses and storefronts. Community buildings used only part-time, such as Masonic Lodges and American Legion halls, made available their usable basements. In other areas, the project has obtained rooms in community center buildings which were formerly coal commissaries, hotels and rooming houses. The availability of outside play space differs widely from center to center. With the help of staff, parents and community members, these facilities have been repaired, repainted and made into cheerful, warm centers for the project's children. Space is limited, but it is well-used. By necessity, some version of the open floor plan is used in most centers.

The Auxier Center in Floyd County is fairly typical of the project's facilities. Once a small community store, its two large display windows are now filled with children's artwork. Inside, the large room is subdivided by child-sized lockers and clusters of tables and chairs. Storage shelves run along one side of the room, and an ample supply locker dominates the opposite wall. At the back, a kitchen area is separated from the main floor space by a counter. Also in the rear of the building is a small bathroom with two commodes, two sinks and a mirror at child level. Two sample floor plans are included in the Appendix.

Decorations and imaginativeness of setting and equipment vary from center to center according to the talents of parents and staff. In some of the centers, observers were very impressed with the housekeeping corners, not only set to a child's scale, but so arranged with openings and screens that it would be difficult for an adult to squeeze into the space, thus giving the children a feeling of privacy and possession. In another center, structural pipes were decorated as trees, with paper branches hanging down for the children to refurbish with different-colored leaves as the seasons change.
By staffing the centers with para-professionals from the community, and providing close and supportive supervision, the project has ensured a warm, accepting atmosphere for its children. Staff and children speak each others' language. Moreover, there are usually several volunteers in attendance on any given day, increasing the child-adult ratio and the variety of adult contact.

The project's dealings with the people it serves are characterized by warmth, understanding and consideration. Its broad range of social services is offered in the same spirit, on a one-to-one basis. Low staff turnover and high parent, community and volunteer participation attest to the long-term dedication of those connected with the program. The Kentucky Rural Child Care Project has provided an integrated effort to serve the needs of the total community through its pre-school children and has done so with a great measure of success even though the needs of that community had, at times, appeared overwhelming.
NOTABLE ELEMENTS

Above and beyond its basic day care capabilities, the Rural Child Care Project does some other things particularly well. It is these elements which account for a major part of the overall project's quality and success.

Social Services and Homemakers

The social services program extends the benefits the child receives in the center to the whole family. This is crucial if the project's work with the child is to have any real long-term effect. While its staff provides direct service or access to area services, the real role of the social service program is one of demonstration and teaching, so that families can develop the skills and management to improve their living conditions and be self-reliant. The greatest problems facing center families are defined by system personnel as poverty, lack of education, social isolation, lack of sanitation and medical resources, improper nutrition and lack of transportation.

Each county has a social worker who makes the initial contact with prospective center families and introduces them to the project. As a relationship develops between the social worker and the family, the worker gradually offers services other than the child care provided by the project. Social workers have become leaders in the community in developing new services where there were none, coordinating existing services, and locating resources outside their immediate areas. (For instance, staff members have done special duty -- such as driving a 350-mile round trip twice a month to take children to hearing specialists.) If the social worker finds a need, he may offer the services of a homemaker.

The homemaker service is one of the most striking features of the project. As a liaison person between the home and the center, the
homemaker has the important job of visiting parents in their homes -- not in order to check up on them or to obtain information as is the case with welfare agency workers, but simply to be at the disposal of the mother in any way she might be useful -- cooking, cleaning, helping out a sick or disabled parent, etc. It is the homemaker who can eventually stimulate parents' interest in their children, get parents into the center and involved in community life.

Homemakers work very closely with mothers. Many of these women are withdrawn, in poor health and overburdened with large numbers of small children. Many would be socially isolated even in an urban setting. They are not ready to reach out, look for opportunities, or even to avail themselves of opportunities presented to them unless some personal contact is maintained. They are often shy with teachers who deal with their children, feeling themselves judged.

There are three homemakers in each county, reaching up to sixty families. Homemakers may work with families for several years, until there is no longer a need for their services. They may spend up to half a day in one home, or less than an hour, depending on the amount of support needed or desired. Homemakers are trained in the basic home management skills such as cooking, nutrition and sewing. They were also made familiar with the various medical and social service agencies available in the community. As the program has grown and confidence in these workers has been consolidated, homemakers have been able to apply their experience to almost all aspects of family life -- family planning, budgeting, child development, home repair, job counseling, adult and consumer education, personal hygiene, good grooming, and general home management. When parents indicate an interest in such subjects, homemakers arrange meetings for group discussions and demonstrations. Meetings are held at the centers, with specialists in various fields to give parents practical instruction.
The homemaker's first responsibility is to help families learn to help themselves. They are aware that they must not become mere crutches for families, but rather, must teach them how to improve their own living conditions. Yet they must not alienate the family by pushing their own standards on them. In one instance, a mother was interested only in getting help in making new curtains for the house. Once the curtains were completed, the homemaker was able to motivate the mother to give the house a good cleaning, which they did together, before the new curtains went up. In another case, a family was living on a diet of only one or two dishes. As she gained the family's trust, the homemaker began to introduce new kinds of foods into the home -- just as center cooks introduce new foods to the children. The homemaker can demonstrate different ways of preparing food, and may take parents to a market where better foods are available at modest prices. If there is no money, she can help them get and budget food stamps. Problems arise frequently. Families may have no stove, no pots and pans, no utensils to speak of. In such cases, the homemaker helps them budget so they can begin to buy the things they need.

Many homemakers are recruited from among the parents. They become good friends to whom the families can turn -- often they are the only outsiders the mothers see. The kind and pace of services given are dictated by the needs and wishes of the families. The relationship is delicate, and cannot be forced. But when trust has been established, the homemaker can help families resolve many problems. The project estimates that, through its homemaker and social service programs, it has helped roughly one-third of its families obtain employment.

Referrals made by homemakers are extensive. The following list from Letcher County is typical of the other eight counties served.
### Most Commonly Used Social Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Families Referred by Homemaker</th>
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<tbody>
<tr>
<td>Food Stamp Program</td>
<td>100%</td>
</tr>
<tr>
<td>Family Planning Service</td>
<td>100%</td>
</tr>
<tr>
<td>General Health Clinic</td>
<td>50%</td>
</tr>
<tr>
<td>Child Health Services *</td>
<td>40%</td>
</tr>
<tr>
<td>Salvation Army *</td>
<td>40%</td>
</tr>
<tr>
<td>Neighborhood Youth Corps</td>
<td>40%</td>
</tr>
<tr>
<td>Emergency Food</td>
<td>33%</td>
</tr>
<tr>
<td>Visiting Nurses</td>
<td>33%</td>
</tr>
<tr>
<td>Employment Security Office</td>
<td>33%</td>
</tr>
</tbody>
</table>

* Referrals also made at center.

At times, the social and homemaker services have been hampered by a negative attitude in the community. Isolated families are very suspicious of outsiders and benefits they interpret as charity, and the project has had to move with great caution to avoid alienating parents over procedures considered routine elsewhere -- things like physical examinations and basic educational testing for center children. Such suspicion has usually diminished as people have become familiar with the project, but there are still a number of families who are afraid to accept an outsider in their homes, and who feel threatened by this intrusion into their lives. It often takes years for the effects of homemaker services to begin to show.

The demand for services is tremendous, and in some understaffed counties, the homemaker caseload is too large. In one county, the average number of homemaker hours per month from July 1969 to June 1970 was 218. A sample sheet of homemaker hours is included in the Appendix.
Parent Involvement

Parent involvement at every possible level in this system is high, remarkably so in an area in which a majority of residents lead moderately to severely isolated and deprived lives.

Initially, the Rural Child Care Project was dealing with people who had little experience in community organization and cooperation -- who, in fact, were in need of basic social contact. It was found that a key to encouraging parents to participate in center affairs was the in-home service provided by social workers and homemakers. These accepting and concerned people encouraged parents first to take an interest in their children's lives while they were in the centers, next to help out as volunteers, and then to begin participating in decisions about center operations and programs.

Parents are represented at all levels of the project's decision-making apparatus -- on center, county, and the full project policy advisory committees, as well as on the Board of Directors. This participation is outlined in the Organization section of this study, and the minutes of a policy advisory committee meeting at the center level is include in the Appendix.

Parent meetings, organized by homemakers, are fulfilling basic socialization needs as well as more practical ones. Parent requests have generated instruction in such diverse subjects as quilting, sewing and clothing alteration, upholstering, furniture refinishing, home repair, carpentry, plumbing, landscaping, picture framing, automobile maintenance and repair, family planning, nutrition, canning and food preserving, personal hygiene, health education, child behavior, sanitation, driver education, drug abuse, first aid, home safety, vital statistics and the census, income tax, FHA and low-cost home loans, and food stamps. Aside from practical advice geared to helping parents improve their standard of living by their own efforts, these discussions can also
help parents overcome fear and embarrassment borne of misinformation and inexperience with the world, and, hopefully, will allow them to take advantage of community resources at their disposal. These parent meetings are seen as a first step toward helping families become self-supporting. A summary of homemaker-parent meetings can be found in the Appendix.

Parents, in turn, have contributed in immeasurable ways to their centers. Many parents are homemakers themselves, many staff the centers, others are transportation aides, and still others volunteer their time as they are able. Parents have raised funds to repair and improve their centers, and have bought, donated and built playground and indoor equipment for the children. The list which follows is only partial, but it is indicative of the care and imagination parents, staff and volunteers have applied to a real center problem: that of low-cost play materials.

There's a tree house inside one center, accessible by ladder, with an entrance only children can get through easily. It's a quiet spot with its own small library. Made of used lumber donated by a project father, it was built by NYC worker's and Operation Mainstream men. Another center feature is a carpenter's corner, with real log stumps for sawing. Indoor swings and a spacious sandbox allow children outdoor-type play on rainy days.

At other centers, parents have been just as imaginative. Large telephone cable spools have become trains (or whatever the children want them to be), with huge building blocks for coaches. Discarded milk crates are stepping stones, swings are made of old tires, lumber has been fashioned into small cars (with real steering wheels) and horses (with horse heads and broomstick tails). Board ladders are attached to the walls of another center, each rung a different color to help children devise their own climbing games. Hard-surfaced playgrounds are covered with sawdust to soften falls, but at one site, the ground was too rocky for equipment to be anchored. So a "sliding board" was fastened
to a tree trunk, and braided rope ladders dangled from its limbs. After thorough sanitation, outdoor privies have been converted to playhouses.

Parents have cut triangles, squares, rectangles and circles in the sides of a huge old barrel so children could learn their geometric shapes as they crawled in and out. Another center has a derelict car and worn-out parking meters for its children. One parent donated some piping and made handwalking bars; others built anchored balancing ropes. Donated oil barrels, with tops and bottoms removed, were covered with dirt to make tunnels; there's a gate free-swinging around a pole. Pieces from an old dinette set magically became a horse. The chairman of one policy advisory committee made an ingenious bouncing device out of a gaily painted pole, an old tire, and a washing machine chassis. A parent made his center a play motorcycle out of scrap materials and then donated a crash helmet. Another took the panels off an old washing machine and made a slide.

By being active in the project, parents have also been able to make their needs known to the community, and have helped other community members find acceptable ways of meeting those needs. For example, many children needed clothing. A seemingly simple way of dealing with the need would be to buy or solicit clothing and distribute it to the children. This solution was unacceptable to parents, who objected to their children coming home in clothes that were not their own. So when one center received some colorful fabric, parents decided that pants could be made of it—pants easily identified as center pants, used when necessary, and then returned to the center when no longer needed. Homemakers also arranged for meetings where mothers could learn how to follow patterns and sew, and how to remake old clothing for their children. These meetings brought mothers together, taught them skills, made them feel active and in control of their lives, and in the end resulted in new clothes for the children.

Centers have had difficulty involving fathers in the program on a daily basis. Many fathers do participate when equipment is being rebuilt or repaired, but their interest is difficult to maintain between such times. Many men resent having their wives leave home
to attend meetings at the centers. Some husbands have resented any discussion of family planning since large numbers of children are not only traditional to the area but often the only available source of accomplishment. The only males present at the centers have been Mainstream and Nelson program workers assigned to the centers for maintenance work.

Staff Development

From the beginning, staff training and career development were essential to the project's philosophy of working with para-professionals. The program's aims were to develop skills for a large number of employees, most of whom had no experience in the kinds of jobs in which they would be working, and many of whom had never been employed full-time.

Staff had to be trained in a wide variety of skills, including child development, center management, cooking and nutrition, social casework and social group work, family management and consumer education, use of medical, dental and other agency resources, clerical skills, supervision, and so on. Initially, project-wide training sessions were held using consultants from many fields. Follow-up training was done by six regional training supervisors who made weekly visits to center and county offices.

There are two unique aspects of the project's large-scale training. One is that a staff member with one specific job is frequently in on sessions devoted to other kinds of work. For instance, cooks are included in sessions on child management, unit planning, and music for pre-school children. This overlapping exposure not only broadens the staff's outlook, giving them a feel for the goals of the total program, but it also provides them with skills useful to the functioning of the center, so they can assist and fill in for other staff members.
Secondly, these training sessions were held outside the geographic area served by the project. For some employees, this was the first time they had been away from their hometowns overnight, and the experiences of learning how to make hotel reservations, shopping in an urban area, and generally functioning in a wider environment were recognized as highly useful. In looking back at this first phase of training, some staff feel it would have been helpful to supplement this job skill approach with a similar effort to meet the basic adult education needs of the staff.

The entire Head Start Training and Technical Assistance program was cut from the 1969 - 70 budget because the program was judged to have sufficiently developed its staff. Certain training positions have had to be eliminated: the position of child development training specialist was dropped, as was one regional training supervisor. Other supervisors were reassigned, and training has been conducted on county rather than the full-project level by project staff, as funds no longer covered fees to outside consultants. Three additional social workers with B.A.'s have been hired, and other social workers are being encouraged to work toward their degrees. Although training has been limited, sessions last year covered the following: orientation to the Rural Child Care Project; reorientation of staff; how to use volunteers effectively; child development; consumer education; role of homemaker in the family; group meetings, handicrafts; and indoor-outdoor play equipment.

Even before OEO career development guidelines were issued, the Rural Child Care Project realized it would have to move in this direction, and staff was encouraged to enroll in high-school and college level courses to supplement their in-service training. This was the first time many of the women were becoming qualified for jobs better than domestic service or baby-sitting. The project is the only available career opportunity for many women.

As parents became better trained and more sophisticated, they were capable of usurping some staff functions, or at least making the
staff feel less useful. This was particularly true of homemakers, whose roles in the community became less vital as they passed along their skills. Providing opportunities for all staff to take advanced education and acquire new skills has been one way of overcoming this built-in obsolescence.

A career development committee was organized, composed of one representative of each kind of job in the project, elected by his peers. The committee locates career development opportunities for staff members and evaluates the program's own career advancement and personnel policies. At this early stage, OEO career development funds were not available, and the project allocated part of its own budget to the committee. In this phase, it spent about $1,700 to supplement employees working on their GEDs or taking college courses. The project had OEO funding for this purpose for a time, but lost it along with training funds when staff was considered to be developed. The program was abandoned for a time, but a $3,000 grant from the Kentucky Social Welfare Foundation has revived it.

Ten scholarships have allowed employees to participate in an EPDA Institute at Alice Lloyd College. Many staff members have taken college courses through a Head Start Supplementary Training grant at Morehead State University, Morehead, Kentucky. Nine employees have participated in Head Start Leadership Development training at the University of North Carolina. Project staff have also been consultants to other programs, and their fees have been donated to the career development fund.

Since the committee's inception in 1968, approximately twenty employees have received their GEDs; about thirty have taken their first college courses; and some 350 college hours have been paid for through career development activities. In all, more than 60 staff members have been promoted.
Individual efforts have also been outstanding. A staff member who had been on public assistance before being hired has received her GED and acquired 17 college hours. In another instance, an employee who began as a clerical aide has been promoted to case aide and subsequently to social worker, a position in which she supervises 13 other employees in administering an entire county program.

Volunteers

The Rural Child Care Project uses volunteers extensively, and appreciates them. In addition to the labor they perform at no cost to the system, volunteers bring new skills into the centers and can offer objective suggestions for program improvement without representing a threat to the paid staff.

Each county has an unpaid, full-time parent working as volunteer coordinator, recruiting, training and assigning volunteers to various jobs in the program. Coordinators also work in the centers and keep track of volunteer hours.

Volunteers are recruited through the news media, committees, personal contacts, the social worker's newsletter and, perhaps most successfully, by other volunteers. Parents, skilled and unskilled community members, and paid help from government programs such as NYC (2 - 3 days a week), CEP, Operation Mainstream, STEP (assigned for 18 weeks, and they may repeat), and the Nelson Program give their time. Co-op students are paid partially by their schools and partially by the project (20%). Others come from church and civic organizations, local and county agencies and the local school systems. The project would like to involve more retired and senior citizen volunteers who, it is felt, have a great deal of experience to offer.

Training is accomplished through orientation sessions, parent meetings, home visits, and on-the-job supervision by paid staff. Formal
training sessions are held every six months.

In the social services area of the project, volunteers help interview prospective project families, schedule and accompany children to medical and dental appointments, and assist in clothing drives, fund-raising, bake and candy sales, and clerical work in the offices. They have made burlap purses for fund-raising, sheets for center cots, and dresses, pants, shirts and paint smocks for center children.

Inside the centers, volunteers are used as teachers, aides, cooks, janitors -- anywhere they can be useful. They help with special activities such as parties or dinners. One parent took speech lessons to help her own child, and then taught speech therapy in the center. Volunteers are used on field trips and as the all-important transportation aides, driving the children to and from the center, accompanying them on school buses, and providing transportation for parents to meetings and volunteer assignments.

Some parents, originally brought in as volunteers, took advantage of GED, vocational and college courses available and have now moved on to other work. Some are aides in the summer Head Start program, some are aides with the local health department, some are employed in local businesses. Still others have been hired as project staff members. One parent who volunteered as a cook in her center is now employed as a cook for the county school system.

The project has devised a system of recognition for volunteers who donate their time and efforts. Pins and certificates are awarded at county and the full-project level, and local news media are used to publicize these presentations. The certificates indicate the monetary value of the time donated. It is both an expression of appreciation to the volunteer and a record of volunteer time for the project.

In addition, special help for the project has come from many groups:
-- The Catholic Church in Magoffin County helped with recreation, music, arts and crafts, and members volunteered for two days a week;

-- The Chicago, Illinois branch of the American Medical Association bought play equipment and provides vitamins, antiseptic salves and shampoos for Knott County;

-- The Methodist Church of Ann Arbor, Michigan has adopted the Pippa Passes Center families and provides Christmas gifts and dinners; and Ann Arbor women's club sews dresses for project children;

-- A Pennsylvania social club has adopted the Mousie Center, and gives clothing and Christmases to the families;

-- The Mennonite Central Committee provides college students as full-time summer volunteers in the centers; families from Floyd, Knott and Letcher Counties have been referred to these workers for social and medical services;

-- The Brothers of Charity of the Catholic Mission in David, Kentucky supplied paint and labor to renovate the McDowell Center in Floyd County and have given volunteer time as well.

A volunteer program such as this one is feasible for those centers willing and able to have parents and community members involved in their operations. It is also possible because most of the mothers are not employed during the hours their children are at the center. In other situations it is often unrealistic to expect that a mother who is working full-time and has the additional responsibility of caring for a household and older children would have either time or energy to donate to the day care center. Project staff feels the full-time position of volunteer coordinator is essential, as is good training and supervision. In addition, the project's
volunteers are given only as much responsibility as they feel they can handle; in this way, volunteers can succeed both for themselves and for the program.
BACKGROUND INFORMATION

History

The Kentucky Child Welfare Research Foundation has been in operation since 1962. It is a non-profit organization for research, training and demonstration in the field of child welfare. The Board of Directors of the foundation, after learning that federal funds were available for expanding rural child care, wrote a project proposal. The Rural Child Care Project was originally funded in March, 1964 by OEO to establish child development, social work and homemaking services in isolated rural communities. These services were to be provided by a local para-professional staff trained and supervised by a central office of professionals. The project was established as a single-purpose agency in order to promote flexibility of operation. In 1967-68, it was funded as a Head Start program.

As the project began to develop, it encountered resistance both in the community and on the local government level. Community resistance has diminished as the residents of the area have become familiar with the purpose and operation of the program, but as it has gained success and acceptance in the community, the project has had difficulty with local pressure groups who, according to project staff, wish to use the centers as a power base. In a version of these circumstances, four of the original project centers (all in Harlan County) were recently transferred to the Harlan County Community Action Agency, with resultant bad feelings. The remaining nineteen centers are still part of the Rural Child Care Project.

Community

Most of the center families get some federal assistance. Unemployment rates for 1969 in the nine counties varied from 6.4% to
23.9%. One county had a rate of 3.7% because of a new industry in the area. Four of the nine counties are basically agricultural, with tobacco as a major crop. The remaining counties were once mining areas rich in coal.

The ethnic composition of the nine-county area is 90% White and 10% Black.

The project estimates that it serves 28% of those in need of its services. There are an estimated 2,339 children in need of day care, and 13,682 persons (counting all family members) in need of social and homemaking services.

Because of lack of employment and size of the families, the day care service in Kentucky is primarily a service to the child and not to the mother. The center's main function is to place the children in a setting where they may have the kind of experience which will be most beneficial for their physical and psychological development and which will prepare them for the school years ahead.

Parents

Ethnic distributions of children as well as family composition statistics are included in the At A Glance chart at the front of this study.

Income levels of the families served by the project are low: 37.2% have annual incomes under $2,000; 51.9% are between $2,000 and $4,000; only 22% have incomes higher than $5,000 a year. This is especially low considering that center families average seven children. Most of these families use the project's homemaker and social services programs, and project staff estimate that the various Rural Child Care services reach more than four thousand children.
The quality of education offered in the area is poor, partly because tax revenues do not stay in the region. In addition, many of the children reside in remote areas, and if transportation is not available, there is little incentive for people to stay in school. Even with schooling, there are few job prospects.

### Parent Educational Achievement

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th grade or less</td>
<td>21.1%</td>
<td>34.4%</td>
</tr>
<tr>
<td>grades 7 to 11</td>
<td>61.1%</td>
<td>52.0%</td>
</tr>
<tr>
<td>high school completion</td>
<td>16.1%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

The scarcity of industries and the consolidation of the few that do exist severely limit employment opportunities even for those who might have the skills and education to take advantage of them. While some mothers work in the centers and others take part in training programs, 87.5% of them are unemployed. Only sixty-five percent of the fathers are employed either full or part-time.

The project uses the OEO poverty guidelines to determine eligibility for its services. A social worker and the policy advisory committee of the center make the final decision about which families have the greatest need.
BASIC PROGRAM

Education

The Rural Child Care centers try to provide a warm, understanding and stimulating atmosphere in which economically and socially deprived children can learn cognitive skills. When the project got underway, the para-professional staff was not qualified to develop and implement an educational program, but since a good number of people have been with the program from the start, they have, over time, acquired the necessary skills and experience. The educational program is not formal and centers do not use a written curriculum. Rather, emphasis is placed on individual expression through the use of creative materials. Both free and structured activities are included in the program, especially those which develop decision-making abilities. Unit planning is used to coordinate the week’s group activities around a common theme. An outline and teacher evaluation of a sample unit is contained in the Appendix.

The nineteen centers are open from September to June, and 17 centers run a nine-week schedule during the summer. There are generally thirty pre-school children in a center, divided into groups of fifteen each, according to age, maturity, length of time in the program, and need for socialization and adult contact. In centers where the children are divided into two groups, each one has a teacher (one is a senior teacher) and an aide, and often several volunteers. Each center also has a cook who works directly with the children on nutrition education, a custodian (Mainstream or other), and one or more transportation aides.

Since all staff is para-professional, each center has posted a detailed schedule of arrival procedures, calling teachers' attention to the importance of greeting each child as he arrives, the procedure of an informal health inspection (for colds, sores, fevers, and so on),
reminders to help with coats, and the attitudes to be expressed while performing these duties (i.e., warm, cheerful). As transportation aides arrive with the children, they recount the morning's sights and experiences during the often long ride to the center, and the teachers use this information to ease the child into discussion and the day's activities. A sample daily schedule is included in the Appendix.

**Free play activities** are set up before the children arrive, and those who come in early are directed to these areas until everyone is present. At 9 o'clock, breakfast is served to those who need it, and snacks are set out for other children. The procedure is very informal, with children helping the center's cook serve and clean up. Staff, volunteers, and usually a male aide (from Operation Mainstream or another program) eat with the children. There is a lively flow of conversation. It's a nice relaxed time. Structured morning activities include art, science, music, language development and dramatic play. Weather permitting, there's a period of outdoor play before lunch.

An effort has been made to capitalize on the children's experience and environment. A science table in each center has materials that the children have gathered: lumps of coal, wasp nests, leaves and plants. These are often labelled and discussed. Native animals (opossums, woodchucks) are drawn, identified, sometimes kept as pets. Naming of familiar objects, and verbalization in play are particularly stressed to compensate for the often limited range of the children's verbal expression. The children appeared to talk freely and fluently to the staff, though they were occasionally shy with strangers.

Children have their own toothbrushes at the center (at Auxier, the maintenance man has made a long wooden wall rack for them), and after lunch the routine is toothbrushing and hand washing. Cots and blankets are set out, and children are read a story as they drop off to sleep. They sleep for at least an hour, and after the cots are put away, there's another light snack before they start getting ready to go home.
Unit plans are developed around a particular subject by each center's staff. Activities in these units aim at bettering the child's self-image, encouraging him to express himself with confidence, and improving his language skills. The latter is particularly important, since many of the children are extremely shy and withdrawn. Some highly successful activities have been a beauty-parlor day for the girls, discovery boxes, and a tradition in which a teacher makes up a story for the class featuring a child who has been sad or unresponsive. Overall, the curriculum is quite flexible; if one activity is not going well, teachers are free to substitute something else.

Children visit local farms, dairies and cane mills, and some centers have organized hay rides with a mule-drawn wagon. Children have gone to a parent's home for pony rides. Finger painting and art activities are moved outside at one center during the summer. Another center has an adult-sized "sock-it-to-me" doll the children can hit. Some centers have filmstrip projectors, and some have the Peabody Language kit. The Bookmobile service is used extensively.

Though several TV sets have been donated to the centers, the mountainous terrain makes reception so problematic as to render them virtually useless. Furthermore, the local networks have been unwilling to carry Sesame Street in the mornings. The program comes on the air after the centers are already closed. Some centers have asked to trade in their TV sets for something that would be of more use to them.

All centers have a variety of materials such as puzzles, blocks, dolls, lotto games, art supplies, and so on. In addition, children use the equipment made and donated by parents and community members (described in the Parent Involvement section of Notable Elements) for indoor and outdoor play.
The Rural Child Care Program has been concerned also with the effect of its program on the children's progress in later school grades. So far the research on this has been inconclusive. One finding indicates that the more services the family receives, the less likely it is that the children will show good progress in school. This illustrates the detrimental effects of multi-problem families on the cognitive development of children. The project intends to experiment with more structured curriculum in the hopes that this might strengthen its compensatory developmental effort.

**Food**

Widespread malnutrition and anemia among center children make both compensatory and maintenance nutrition programs necessary. Centers serve breakfast to those who need it, and two snacks and lunch to all children. At the beginning of the year, the program is basically compensatory. The cooks attend workshops on special foods and meal preparation. Children with special problems are given attention.

The children are fully involved in the nutrition program. It is the cook's responsibility to introduce them to new foods and different forms of food preparation. She also works with the children on serving, eating procedures, menu planning and clean-up. The children are also taken to the grocery store. Deprivation in the area is so extensive that some families do not know how to use eating utensils and can prepare only one very fatty or starchy meal. Child nutrition education augments the work of the homemaker in introducing new and better foods to the home.

**Health**

The county social worker is responsible for providing medical and dental services to the centers. When needed health care cannot be provided at the center, children are taken to local clinics and doctors.
For special attention, they may have to be taken farther away. All children are given physical examinations, inoculations and other treatment as needed. In addition to providing services, the centers encourage parents to obtain services for themselves and other family members.

The project uses as many community resources as it can, particularly Title XIX of the Social Security Amendments. Each county has a medical advisory board consisting of area doctors and dentists, one parent from each center, and a member of the public health profession. These people assess the medical needs and resources of the county and allocate funds. The participation of parents has been useful in making the members of the health professions more directly aware of the needs of the community.

When a child is ill for a period of time, the social worker or homemaker visits the home to see how he is doing and to make sure he is getting medication. The social worker also determines whether money for care is needed. Lack of medical personnel and improper sanitation are the major obstacles to keeping the children in better health.

**Transportation**

Transportation is an enormous problem in this mountainous area, and a good portion of the project's budget is spent on this service. Centers solve this problem by using school buses, transportation aides, and occasionally contracted taxi service. Obtaining adequate insurance coverage has also been a problem.

A few children can walk to their centers, but most are picked up and returned home by aides who use their own cars and are paid hourly salaries, mileage and insurance. Some aides must start their routes by 7:00 a.m. to have the children at the center by 9:00 a.m. Many children have to walk a few miles before they reach a road where
they can be picked up. One child has to be rowed across a creek every morning by his father before he can get to the school bus. Another four-year-old gets himself dressed and scrambles up a high bank to get to a spot where a transportation aide can meet him. Families which cannot be reached by a serviceable road--either because they are too isolated or the child is too young to walk to the road--must be excluded from the program. Centers also provide transportation to families taking advantage of social service referrals, and for parent meetings at the centers.

Transportation aides are more than chauffeurs. They are a communication channel between home and center. They meet the parents, see the homes, and learn something about the child's environment and his relationship with his parents in the course of picking up and delivering. They communicate all this to the teacher to help her to fully understand the child. Most work four hours a day, and many elect to spend time helping out in the centers thus easing the child's transition to and from his home.

A presently insurmountable problems is that severe winters close down some of the area roads, denying service to many families until spring.
ORGANIZATION

Policymaking

The Board of Directors of the Kentucky Child Welfare Research Foundation is the governing board of the Rural Child Care Project. Membership on the Board varies between five and twelve people, and currently includes four social workers, two educators, and one businessman. The possibility of adding two parents from the Rural Child Care Project is now under consideration. The Board has policy authority for the program and sets all personnel and fiscal policies.

The Board responds to three levels of advisory committees:

1. The Center Policy Advisory Committees (PACs) consist of four parents and two community members. Their responsibilities revolve around community and parent interest in center operations. They meet monthly to discuss issues and center business.

2. The County Policy Advisory Committees coordinate the PACs (usually two per county). These committees are regarded as the core decision-making groups. Composed of eight parents and eight community members, they discuss resource development within the county. They form personnel selection committees and medical advisory boards which set some policies and make recommendations to the Full Project Policy Advisory Committee.

3. The Full Project Policy Advisory Committee is composed of one parent and one community resident from each of the nine counties. At this level, the problems of the nine counties are compared, ideas and solutions are shared, and issues
such as program, budget and legislation are addressed. This committee recommends directly to the project director and the Board of Directors.

Total membership of the three kinds of Policy Advisory Committees is 172.

Program Planning--The project director and an education specialist are responsible for setting overall curriculum. The education specialist also controls planning. Staff members and teachers assist in both areas.

Budgeting--The overall project budget is developed jointly by the project director, the Board of Directors and the Full Project Policy Advisory Committee. Joint control is exercised over the total nine-county area, which is considered a single administrative unit. For example, funds may be transferred from one county to another if necessary.

Staffing--The project director makes the final decisions regarding hiring and firing of staff on the advice of the policy advisory personnel committee (county level), which interviews candidates.

Operations--Program content is the same for all centers, subject to modification by and for local needs. The educational training specialist and the director have responsibility for daily program activities, but other staff and parents may make decisions.

Because of the hierarchy of policy advisory committees and the other administrative channels, decision-making has often been a lengthy and frustrating business, with up to a ninety-day gap between proposal and implementation.
Despite the obvious drawbacks of this hierarchy, the central administration believes in having as much group process as possible. They feel that the more parents and staff are involved in the decision-making, the more accurately their needs and views will be reflected, and the more likely program implementations are to succeed, and the better educated parents will become towards an eventual full control of the centers' operation.

Staff Organization

There is joint administration, supervision and training among the nine county operations. Each center is autonomous, however, in its specific operation, and the centers are linked through the County and Full Project Policy Advisory Committees.

The social worker is the focus of county coordination. A recent budget cut has placed greater responsibilities at the county level. Social workers with some assistance from the regional training supervisors are directly responsible to the project director for each county's operation--this usually includes two centers (each with thirty children), three homemakers, and clerical aides. Social workers are also charged with community organization and the medical and policy advisory committees involved, as well as direct casework with families. They work closely with the homemakers as described in the Notable Elements section.

Staff Training

This is described under Staff Development in the Notable Elements section. In providing training to the center staff, the project is introducing new resource people into the community. By building ties between center staffs and parents, these resources become available to others.
Staff Meetings and Records

Each center holds a weekly meeting for paid staff and interested volunteers. All children are regularly discussed at this session, and informal meetings often develop for a particular child's problems. A short report on the progress of each child is filed monthly with the county social worker. The social worker periodically evaluates the centers he is responsible for. Child progress reports and a center evaluation can be found in the Appendix.
## RURAL CHILD CARE PROJECT STAFF ROSTER

### Total Paid Staff (182 - 171 full-time equiv.)

<table>
<thead>
<tr>
<th>Position Type</th>
<th>Number of Positions</th>
<th>Hours/Week (Av. Position)</th>
<th>Child Contact Hours/Week (Av. Position)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director's Office (10 full-time)</td>
<td></td>
<td>400</td>
<td>NA</td>
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<tr>
<td>PROJECT DIRECTOR</td>
<td></td>
<td>40+</td>
<td>NA</td>
</tr>
<tr>
<td>CHILD DEVELOPMENT TRAINING SPECIALIST</td>
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<td>40</td>
<td></td>
</tr>
<tr>
<td>EDUCATION SPECIALIST</td>
<td></td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>REGIONAL TRAINING SUPERVISORS (3)</td>
<td>120(40)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLERICAL AIDES (4)</td>
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<td>160(40)</td>
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### Fiscal Staff (8 - 7.3 full-time equiv.)

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<th>Position Type</th>
<th>Number of Positions</th>
<th>Hours/Week (Av. Position)</th>
<th>Child Contact Hours/Week (Av. Position)</th>
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<tr>
<td>FISCAL OFFICER</td>
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<tr>
<td>ADMINISTRATIVE OFFICER</td>
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<td></td>
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<tr>
<td>CLERICAL AIDES (5)</td>
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<td>200(40)</td>
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</tr>
<tr>
<td>CLERICAL AIDE (1)</td>
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<td>30</td>
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### Research Staff (12 full-time)

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<thead>
<tr>
<th>Position Type</th>
<th>Number of Positions</th>
<th>Hours/Week (Av. Position)</th>
<th>Child Contact Hours/Week (Av. Position)</th>
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</thead>
<tbody>
<tr>
<td>RESEARCH DIRECTOR</td>
<td></td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>RESEARCH ASSOCIATE</td>
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<td>40</td>
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<tr>
<td>RESEARCH ASSISTANTS (4)</td>
<td></td>
<td>160(40)</td>
<td></td>
</tr>
<tr>
<td>RESEARCH CLERKS (2)</td>
<td></td>
<td>80(40)</td>
<td></td>
</tr>
<tr>
<td>CLERICAL AIDES (4)</td>
<td></td>
<td>160(40)</td>
<td></td>
</tr>
</tbody>
</table>

*Estimated

Insufficient Data for Overall Paid Staff Profile
RURAL CHILD CARE PROJECT'S AUXIER DAY CARE CENTER STAFF ROSTER

<table>
<thead>
<tr>
<th>STAFF POSITIONS</th>
<th>Hourly / Full (as Position)</th>
<th>Overall Paid Staff Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Staff (6 - 5.5 full-time equival.)</td>
<td>220</td>
<td>185</td>
</tr>
<tr>
<td>SENIOR TEACHER</td>
<td>40+</td>
<td>40+</td>
</tr>
<tr>
<td>TEACHER</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>TEACHER AIDES (2)</td>
<td>80(40)</td>
<td>80(40)</td>
</tr>
<tr>
<td>COOK</td>
<td>40</td>
<td>5</td>
</tr>
<tr>
<td>TRANSPORTATION AIDE</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>In-Kind Staff (3 full-time equival.)</td>
<td>120 (40)</td>
<td>108(36)</td>
</tr>
<tr>
<td>VOLUNTEERS (equivalent of 3 full-time)</td>
<td>120 (40)</td>
<td>108(36)</td>
</tr>
</tbody>
</table>

*Estimated

<table>
<thead>
<tr>
<th>Education:</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Experience</td>
</tr>
<tr>
<td>High School</td>
</tr>
<tr>
<td>Working on GED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity:</th>
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<tbody>
<tr>
<td>Anglo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents of Project Children:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>
This is the way the Rural Child Care Project Social Worker's Director spends his time:

And this is how he spends it:

And this is what he spends it on:

[Diagram showing time allocation]
HOW RESOURCES ARE USED

On the next page is the functional breakdown of the way 1969 - 70 income (shown in *At A Glance*) was used. The In-Kind column may include one or more of the following types of donations: materials, facilities, underpaid labor, volunteer labor, and labor paid for by another agency.

For the sake of clarity, expenditures are divided into four categories. Together, the first three make up basic child care costs:

I. STANDARD CORE

This category shows costs commonly incurred in day care operations:

A. Child Care and Teaching--personnel, curriculum and, general classroom supplies.

B. Administration--personnel, equipment depreciation, office supplies, staff travel, telephone, insurance, audit.

C. Feeding--personnel, food stuffs, other food related expenses.

II. VARYING CORE

This category shows costs which can be assumed either by operators, or by parents, or by both:

D. Health--personnel, supplies, health related services.

E. Transportation--personnel, operating expenses, maintenance, insurance.

III. OCCUPANCY

Because occupancy costs vary widely, they are shown separately. Included: rental value of property, utilities, taxes, property insurance, custodial personnel and supplies.

IV. SUPPLEMENTAL SERVICES

This final category shows program enrichment elements above and beyond basic care which have significant dollar costs or revenues associated with them.
<table>
<thead>
<tr>
<th>Category</th>
<th>Standard Core</th>
<th>Varying Core</th>
<th>Total Core</th>
<th>Supplemental</th>
<th>Personnel Costs</th>
<th>Total Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care and Teaching</td>
<td>26%</td>
<td>1%</td>
<td>27%</td>
<td>22%</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>Administration</td>
<td>16%</td>
<td>6%</td>
<td>22%</td>
<td>5%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Feeding</td>
<td>10%</td>
<td>1%</td>
<td>11%</td>
<td>22%</td>
<td>64%</td>
<td>64%</td>
</tr>
<tr>
<td>Health</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>22%</td>
<td>66%</td>
<td>66%</td>
</tr>
<tr>
<td>Transportation</td>
<td>6%</td>
<td>1%</td>
<td>7%</td>
<td>22%</td>
<td>75%</td>
<td>75%</td>
</tr>
</tbody>
</table>

**Totals**

- **Standard Core Costs**: $309,600
- **Varying Core Costs**: $209,600
- **Occupancy Costs**: $192,600
- **Supplemental Service Costs**: $192,600
- **Total Core Costs**: $1,217,100
- **Personnel Costs**: $268,900
- **Total Personnel Costs**: $268,900

**Summary**

- Standard Core: $1,217,100
- Varying Core: $948,200
- Supplemental: $268,900

**Cost/Child Hour**

- Total cost: $1.36
- Personnel costs: $1.37
- Total: $2.66

**Cost/Child Year**

- Total cost: $2.77
- Personnel costs: $2.78
- Total: $5.55

**Notes**

- All costs to nearest $100.
- Costs to nearest $1,000.

**Research**

- C. Social Services and Homemakers 22%
IN CONCLUSION

Letting parents and staff speak for themselves, here are some sample comments about the Rural Child Care Project:

What parents like for their children:

"Children learn to be around other children and adults." "Children talk about how they love the teachers and want to go home with them. Also, teachers learn the child something different every day." "The teacher sends work home for children to do and enjoy." "When their teeth give them trouble they are taken care of at the center."

"I like the progress of the children, the manners they have been taught." "The things the center can give that they cannot get at home." "Now they help their mother in the kitchen. They have learned to associate with other children and overcome shyness. They have better manners and say a prayer at meal time.

"The teachers are good to them. They learn the children things they should know. They learn table manners, good discipline, and they give thanks before meals."

"The neighbor's children had learned a lot in this program--I thought he could learn to talk to people." "Children learn togetherness and good manners. They get hot meals." "Children will now talk more with people. It's made our family life better. He's now able to get along with his brothers. Also, he's not fussy about foods anymore--he eats all foods."

"My child can build with blocks and play with other children. He learns to use books and other play toys, and goes on walks and gathers things such as rocks, wood, leaves and insects." The teachers are real good to the children. They pat the child when he does something good or nice. They brag on a child to make him feel good. They try to learn the children right." "I like the table manners that the child learns away from home, and the brushing of teeth after meals. Also the learning to share and getting along with other children." "The children mind at home a lot better. They never forget to say the blessing at the table at home now."

"Our child is well fed and given good care, and can play with other children." "Children learn their manners and
parents or people in the community feel welcomed by the
teachers. The teachers understand the children. "He
is able to get along with older brothers and sisters--
there's less fighting."

"They treat the children nicely when I'm there-- other
people say they treat them nicely when parents aren't
around. The children learned to say prayers and have
better manners."

"The teachers have had children of their own and are good
with children. My child now does what I tell her-- they are
taught good behavior when they are away from home."

"The program buys them clothes, gives them a place to
play and plenty to eat. " He draws better now."

What parents like for themselves:

"We've gotten medical help, clothing and other things since
he's been at the center. There's more time for me to take
care of the family."

"I can attend meetings on food and nutrition. I feel better
and am less nervous. The children get good care."

"I have time to work part-time. It helps to know they're
well taken care of, that they are getting naps. I don't
worry about them I can go to meetings and some classes."

"I have more time to take care of the house and a younger
child. " I'm on both policy advisory committees."

"I have time to get food stamps and take care of my sick
mother. I volunteered to take sick patient to the doctor."

"Our family life is better. I'm able to work in the center
as a volunteer and learn about child activities. I've been
chairman of the policy advisory committee."

"I'm on the parent committee. I help hire or dismiss staff
for the center. I can do what needs to be done at home
while the child's in the center."

What parents don't like:

"He eats good at the center, but not at home-- I think maybe
he eats too well at the center."

What staff has to say:

"I like the involvement with children, and being able to work
with the total family. I get satisfaction from providing the
children with good food."

"I have freedom to be creative with the children. " Teachers
are allowed to try any ideas that might work, after those
ideas have been discussed with the center staff."
"There are no bad children or bad behavior-- only children with special needs, who need more help."

"I like the health and nutritional care. The conditions of the families served are so inadequate that it is difficult to raise the standard of living."

This study has not attempted to deal in depth with the issues and problems facing the Rural Child Care Project. There are problems, of course, especially in a system of this size. A summary of problems and concerns, as defined by Edward E. Ellis, the director of the Rural Child Care Project follows:

Current problems of the Rural Child Care Project Centers have been many. The most persistent one has been finding facilities that could be adequately renovated and maintained at a minimum cost over a period of time. In order not to compromise any of the Kentucky Statutes regarding day care services, all Project Centers meet all requirements for fire, sanitation, health and space necessary to obtain a license to operate.

Transportation is another major problem faced by the Project Centers. This is due to the extreme isolation so common to Appalachian Kentucky. The centers have had considerable problems in bringing in the most isolated children to the area where the centers are located. The hard winters of Eastern Kentucky with their floods and snows only add to the problem of transportation which is bad enough when the weather is good.

Unsanitary water is another problem the Project has to deal with. It has been necessary at some centers to dig and maintain deep wells with electric pumps, tile fields, and septic tanks so we could put in complete bathroom facilities. It has also been necessary to install heating devices and to rewire most centers for major electric appliances--such as hot water heaters and electric stoves.

We have overcome many of the above problems in the nine counties of operation, but only by constant repair and maintenance. At the same time, we have learned to utilize all possible resources in accomplishing these objects and have involved a maximum participation on the part of the communities helping us overcome these deficits.

Despite the fact that we have been able to use school buses, transportation employees, contractual arrangements with
individual carriers, plus volunteers in getting the children from isolated hollows to the Centers, there is yet another problem created by the topography of the area. This relates to the necessity of transporting the children in different groups which means doubling back after delivering one group and picking up another group who live in a different direction. This creates problems of time scheduling in the centers as well as in meeting curriculum standards of hours and subject materials. This, coupled with the use of non-professional Child Development staff has been a major concern.

With the consistent cutback in funding during the last three and a half years we have less academically trained staff giving support, supervision, and ongoing training than we would like. With the increased burden of meeting these gaps in services in the Social Service, Homemaking, and Child Development programs, we have had to redefine practically all employee roles and responsibilities as they relate to these components to accomplish more. One of the conditions of this year’s funding grant has caused us considerable concern due to our instructions to serve even more children in the centers and to give participation and involvement to the parents in the target areas. This is to be carried out despite the 8 - 10% budget cut of which we were just recently informed after 5 months of operation this Fiscal Year.

In order to meet the conditions of the grant, it has been necessary to cut back the social services so vital in coordinating county and community services in this rural area. We have at the same time been asked to upgrade our center program, to hire more parents, to recruit more volunteers even though program staff and support staff has been cut to the bone in these same vital areas of training and supervision.

Much time on the part of the Social Services staff has been devoted to parent involvement both on the Policy Advisory Committee and on community organizations where they might benefit from all services available. As transportation is involved in getting parents to such meetings, these cuts in the travel budget really curtail these activities as staff is usually involved.

Greater effort will still have to be devoted to parent participation and new techniques of involving them will of a necessity have to be developed.

Staff recruitment has been less of a problem the last two years because we have been able to maintain a center core of trained para-professionals who are indigenous to the areas they serve. When resignations or attrition take
place, the training and supervision of new employees has had to be considerably curtailed due to financial cutbacks. This is now carried out on a one-to-one basis or in small group training sessions, using those consultants and facilities available for the least cost.

The Project has never been adequately financed and there has never seemed to be enough money to do all that needs to be done. Additional seed money would make it possible to attract other monies for resources for those areas where they do not now exist.

Changes in the type of program have had to be made as OEO and HEW have changed their responsibilities and guidelines considerably. This has made it extremely difficult for us to develop many of the long-range policies that should be developed.

The Rural Child Care Project is providing children with their basic needs and parents with a wide variety of essential services. What emerges is a picture of total service to center families and the community. Among these services are:

For children: opportunities for basic socialization and peer cooperation; language development and self expression; medical attention; compensatory and maintenance nutrition; special needs (i.e. clothing)

For staff: advancement through training and education opportunities; adequate pay; community involvement; variety of skills

For parents: employment; medical and social service referrals; direct help through homemaking; skills for improvement of family life; parent involvement and decision-making; educational benefits; basic socialization; awareness of adequate care for children
For community: significant volunteer opportunities; coordination of community services and development of new services; realistic identification of needs and ways to meet them; training of community people to become a new resource.

The Rural Child Care Project is an outstanding system. Its real and unique accomplishments go beyond service to the children, who are regarded as the focal point for assistance to the whole family. The range of social services and the way they are offered are clearly sensible and sensitive solutions to a specialized kind of problem. It is the respect and concern for the individual which gives this project an atmosphere of warmth and consideration.

The project has been active in staff development, parent involvement and the use of volunteers in ways which have engaged the interest and support of center communities. A network of resources has been established for medical, social service and educational needs which is helping people solve their immediate, practical problems, and encouraging their personal growth.

Most aspects of the Kentucky Rural Child Care Project are not innovations. They can be found in various programs around the country. What is exceptional here, above all else, is the engagement and activity the project has generated while faced with economic and topographic problems and a heretofore passive and isolated rural population.
APPENDIX

This appendix contains illustrative materials drawn from Rural Child Care centers and administrative offices. Included are:

Floor Plans
Map of Rural Child Care Project Counties
Sheet of Homemaker Hours
Policy Advisory Committee Minutes
Summary of Homemaker-Parent Meetings
Curriculum Unit Outline and Evaluation
Daily Schedule
Child Progress Reports
Center Evaluation Report
BLACKEY CENTER
LETCHE COUNTY
(APPROX. 1134 sq. ft.)
PLUS OTHER AREAS
NOT TO SCALE
## Number of Homemaker Hours

in typical RCCP county

<table>
<thead>
<tr>
<th>Month</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1969</td>
<td>220</td>
</tr>
<tr>
<td>August 1969</td>
<td>202</td>
</tr>
<tr>
<td>September 1969</td>
<td>189</td>
</tr>
<tr>
<td>October 1969</td>
<td>231</td>
</tr>
<tr>
<td>November 1969</td>
<td>160</td>
</tr>
<tr>
<td>December 1969</td>
<td>261</td>
</tr>
<tr>
<td>January 1970</td>
<td>180</td>
</tr>
<tr>
<td>February 1970</td>
<td>229</td>
</tr>
<tr>
<td>March 1970</td>
<td>276</td>
</tr>
<tr>
<td>April 1970</td>
<td>205</td>
</tr>
<tr>
<td>May 1970</td>
<td>245</td>
</tr>
<tr>
<td>June 1970</td>
<td>222</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2620</strong></td>
</tr>
</tbody>
</table>

Average 218 hours per month for 3 homemakers in direct contact with RCCP families.
McDowell Policy Advisory Meeting
McDowell Child Development Center
April 21, 1970
Tuesday, 7:00 p.m.

The meeting was called to order at 7:15 p.m. by Mr. S., Chairman. He opened the meeting with the Lord's Prayer. Mr. S. introduced Mr. L. for the benefit of the ones who were not present at our last meeting.

OLD BUSINESS

Mr. L., social worker brought up the subject of an old bill from the Culligan Water Service. The bill was for $198.00. Mr. D. made the motion that $25.00 be paid on the bill now. Mr. S. seconded the motion.

NEW BUSINESS

Mr. S. then expressed his sincere thanks to the Volunteer fathers who put the new floor covering down. The floor covering was purchased from Sandy Valley Hardware. Cost was $97.00. Mr. S. also expressed thanks to Mr. A. who is from the Mission at Martin, Kentucky. He donated paint, also helped do the work. Mr. S. informed everyone that C. S. has donated a large refrigerator for the center. This refrigerator needs a part, which will cost $16.00.

Mr. S. asked for ideas on raising money for the center. Everyone decided on having a chicken-n-dumpling dinner. Mr. M. made a motion to vote on buying a lawn mower. A. M. seconded this motion. The mower will be raffled off at $1.00 per ticket. The dinner will cost $1.00 per ticket. The dinner will be held May 24 at the McDowell Child Development Center. Dinner will be served from 11:00 a.m. to 3:00 p.m. A. M. and B. D. and E. T. volunteered to plan the dinner.

E. S., Treasurer came in after the meeting started. The minutes were read to her by M. H., Secretary.

E. S., Treasurer stated that there is a balance of $107.04 in the treasury now.

D. F. from the mission at Martin volunteered to be in charge of advertising for the dinner and raffle, also for the printing of the tickets. The PAC decided to purchase 15 live hens for the dinner. Mr. S. volunteered to keep the hens and care for them until they are to be used. Mr. M. made a motion that the meeting be adjourned. This motion was seconded by J. M.

M. H., Secretary
SUMMARY OF HOMEMAKER-PARENT MEETINGS

FLOYD COUNTY

APRIL, 1970

Auxier Homemaker-Parent Meeting - April 3, 1970 Floyd County Office

Since our office furniture needed painting, we discussed antiquing. Most of the mothers had never done any antiquing so they suggested we do the office furniture so they could help and learn how themselves. The furniture turned out real nice and the parents are going to antique something of their own at our next meeting. We discussed the Home Nursing Training, that we have just finished. All the mothers seem very interested and are looking forward to our teaching them what we have learned. Refreshments were served.

McDowell Homemaker-Parent Meeting - April 10, 1970 Mr. & Mrs. M. Home

The McDowell Homemaker-Parent Meeting was held at the home of D. M. on April 10, 1970. It was the biggest turnout we have ever had. The ladies cut out dress patterns for their little girls. All the ladies discussed Birth Control and getting together and having what they called an old fashion working and helping each other do their spring house cleaning. They all enjoyed the meeting and socializing so much some of them decided to go Green Picking. Mrs. M. made coffee and served to all the ladies.
McDowell Meeting

McDowell Homemaker Parent Meeting was held on October 15, 1969. At the home of Mrs. B. H. All the ladies made themselves a set of pillow cases out of muslin. Most of the mothers wanted to make some sheets and curtains, but we explained that this was the last bolt of muslin and we had to save enough for Auxier Homemaker Parent Meeting. The ladies had their lunch at the McDowell Child Development Center. There was a real good attendance at our meeting and every mother seemed to enjoy themselves.

Auxier Meeting

Auxier Homemaker Parent Meeting was held on October 17, 1969. At the home of Mrs. R. W. There was a very small turn out but the ladies enjoyed the meeting. Mrs. W. made them feel very welcome. The ladies did patch work on their muslin pillow cases. They discussed what to work on at our next meeting.
SCHEDULE: May 4 through May 8

THEME: Colors and Shapes

SCIENCE

1. Pop bottles filled with colored water

2. Rainbow - Teacher makes an arc of colors and the children follow her. Children have choice of colors.

3. Field trip to discuss colors and shapes of our surroundings.

   Alternate:

4. Kool-Aid popsicles - colors and shapes

Objective: Test the children's knowledge of colors.

ART

1. 12 x 18" newsprint - Draw Teddy Bear (head, arms, legs). Let child choose his own colors in painting circles.

   Alternate:

2. Clown - circles and triangles for body.

3. Totem pole using shapes and colors

4. Mural - colored construction paper flowers

Objective: Teach the small children their basic colors; large children, reinforce color concepts

SUPERVISED FREE PLAY ACTIVITIES

1. Block Corner - Encourage the use of different sizes and shapes

2. Housekeeping - different shape and colors of packaged food.

3. Reading and listening - Nature book

4. Manipulative Table - peg boards, puzzles, bead stringing
SCHEDULE: May 4 through May 8, continued

MUSIC

Early morning activity with all groups

Little Red Caboose

Little Green Frog

Game: Go Back

Objective: Teach the children to share
Prepares them for first grade play

SPEECH

1. Discovery Box - objects that have different shapes and colors.

   Alternate activity:

2. Flannel Board - Use construction paper shapes and colors on flannel board and have child tell what they are

3. Developing number experiences kit

Objective: Concentrate on shy children and develop self-image
EVALUATION OF ACTIVITIES, May 4 through May 8

SCIENCE: All the children enjoyed the bottles with colored water, especially the younger ones. Children most enjoyed field trip and discussion afterwards.

ART: Patterns used in excess. Found when patterns weren't used, children enjoyed making bears more.

SPEECH: GREAT!! But had to be changed for older ones. Numbers were added.

MUSIC: Children always enjoy singing but need to learn to express themselves more openly.

As a whole, children did learn new colors but shapes were more difficult. Used only squares and circles. Suggest using shapes as a unit alone.
KENTUCKY CHILD WELFARE RESEARCH FOUNDATION, INC.

Sample Daily Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 a.m.</td>
<td>Early Arrival of Aide</td>
</tr>
<tr>
<td>8:00 a.m.</td>
<td>Arrival of other Aides</td>
</tr>
<tr>
<td>8:00 - 9:00 a.m.</td>
<td>Supervised free indoor play and subgroup activities -- Aides II and I</td>
</tr>
<tr>
<td>9:00 - 9:30 a.m.</td>
<td>Aides supervise morning wash-up and snack</td>
</tr>
<tr>
<td>9:30 - 10:00 a.m.</td>
<td>Younger group has organized activities</td>
</tr>
<tr>
<td></td>
<td>Older group has indoor or outdoor activities</td>
</tr>
<tr>
<td>10:00 - 10:45 a.m.</td>
<td>Older group has organized activities</td>
</tr>
<tr>
<td></td>
<td>Younger group has indoor or outdoor activities</td>
</tr>
<tr>
<td>10:45 - 11:00 a.m.</td>
<td>All children have table games and quiet activities</td>
</tr>
<tr>
<td>11:00 - 11:45 a.m.</td>
<td>One Aide supervises lunch wash-up</td>
</tr>
<tr>
<td></td>
<td>One Aide supervises lunch table preparation with children</td>
</tr>
<tr>
<td></td>
<td>Lunch - all Aides eat with children</td>
</tr>
<tr>
<td>11:45 - 12 noon</td>
<td>All Aides supervise after lunch wash-up, get children settled for nap</td>
</tr>
<tr>
<td>12:45 - 1:45 p.m.</td>
<td>Nap for children - Aides alternate nap supervision, record keeping, preparation for next day's activities</td>
</tr>
<tr>
<td>1:45 - 2:00 p.m.</td>
<td>Aides supervise toileting and after nap wash-up</td>
</tr>
<tr>
<td>2:00 - 2:15 p.m.</td>
<td>Afternoon snack</td>
</tr>
<tr>
<td>2:15 - 3:00 p.m.</td>
<td>Free indoor or outdoor play. At proper time, Aides supervise safe departure of children.</td>
</tr>
</tbody>
</table>
CHILD RECORDING

CHILD: I., Billy
PARENTS: S., Katherine
HEIGHT: 46"
WEIGHT: 41 lbs.

MC DOWELL CENTER #2
FLOYD COUNTY
SR. TEACHER: A. W.
October, 1970

Billy seems somewhat subdued from his former boisterous self in the spring. He asks often about his best friend, Roger, who is in first grade this year. Billy seems somewhat overwhelmed by so many new faces. So he reacts some hesitantly. However, the summer at home has definitely hurt him in his associations with others. He had become rather possessive and selfish as before. He had made some very slow progress in his consideration of others before the June closing of the Center.
CHILD RECORDING

CHILD:  I., Billy
PARENTS:  S., Katherine
MC DOWELL CENTER # 2
FLOYD COUNTY
SR. TEACHER:  A. W.
June, 1970

Billy was off the whole week in June with sore throat and infected ears. However, he came to the graduation and did quite well. His family were real proud and rather surprised that he could do so well.
I'm sorry to say that Brad continues along his provocative way. But he has more fun than anyone. It is rather hard to keep a step ahead of him. We must be firm in our restrictions for him and try to keep him busy. His attention span has lengthen somewhat, but he has been at the Center so long that it is especially hard to find something that interests him. He is so sweet and mischievous at the same time that it is difficult for us to be firm with him without a smile and he is smart enough to know it.
CHILD RECORDING

CHILD: H., Brad
PARENTS: H., Earl & Mabel
MC DOWELL CENTER #2
FLOYD COUNTY
SR. TEACHER: A. W.
June, 1970

Brad has remained very controversial. He continues to strike out at anyone or anything that crosses him. His mother was taken to a hospital in Lexington but his attitude has only continued and is not of a new nature.

Brad is happy at the Center and seemed delighted that he was not graduating. He says that he is not going to the big school but is going to stay here. So even if he does make life rough for the rest of us, he is happy about it all.
ANALYSIS AND EVALUATION OF SERVICES

I. FLOYD COUNTY
SEPTEMBER 1970
WILLIAM L.

II. ANALYSIS AND EVALUATION OF CHILD DEVELOPMENT SERVICES

1. Daily Activities Program

The first week in both centers was used as a reorientation session for the children. They again got into the center's daily routine. Auxier was more concerned with this since they had completely new children.

McDowell has been concentrating on a unit involving wheels and transportation. The instruction was started with a wheel, then advanced to a bicycle, tricycle, automobiles, trains and etc. In creative art, the children drew circles of different colors and made a train of milk cartons. Dramatic play consisted of marching in line one behind the other like a train. Also songs such as "Little Red Caboose" were sung.

Auxier's theme has been on colors (recognition and application). Color cards and the plymouth board were used in speech class. A rainbow using the different colors both primary and secondary were made. In addition to this color pinwheels were prepared by the children. Field Trips were taken into the forest to illustrate color changes due to seasonal changes. A field trip is planned for every Thursday. In October a theme on insects will be started.

The Bookmobile has not been around.

2. Equipment and Supplies

Auxier still has not received its Fire Extinguisher. Auxier also needs various colors of paint and construction paper. This applies also to McDowell. McDowell's record player needs repairing. The refrigerator which was originally repaired by the P.A.C. is again in need of repair. Also McDowell's T.V. is on the blink. Both Centers need linoleum rugs. Auxier has acquired some pieces of carpet for the center from the Kentucky Carpet Company in Prestonsburg.

3. Health Program in the Center

Besides the general sore throats there were a couple
of cases of impetigo at McDowell. Two of the children at Auxier have ear infections. Medical examinations are planned for as soon as possible for both centers.

4. Nutrition Program

Our nutrition programs are the same as always with a well balanced breakfast and/or snack in the morning and a snack in the evening. The menus are changed from week to week and meats and vegetables are varied on a daily basis. The entire center Child Development Study has input into the planning of a menu. Children are involved in serving activities.

5. Transportation

Both transportation routes are long. McDowell is a little better this year since Mrs. R. does not have to go as far up Frazier's Creek.

Auxier's transportation aide plans to quit on October 1970. I plan to contract. Mrs. M. W. has said she would like the job.

6. Visitors

We have had visitations from parents and community members. Also M. P. and two Mennonites have visited. J. P. H. and J. R. of the N.Y.C. Program have visited also. Members of the Catholic mission of David, Kentucky have visited and may do some volunteer work at Auxier.

III. ANALYSIS AND EVALUATION OF HOMEMAKER SERVICES

The homemakers will be helping secure medical and dental examinations for the children of both centers. Also if there is a lapse of time between when Auxier's Transportation Aide resigns and one is contracted, they will help in transporting. Since the Summer Program is over, home visitation will be back on a regular basis. Parent-Homemaker meetings are held as often as possible on a regular basis at the homes of the parents. Those this month were mainly sewing, antiquing and personal grooming.

The Homemakers are very helpful in taking parents to the hospital or Health Department. Also they transport for P. A. C. Meetings.

M. P. is taking a Family Development I class at Prestonsburg Community College.
IV. ANALYSIS AND EVALUATION OF SOCIAL SERVICES

Community interest at McDowell is still very high. Though I expect no overnight changes, I do feel that interest in the program in the Auxier-Prestonsburg area will grow with the new families enrolled for the fall session. Volunteers (parents) have not shown this fact, but I feel perhaps the interest can be measured by participation in the next P. A. C. Meeting in Auxier that will include these new families.

Auxier's full-time volunteer, Linda Blair, seems to be doing very well. She does work well with children but seems more reserved around adults. The Senior Teacher is involving her in all areas of center operation -- I have heard no complaints.

The S. T. E. P. workers (two at each center) are doing an excellent job. No problems with any of them. The two N. Y. C. workers at McDowell will reach their termination date the end of October -- chances for new ones are slim.

P. A. C. functioning has been regular. Auxier does need more representation, but as I have said I believe this will pick up. McDowell of course has been meeting more than usual to work up a proposal to secure the three thousand dollar grant from Save the Children Federation. All of the community members are very excited over this and I feel they will come up with some excellent ideas.

Both P. A. C.'s are working on fund raising drives. McDowell will definitely need to do this after they pay half of the rental cost of J. M. B.'s property.

Throughout the month we have used the Health Department for immunizations. Public Assistance has referred needy families to us. Through our County Employment Service S. T. E. P. were secured. The Nelson Program has again assisted us in building repairs such as a new pair of steps at the Auxier Center. Also from this program we have been assigned a man for each center.

I again attended the Inter-Agency meeting held at the Floyd County Board of Education building.

V. STAFF PERFORMANCE

No problems with any Child Development Staff at this time. Auxier will however need a transportation aide. One N. Y. C. worker at McDowell will be terminated in November, but since the other did not pass her G. E. D. I may get her time extended for two to three months.
The Homemakers have said that they do not want to go into the centers as a job role change.

VI. RECOMMENDATIONS FOR PROGRAM IMPROVEMENTS

No recommendations other than more cases for homemakers plus placing one at each center to be responsible for medicals and dentals and to act as a direct link between the family and the Child Development Staff.