Evaluation of the Hays Area SRS Childcare

Direct Pay Pilot Program

Executive Summary

The Kansas Department of Social and Rehabilitative Services contracted with the Docking Institute of Public Affairs to conduct an evaluation of the Childcare Direct Pay Pilot Program. This involved:

1. The analysis of data from State SRS databases concerning payments for childcare and childcare providers for the pilot period and for a comparison period prior to the beginning of the project from the Hays area and the Emporia area (Emporia was used to provide a basis for comparison). That analysis is contained in Section I.

2. The analysis of data collected in the Hays area during the pilot period about client families and providers. That material is also contained in Section I.

3. A telephone survey of 471 current and former Childcare clients, 154 from Emporia area and 317 from Hays. The data from that survey is analyzed in Section II.

4. A mail survey of Childcare providers in both Areas; four focus groups conducted with Hays area SRS staff to obtain their perceptions of the pilot program. That material is analyzed in Section IIII.

5. The analysis of pre-test and post-test results from the training conducted with clients in the Hays area as a part of the project. The pre-test post-test analysis is in Section IV.

6. Analysis of KDHE data concerning enforcement actions against Childcare providers in both Areas during the comparison and pilot periods. This is contained in Section V.

Objectives of the Childcare Direct Pay Pilot Evaluation are:

➢ **Determine the safety of children under the new method**

The total number of Enforcement Actions by KDHE against Childcare Providers was greater in Emporia area during the pilot and the comparison periods (Table VI-1 and Table VI-3). There was also more telephone survey respondents from Emporia area who reported making a complaint about a Childcare Provider (Table II-21). There is no indication from the available data that children in the pilot program were at greater risk to their safety

➢ **Determine the satisfaction of parents/guardians, providers, and SRS staff with changes introduced by the pilot project**

A majority of parent respondents who had experienced the Direct Pay program felt that it should be retained (Figure II-26 and accompanying table). Respondents favored the training program (Table II-25 and Table II-28), and liked paying providers themselves (Table II-26). While virtually all respondents reported that their provider knew they were SRS clients (Table II-19), a majority reported liking the fact that they could choose not to inform their provider of their client status (Table II-29). Respondents also felt that the Direct Pay system increased their flexibility in choice of providers (Table II-27). However, they did not feel that it increased their choices in terms of the number of providers (Table II-32). The overall response of staff was also that the Direct Pay program should be maintained (see page 128).

Providers were much less satisfied with the Direct Pay Program, favoring a return to the previous system (Table III-22). Their concerns were related to parents paying them late or not paying at all (Table III-15). About one in five of client respondents reported having received their subsidy check late (Table II-32), and most of those indicated that the late payment represented a large problem (Table II-33).

> ➢ **Determine change in the number of childcare providers (including gain/loss of providers by county and provider type change)**

The data provided did not make it possible to identify precise numbers of changes in provider type by county. The available evidence about changes in the distribution of childcare cases among different types of providers changed by county in the Hays and Emporia areas. Since changes of about the same degree occurred in both areas (Table I-3), it is doubtful that the Direct Pay Pilot was responsible for the changes in the Hays area.

> ➢ **Evaluate program statistics (include increase/decrease in childcare requests - numbers served by program type, and cost per hour)**

Data provided did not include information on numbers of childcare requests. Numbers of clients in the Hays Direct Pay data set were not directly comparable to numbers from state SRS records. Nor did the Hays data include information that would permit the calculation of costs.

➢ **Determine satisfaction with new training methods among parents/guardians, providers, and SRS staff (including provider increase/decrease, parents' gain in knowledge, and staff type and amount)**

Virtually all client respondents reported satisfaction with the training program (Table II-25). Those who had received it were more likely than others to agree that SRS provided enough information about what to look for in a childcare provider (Table II-12) and a majority indicated that the training had improved their skills in searching for a new provider (Table II-28). Staff members also felt that the program was beneficial, especially since they began doing it individually. Pre-test and post-test data indicates that there was learning by parents in the training (Table IV-2 and Table IV-3).

➢ **Determine the changes in SRS staff workload under the pilot project**

At this point there does not seem to be a reduction in staff workload. This most likely has to do with multiple records systems that must be maintained under the old system, and the necessity to use a number of workarounds in entering data (focus groups).

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Introduction

The Kansas Department of Social and Rehabilitation Services (SRS) contracted with the Docking Institute of Public Affairs to conduct an evaluation study using a multi-method approach to determine the efficacy of the Hays area Childcare Direct Pay Pilot. SRS implemented the pilot program in the Hays area on April 1, 1998.

The purpose of the pilot project was to change the procedure for childcare assistance from payment directly to the provider to payment directly to the parent. The parent/guardian then became responsible for direct payment to a provider themselves, rather than SRS directly paying the provider.

Objectives of the Hays area Childcare Direct Pay Pilot include:

1. Promote personal responsibility with clients.

2. Eliminate Duplication (functions and paperwork).

3. Open the market to parents for childcare services.

4. Simplify the childcare program process for SRS staff.

5. Educate parents and providers about quality childcare and good business practices.

This report is divided into six sections that describe each of the methods used to meet the program evaluation objectives agreed upon in the Contract for Services. Those objectives are (followed by the Section[s] which address each objective):

Objective 1: Determine the safety of children under the new method (including provider violations and CINC reports).

Section V, Analysis of Available KDHE Data, addresses this objective. Because of the lateness of the availability of data needed to provide this information, only KDHE data for the time periods pre-pilot and post-pilot are analyzed.

Objective 2: Determine the satisfaction of parents/guardians, providers, and SRS staff with changes introduced by the pilot project.

Sections II, (Parents Telephone Survey), III, (Provider Mail Survey), and V, (Focus Group Report) provide analyses targeting this objective.

Objective 3: Determine change in the number of childcare providers (including gain/loss of providers by county and provider type of change).

Objective 4: Determine change in the usage of providers by provider type (including current type by county, growth/decline, and transfer of children).

Section I, (Analysis of Available Data), addresses both of these objectives.

Objective 5: Evaluate program statistics (include increase/decrease in childcare requests – numbers served by program type, and cost per hour).

The datasets provided by SRS to complete Objective 5 were reviewed and no actual data on changes in childcare requests were found, nor was there a clear record of childcare requests. However, this data can be extrapolated from data on providers and type of providers, which is discussed in Section I.

Objective 6: Determine satisfaction with new training methods among parents/guardians, providers, and SRS staff (including provider increase/decrease, parents gain in knowledge, and staff type and amount).

Sections II, III, and V provided analysis of satisfaction with training methods. In addition, Section IV, (Client Training, Pretest and Posttest Results), has an additional analysis of the effectiveness of client training.

Objective 7: Determine the changes in SRS staff workload under the pilot project.

Section V provides this information.

Each Section describes the method used, data analysis, results, and conclusions related to evaluation and program objectives. A synthesis of sections and recommendations for improvements to the project follows these reports.

Section I: Analysis of Available Data

Data Issues

Because of differences between the types of data collected in the Direct Pay Pilot and in the rest of the SRS information system, this research process posed a number of challenges. Most of the data differences derive from the fact that the Hays post-pilot dataset is the product of a system that records the current status of a family's case while the system that produced the other datasets is a record of payments made per child. The database containing pre-pilot data for the whole state and post-pilot data for the state, except for the Hays area, tracks monthly payments to providers by child and family case number. Each record in the database indicates one child payment/month of care by a specific provider, with the provider's type indicated. Therefore it is possible to determine the total child payment/months of care by provider type and by county. The post-pilot Hays area database is constructed according to a different logic and captures somewhat different information. Records are kept solely by family, though the number of children is indicated. Case opening and closing dates are provided, and the primary and back-up childcare providers are indicated, along with provider type. However, because there is not a separate data record for each month, it is not possible to track how often back-up providers were used and whether the primary provider and provider type changed during the time a case was open. The database provides a picture of each family case as it is at present (or was on the date of closure).

In addition to capturing different information, there were some methodological differences related to data collection that are important. Because the regular SRS system

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(the non-Direct Pay record system) is part of a payment record system, there is a feedback loop that should function to improve data quality. A record for which information was omitted or incorrect would generate an incorrect or missing payment to a provider. The provider then would have in interest in informing the caseworker of the fact that their payment was missing or incorrect, and give the caseworker incentive to correct and complete information. The Hays database for the pilot period was something that staff were expected to complete, but this data entry was not integral to program functioning in the same way as the previous system. The feedback system provided by providers did not exist in the pilot. At least one focus group participant indicated that keeping the computer record current and accurate had not been seen as the highest priority by pilot project staff. Staff members in the Hays office have worked extremely hard cleaning that dataset, and inserting data from case records when possible, but some difficulties remain.

In order to produce data fields for the Hays post-pilot dataset that were roughly comparable with the Hays pre-pilot dataset and the Emporia datasets, it was necessary to make some simplifying assumptions. One of those assumptions was that all children in each family received care from the same provider. The data in the dataset indicates that this is the case. However, the structure of the database is such it does not appear possible to indicate if different children in the same family went to different providers. The assumption is a relatively safe one. In the pre-pilot period, only about 1.4 % of payments occurred in cases in which different providers were serving children from the same family. Another simplifying assumption is that the principal provider always provided care. The post-pilot dataset lists secondary providers in some cases, but does not identify

when or how frequently they provided care. It is difficult to estimate whether this is a serious issue for this research. About 26.0% of families in the post-pilot Hays dataset listed a secondary provider, and those cases listed the type of provider only about 26% of the time[1]. Therefore it is not possible to determine whether use of a secondary provider meant the use of a different type of childcare. There may also be an issue of data quality.

In calculating rough equivalencies to the variables in the other datasets from Hays post-pilot data, the following procedure was used:

1. The case start date was subtracted from the case closed date (or the post-pilot time period end date for cases not closed by that date). This yielded the number of days the case was open, which was divided by 30 to obtain the number of months. Because fractional months would generate a payment record in the Emporia datasets, this number was rounded up to the next whole number.

2. The number of months the case was open was multiplied by the number of children that each family case had for each type of provider.

3. The resulting data were aggregated by type of provider.

This procedure for the post-pilot Hays area yielded data for the frequency in childcare months that were larger than might have been anticipated. For example, during the pre-pilot data period, the number of childcare payments in two comparable regions were almost identical—13,304 for the Hays region and 13,499 for the Emporia region. Using

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[1] The fact that both numbers are the same is purely coincidental.

the above procedure and the Hays post-pilot data set resulted in a calculation of 25,007 childcare months (events that prior to the pilot would have generated a payment to a provider for the care of one child). The Emporia region during that period had 15,505 payments. It seems unlikely that the Hays region actually had almost twice as many childcare months as the comparison region after the pilot started. Instead, the differences appear possibly attributable to one or more of three factors: (1) differences in the ways data were collected and recorded, (2) the fact that somewhat different data were captured in the two types of databases, and (3) the calculation process required to generate a number of childcare months for each case from the Hays database.

It should also be noted that because a data entry in the pre-pilot database reflected one childcare payment for one month, an error made in that entry would affect only one month. Because of the multiplication necessary with the post-pilot Hays database, an error (for example, the failure to record a case closing date) in one case could affect the calculation of total childcare months very substantially. This appears likely to have occurred. The mean number of months of care per child received according to the post-pilot data from Hays was about twice the mean for the pre-pilot for either group or for the post-pilot data for Emporia. Given that the numbers of children served are relatively close to one another, the factor that seems most likely to have produced the difference was missing case closing dates in the Hays post-pilot dataset. These would inflate the calculation of months of care received for each child in a case whose closing date was inadvertently not entered.

Table I-1

Number of Children and Mean Number of Childcare Months per Child Served							
Hays Pre-Pilot		Hays Post-Pilot		Emporia Pre-pilot		Emporia Post-Pilot	
Children	Mean Months Care	Children	Mean Months Care	Children	Mean Months Care	Children	Mean Months Care
1555	8.6	1884	15.2	1915	7.1	2093	7.4

If the net effect of those differences is random, the differences should affect the number of childcare months calculated from the Hays database, but not their distribution among different provider types. Because there is no evidence that the effects would be anything but random, that assumption will be made here and the distribution of childcare months will be compared. However, the nature of the assumptions underlying the calculation and comparisons must be kept in mind when interpreting the following pre- and post-pilot comparisons.

Regional Comparisons

During the pre-pilot period, there were few differences in the distribution of childcare months provided to clients in the two regions. The majority of services in each were provided by Licensed Childcare Providers. The largest difference was that Hays clients were more likely to be served by Registered Childcare Providers (15.4%) than clients in Emporia 4.8%), while Emporia clients (31.5%) were more likely than their Hays counterparts to be served by Childcare Centers (23.8%).

Table I-2

Childcare Months: Regional Comparison								
	Hays Region				Emporia Region			
	Pre-Pilot		Post-Pilot[2]		Pre-Pilot		Post-Pilot	
TYPE	FREQ	%	FREQ	%	FREQ	%	FREQ	%
In Home	477	3.6%	**2074**	8.3%	747	5.5%	1453	9.4%
Relative	866	6.5%	**2244**	9.0%	490	3.6%	706	4.6%
Registered	2045	15.4%	**3284**	13.1%	654	4.8%	445	2.9%
Licensed	6745	50.7%	**12960**	51.8%	7356	54.5%	8008	51.6%
Centers	3171	23.8%	**4445**	17.8%	4252	31.5%	4893	31.6%
Total	13304	100%	**25007**	100%	13499	100%	15505	100%

Emporia clients were also somewhat more likely (5.5%) to receive In Home Childcare services than Hays (3,6%). The Emporia region, after the Hays pilot began, demonstrated little change from the pre-pilot Emporia data. Correlations between the number using each type of provider pre- and post-pilot were significant (at the .01 level) and strong (all exceeding .98). For the Hays region, pre- and post-pilot findings were similar in all but one respect. The percent using in home services increased by 7% in the post-pilot period while the percent using Centers declined by about 7% in the post-pilot period. Pre- and

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[2] Note the large discrepancy between these frequencies and the comparison columns.

post-pilot correlations between the percent of childcare months provided by each provider type were also statistically significant (.01 level) and essentially as strong as those for the comparison group (.87-.98).

Figure I-1

Distribution of Care: Child Care Months
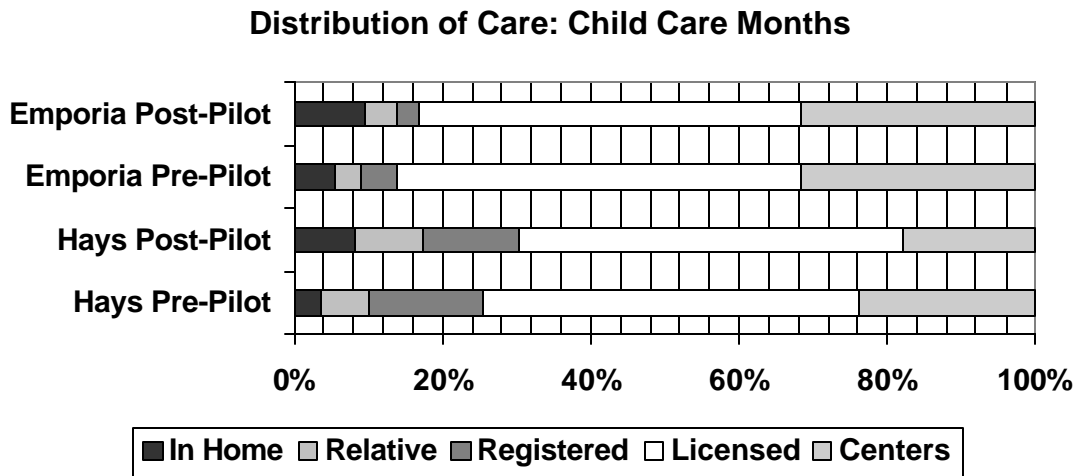
Hays Region County Comparisons

Although overall the distribution of childcare months among provider types in the Hays region in the post-pilot period was very much the same as in the pre-pilot period, there were changes in the distribution among types in individual counties. However, the mean percentage share of childcare months pre- and post-pilot, and the variation within each type of provider by county were very close. In no case was the mean percentage of childcare months by a provider type in the post-pilot period significantly different from the pre-pilot period (.05 level). Therefore when there were changes in the distribution among cases among provider types in one county, these were balanced by changes in the opposite direction in the other counties. This suggests that there was no consistent effect of the pilot program on the distribution of childcare months among types of providers,

and that when shifts that appear large occur in the distribution within a county these are a result of local factors. Some of these could include differences in the personal situations or preferences of clients as the client pool turned over, and changes in the availability of types of care as providers entered and left the market. There was a moderate (Spearman's rho = -.500, significant at the .05 level) tendency for counties with lower populations to have a higher number of provider types in which the difference between pre- and post-pilot percentages was above average.

In the two time periods, mean county percentages and the variation between counties within each provider type for the Emporia region was very similar to that for Hays. In addition, while above average (greater than one standard deviation) changes occurred between the pre- and post-pilot percentages of childcare months provided by a particular provider type in the Hays region counties (11.4% of the time), in the Emporia region such changes occurred 34.5% of the time. This strengthens the conclusion that when there were swings between provider types pre- and post-pilot in the Hays region that these were not a result of the pilot program.

Table I-3

Mean County Percentage of Childcare Months by Provider Type							
	Hays Pre-Pilot		Hays Post-Pilot		Emporia Pre-Pilot		Emporia Post-Pilot	
TYPE	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
INH	4.1%	9.3%	8.3%	14.3%	10.9%	14.8%	14.2%	19.8%
REL	6.4%	10.0%	9.1%	7.8%	4.0%	5.2%	7.2%	6.1%
REG	18.0%	22.8%	12.2%	12.1%	5.1%	4.2%	2.3%	2.5%
LIC	57.0%	22.9%	57.9%	23.7%	60.5%	19.9%	54.2%	19.1%
CCC	13.6%	16.5%	12.5%	17.4%	19.4%	17.3%	22.1%	14.5%

Conclusions/Limitations

The available data do not support the proposition that the Direct Pay Pilot Program resulted in an overall change in the type of provider chosen by clients seeking childcare. While there were changes pre- and post-pilot within Hays area and within each county, comparison with the Emporia area data indicates that there were similar (or greater) shifts within the Emporia counties. It is likely that childcare choices are influenced by many factors, and while the pilot may have had some impact the data do not show that is was consistent or that it overrode all other variables affecting parental childcare decisions. This conclusion is of course limited by the fact that data from the Direct Pay Pilot Area was collected according to a different process. Thus, comparisons between pre- and post-pilot programs should be approached with some caution.

Section II: Parents' Telephone Survey

Methods

As part of the Direct Pay Program study, between April 3 and April 24, 2000 the Center for Survey Research conducted a survey of clients in the Hays and Emporia areas who had received childcare subsidies from SRS between April 4, 1998 and the date of the survey. Lists of childcare clients and their telephone numbers were provided by SRS. These lists included all persons receiving subsidies during that period for whom a phone number was available. Data were collected using a computer-aided telephone interviewing system (CATI). The CATI system allows interviewers to code survey information into a computer database as the interviewers administer a questionnaire to a respondent.

The survey was a census—attempts were made to contact the entire population of interest. This included Hays area clients since the beginning of the pilot, and all current Emporia area clients. Given the groups being surveyed, the census is incomplete. According to SRS data, there were 895 clients in the Hays area population, and 411 current Emporia clients. Of these, it was possible for SRS staff to locate telephone numbers of record for 716 client families--248 Emporia area families and 468 from Hays area. As many as six attempts were made to call each person, and in cases where the number was incorrect or had been disconnected, SRS attempted to identify the families' new telephone numbers. A total of 471 numbers, 317 from Hays and 154 from Emporia, were successfully contacted. In 455 of these households (145 Emporia, 310 Hays) an adult head of the household agreed to participate in the survey. This represented a

response rate for the Hays area of 98%, and for Emporia of 94%, with an overall rate of 97%. These response rates from those who were contacted were high.

A potential source of error in a census of a population is the number of members of the population who are not surveyed. As noted above (and documented in Table II-1), while almost everyone who was contacted was willing to participate, it was impossible to contact a significant number in each area. This of course is a typical problem in research with populations receiving public assistance, but it means that results should be interpreted with some caution. Because the survey was a census rather than being conducted on a probability sample, it is not possible to calculate a confidence interval for the results.

Table II-1

Parents' Survey Call Attempt Results						
	Emporia area		Hays area		Areas Combined	
	N	%	n	%	n	%
Connections	149	58.50%	310	66.20%	455	63.50%
Refusals	9	3.62%	7	1.5%	16	2.23%
Disconnects[3]	76	30.60%	123	26.2%	199	27.80%
Work Number[4]	11	4.44%	18	3.80%	29	4.10%
Fax Machines	6	2.42%	10	2.14%	16	2.23%
Wrong Number	1	.40%	0	0.00%	1	1.40%
Total	248	100.0%	468	100.0%	716	100.0%

Survey Instrument

The Docking Institute and SRS agreed on the survey items used. It was the responsibility
of SRS to identify information areas and objectives of the survey. It was the
responsibility of the Docking Institute to develop survey items that were technically
correct and without bias. Question wording and design of the survey instrument are the
property of the Docking Institute and are not to be used for additional surveys unless
written permission is given by the Director of the Docking Institute.

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[3] These represent cases in which the phone number provided by SRS was no longer in service at the time of
the interview.

[4] Either no longer worked there or unable to contact at work.

Respondent Demographics

Parents who responded to the survey in the Hays area averaged just over 30 years of age, with the majority being between 23 and 39. Emporia area respondents averaged a little more than a year younger. Most of them were between 23 and 38.

Table II-2

Respondent Birth Date		
	Hays	**Emporia**
N=	298	139
Mean	1969	1970
Median	1971	1972
Mode	1973	1974[5]
Standard Deviation	7.82	7.37
Minimum	1939	1948
Maximum	1982	1981

The amount of time respondents had lived in their current community varied significantly for both Hays and Emporia area respondents. While the mean number of years residence was 13.39 for the Hays area and 14.47 for Emporia, there was substantial variation. The "average range" (plus or minus one standard deviation) for Hays respondents was between 2.42 years and 24.36 years. It was similar for Emporia—from 2.95 years to 26 years. The sample of respondents may have been somewhat biased in favor of those with greater geographical stability—those who were more transient may have been less likely to have current phone numbers on file.

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[5] There was more than one mode in the distribution. The lowest is shown.

Table II-3

Respondent Years in Community		
	Hays	**Emporia**
N=	300	139
Mean	13.39	14.47
Median	10.00	14.00
Mode	1	1[6]
Standard Deviation	10.97	11.53
Minimum	1	1
Maximum	50	50

The respondents from both areas were relatively well-educated groups, In fact, the percentage who were high school graduates or above (90.8% Hays, 86.5% Emporia) was higher than 1990 Census statistics for the population of Kansas (81.3%). Hays respondents were somewhat more likely to have attended or to have graduated from college, while those from Emporia were somewhat more likely to have attended vocational-technical school or a community college.

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[6] There was more than one mode in the distribution. The lowest is shown.

Table II-4

Respondents' Highest Level of Education				
	Hays		Emporia	
	Freq.	%	Freq.	%
Less than 8th Grade	1	.3%	1	.7%
Some High School	27	8.9%	18	12.8%
High School Graduate	80	26.5%	44	31.2%
Vo-Tec/Community College	36	11.9%	20	14.2%
Some College	118	39.1%	45	31.9%
College Graduate	38	12.6%	13	9.2%
Post College/Professional Degree	2	.7%	0	0%
Total	302	100.0%	141	100.0%

Figure II-1

Highest Level of Education
☐ <8th grade ☐ HS Grad ☐ Some College ☐ grad/prof degree
■ Some HS ■ Vo-Tech/CC ■ College Grad
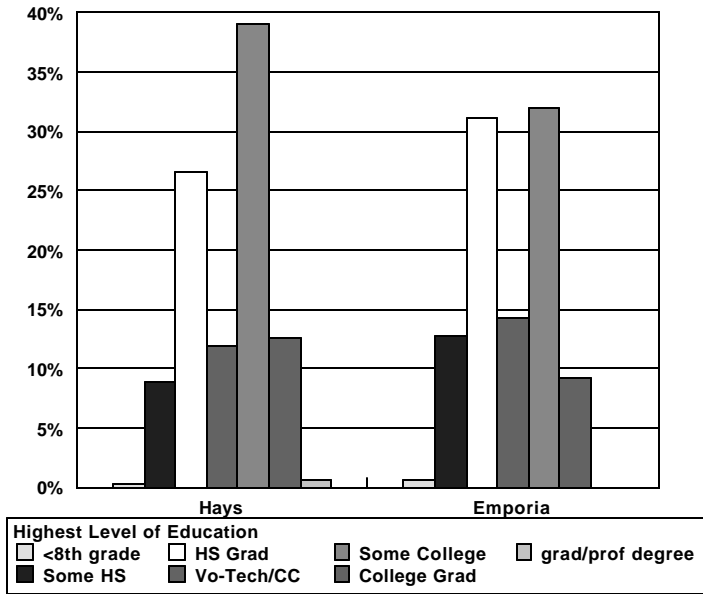
The majority of respondents had between one and two children currently receiving childcare services. In this, they seemed similar to the population receiving services in the post-pilot period. The mean number of children per family in the SRS Emporia post-pilot dataset was 1.8. A significant number (23%) of Hays area respondents had at least one child in childcare at the implementation of the pilot project but currently have no children in childcare. Because the Emporia population included only current clients, the difference between the areas on this point was expected.

Table II-5

Number of Children From Respondent Family Currently in Childcare							
		0	1	2	3	4 or More	Total
Hays	Count	70	117	78	28	12	305
	%	23.0%	38.4%	25.6%	9.2%	3.9%	100%
Emporia	Count	12	58	48	19	4	141
	%	8.5%	41.1%	34.0%	13.5%	2.8%	100%

Figure II-2

Children Currently in Care
0   1   2   3   4 or More
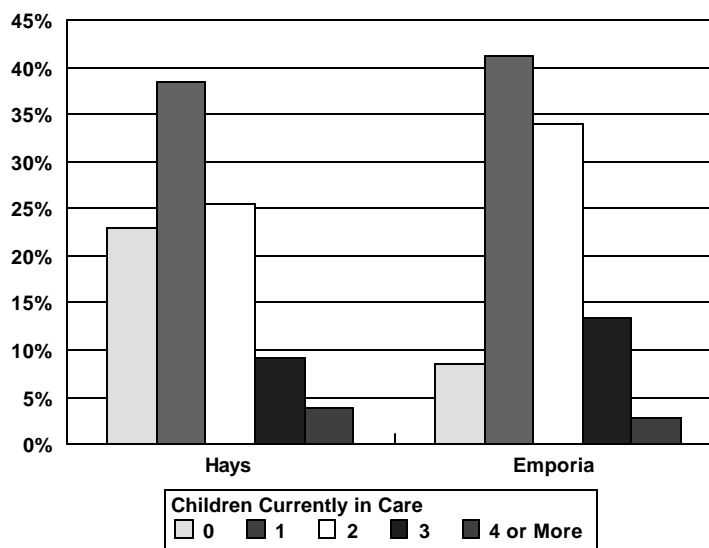
Table II-6

Number of Children by Age in Childcare During Pilot Period						
		3 or Under	4	5	6 or Greater	Total
Hays	Count	152	61	47	143	403
	%	37.7%	15.1%	11.7%	35.5%	100.0%
Em-poria	Count	88	28	27	71	214
	%	41.4%	13.0%	12.6%	33.0%	100.0%

Almost two-thirds of respondents' children receiving services during the pilot period (64.5% Hays, 67% Emporia) were of preschool age. The majority was four years of age or younger (Hays 52.8%, Emporia 54.4%). The mean age of this younger group was

Figure II-3

Children in Care During Pilot Period
☐ 3 or Under ■ 4 ■ 5 ■ 6 or Greater
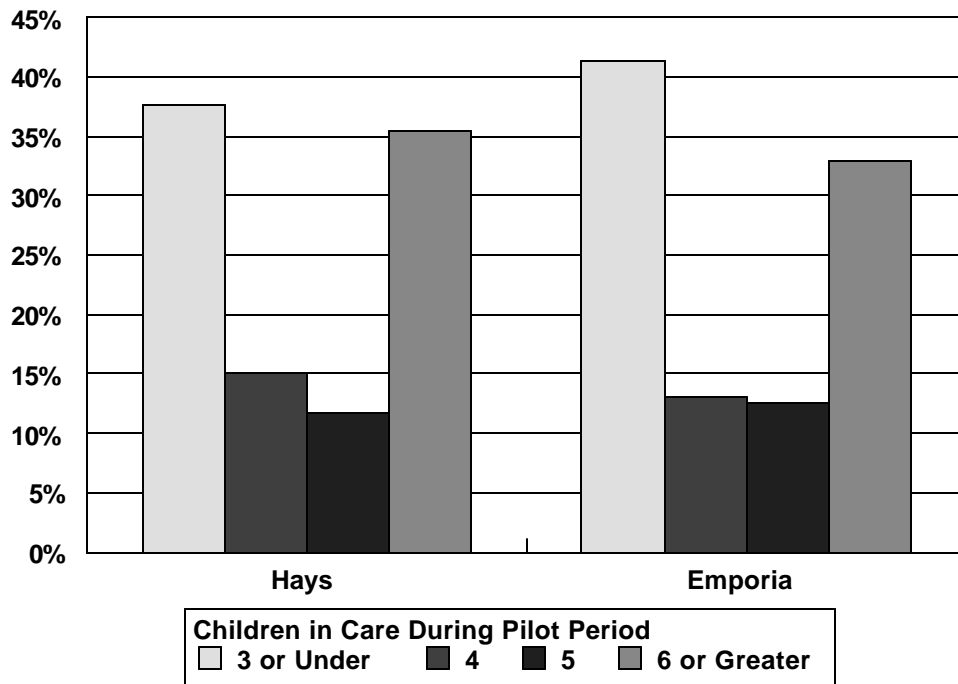
about 20 months, with the greatest number of children falling between the ages of about nine months and just over 31 months.

Table II-7

Children Under 4 Years Old: Ages in Months					
	N	Min	Max	Mean	St. Dev.
Hays	119	0	47	20.2	11.4
Emporia	63	1	36	20.1	11.3

Figure II-4
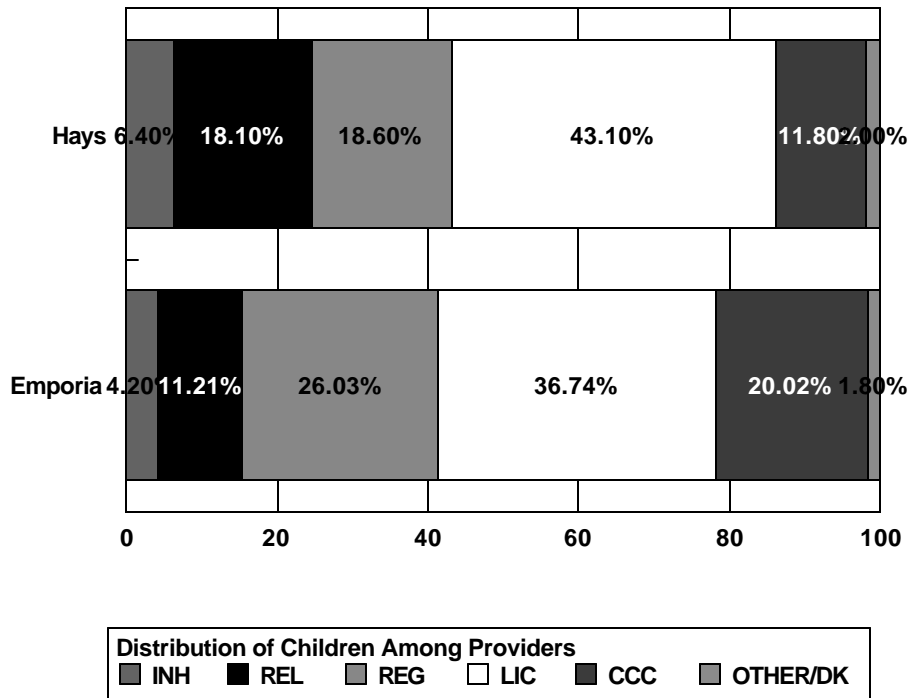
Respondents from both areas indicated that SRS paid a significant portion (about 75% for Hays, 78% for Emporia) of the total hourly fee for childcare. However, the percentage of respondents from each region who felt able to answer the question is interesting. While 191 (63%) of the 304 Hays respondents felt able to answer "how much do you pay per hour for this child's care," only 57 (40%) of the 141 Emporia respondents felt able to do the same. The discrepancy between the two areas became greater when respondents were

Table II-8

	Family Payment					SRS Share of Payment				
	N	Range	Median	Mean	St. Dev.	N	Range	Median	Mean	St. Dev.
Hays	191	$.00-$6.92	$1.61	$1.60	$ .52	131	$.00-$6.92	$1.50	$1.20	$ .76
Em-poria	57	$.00-$5.00	$1.75	$1.87	$1.14	26	$.00-$5.00	$1.50	$1.46	$ .94

Reported Payment per Hour of Childcare

asked to estimate the amount of SRS assistance per hour. Some 43% (131) of Hays respondents felt able to answer, while only about 18% (26) of the Emporia parents surveyed did. This seems likely to be a result of the direct involvement by Hays area parents in making payment.

Survey participants who could not respond to the items of hourly cost were asked to estimate weekly amounts instead. These amounts were divided by the number of hours the child was in care each week to produce a cost per hour. These estimates varied substantially from those provided by the other respondents, indicating that these respondents had much less knowledge of what their portion and SRS' portion of the child care payment. Again, what is perhaps most interesting is that there is a substantial difference between areas in the percentages answering in these categories. For Hays area, only about 5% (14 of 304) respondents felt they had to make estimates of costs per week rather than per hour. For Emporia, 28% (40 of 141) estimated their own costs, and 14% (20 of 141) estimated the SRS cost per week. The data indicates that the Hays respondents were much more likely to be aware of total childcare costs and of the relative contributions of their family share and of the SRS subsidy.

Table II-9

	Childcare Payment: Weekly Estimate Divided by Hours in Care									
	Family Payment					SRS Share of Payment				
	N	Range	Median	Mean	St. Dev.	N	Range	Median	Mean	St. Dev.
Hays	14	$.00-$5.00	$1.13	$1.71	$1.79	14	$.00-$10.87	$.00	$1.06	$2.64
Em-poria	40	$.00-$8.33	$.74	$1.37	$ 1.82	20	$.00-$5.29	$.55	$.84	$ 1.17

Parent Satisfaction with SRS

In general, respondents from both Areas were satisfied with their relationship with SRS. About 85% of respondents (Hays 83.6%, Emporia 86.5%) were either "very" or "somewhat" satisfied with the childcare assistance program in their area. Hays area respondents were more likely to describe themselves as "very dissatisfied." Overall levels of dissatisfaction were relatively low, as Table 10 shows. There was no particular geographic pattern to the distribution of "very dissatisfied" respondents. While almost half of those responses in the Hays area were from Barton and Ellis counties (not shown), this is a result of the number of respondents from those counties. As a percentage of the total responses for the county, their "very dissatisfied" rates were low. The other cases were scattered widely among smaller counties.

In more specific areas of satisfaction, nearly 90% (Hays 84.3%, Emporia 89.4%) of respondents from each area were "very" or "somewhat" satisfied with the ability of staff to answer childcare questions. The somewhat lower satisfaction rate, and the higher rate of those reporting themselves "somewhat" or "very" dissatisfied, among Hays

respondents may reflect the marginally higher degree of overall "dissatisfaction" in that area. It may also reflect the effort in the pilot program to make parents more independent and guide them to use community resources for information about childcare instead of depending on the agency.

Table II-10

Satisfaction with Area Childcare Assistance Program							
		Very satis-fied	Some-what satis-fied	Some-what dissat-isfied	Very dissat-isfied	DK	Total
Hays	Freq.	163	93	23	23	4	305
	%	53.1%	30.5%	7.5%	7.5%	1.3%	100.0%
Emporia	Freq.	78	44	14	5	0	141
	%	55.3%	31.2%	9.9%	3.5%	0%	100.0%

Figure II-5
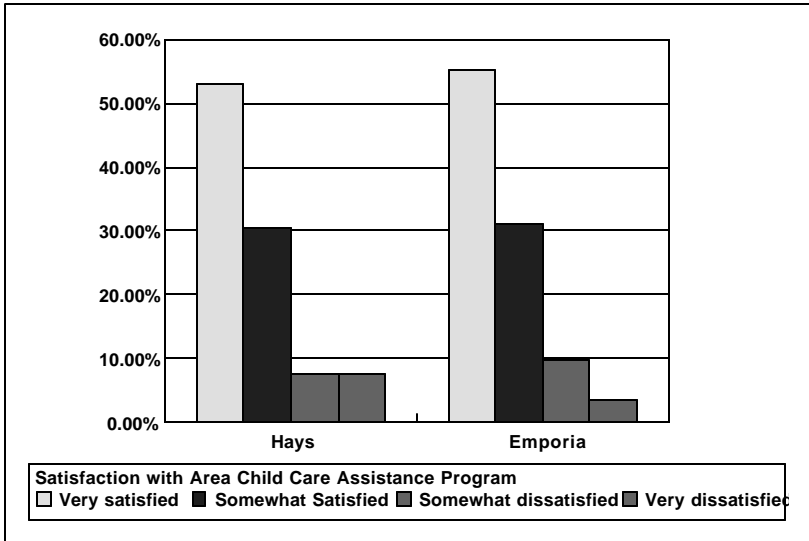
Table II-11

Satisfaction with SRS Ability to Answer Childcare Questions							
		Very satis-fied	Some-what satis-fied	Some-what dissat-isfied	Very dissat-isfied	DK	Total
Hays	Freq.	168	89	18	22	8	305
	%	55.1%	29.2%	5.9%	7.2%	2.6%	100.0%
Emporia	Freq.	83	43	5	5	5	141
	%	58.9%	30.5%	3.5%	3.5%	3.5%	100.0%

Figure II-6
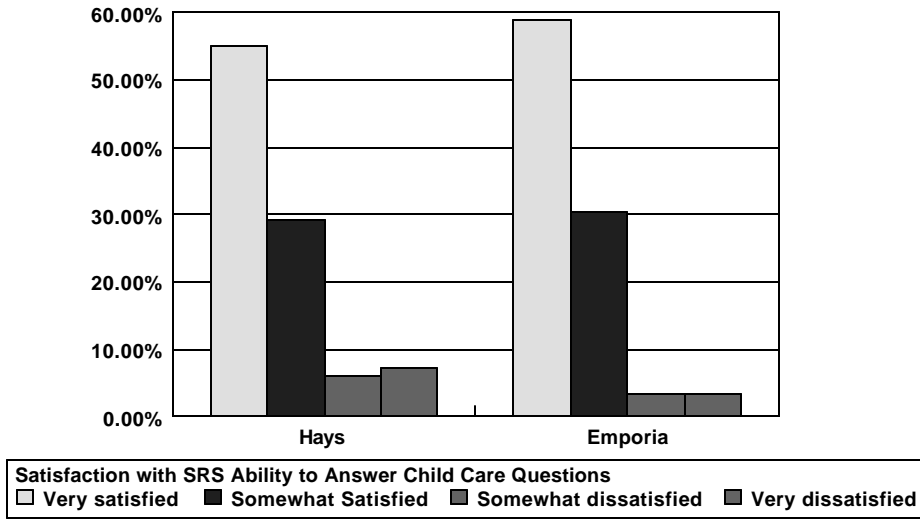
The data shows that the pilot's parent training program had a positive effect. Hays area respondents (84.3%) were much more likely than their Emporia counterparts (59.6%) to agree that "SRS provides enough information on what to look for in a childcare provider."

Table II-12

Does SRS Offer Enough Information About What to Look for in a Care Provider?					
		Yes	No	DK	TOTAL
Hays	freq	257	26	22	305
	%	84.3%	8.5%	7.2%	100.0%
Emporia	freq	84	33	24	141
	%	59.6%	23.4%	17.0%	100.0%

Figure II-7

Does SRS Provide Enough Information on What to Look for in a Childcare Provider?
☐ Yes ■ No ▨ DK
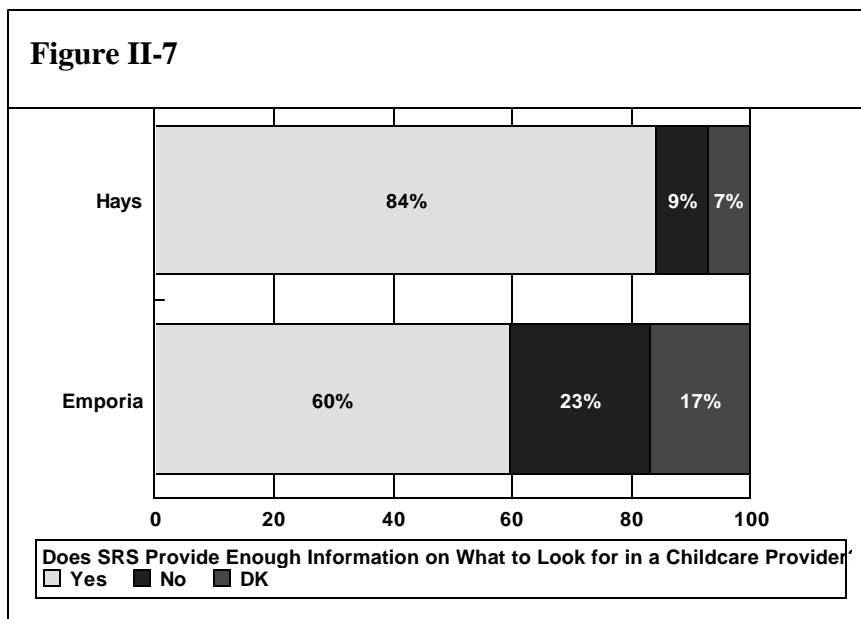
By a large majority, respondents from both areas felt that the amount of the childcare subsidy was sufficient to permit them to find good childcare. Once again, Hays respondents were more likely to respond negatively, though the overall level of negative responses in each region was low.

Table II-13

Does the Level of Assistance Permit You to Find Good Childcare?		Yes	No	DK	TOTAL
Hays	freq	256	30	18	304
	%	84.2%	9.9%	5.9%	100.0%
Emporia	freq	125	6	10	141
	%	88.7%	4.3%	7.1%	100.0%

Figure II-8

Does Level of SRS Assistance Permit You to Find Good Childcare?
☐ Yes ■ No ■ DK
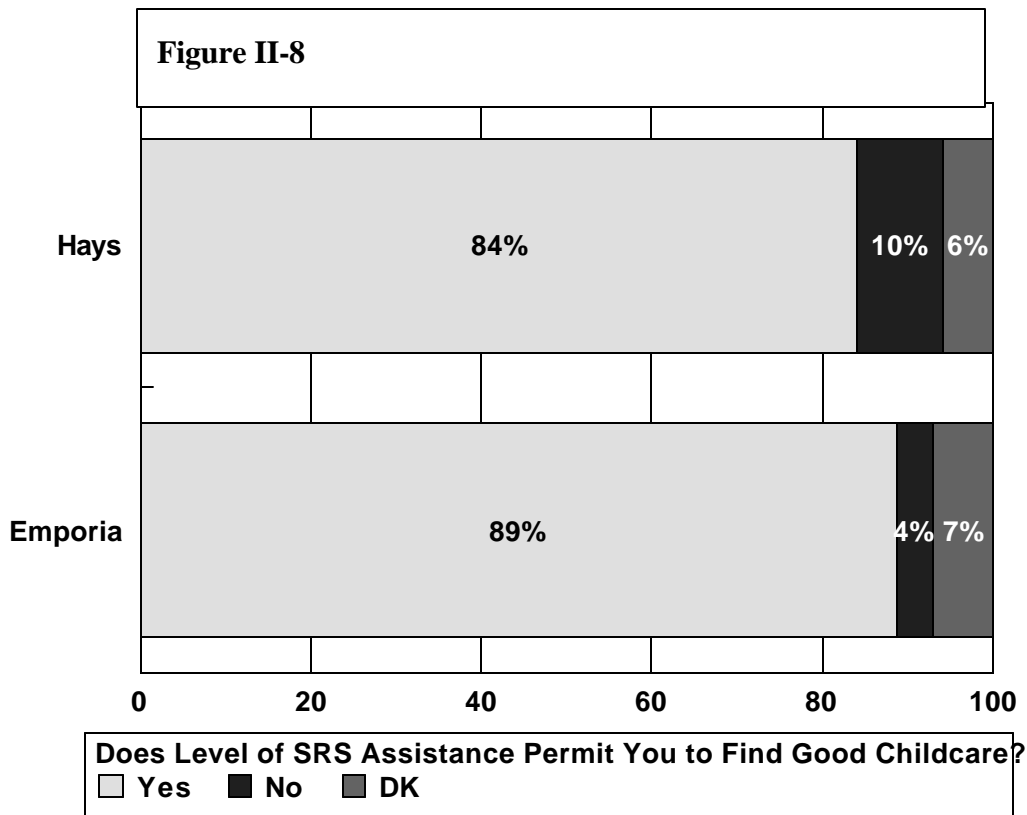
By similar majorities (Hays 81.3%, Emporia 82.7%), respondents in the two areas agreed that the payment system in their area promoted good relationships with the provider. There was no indication that pilot area respondents felt that their relationship with providers was impacted negatively in any way.

Table II-14

Does the Payment System Promote a Good Relationship with Childcare Provider?		Yes	No	DK/RA	TOTAL
Hays	freq	248	31	26	305
	%	81.3%	10.2%	8.5%	100.0%
Emporia	freq	121	12	8	141
	%	82.7%	9.6%	7.4%	100.0%

Figure II-9
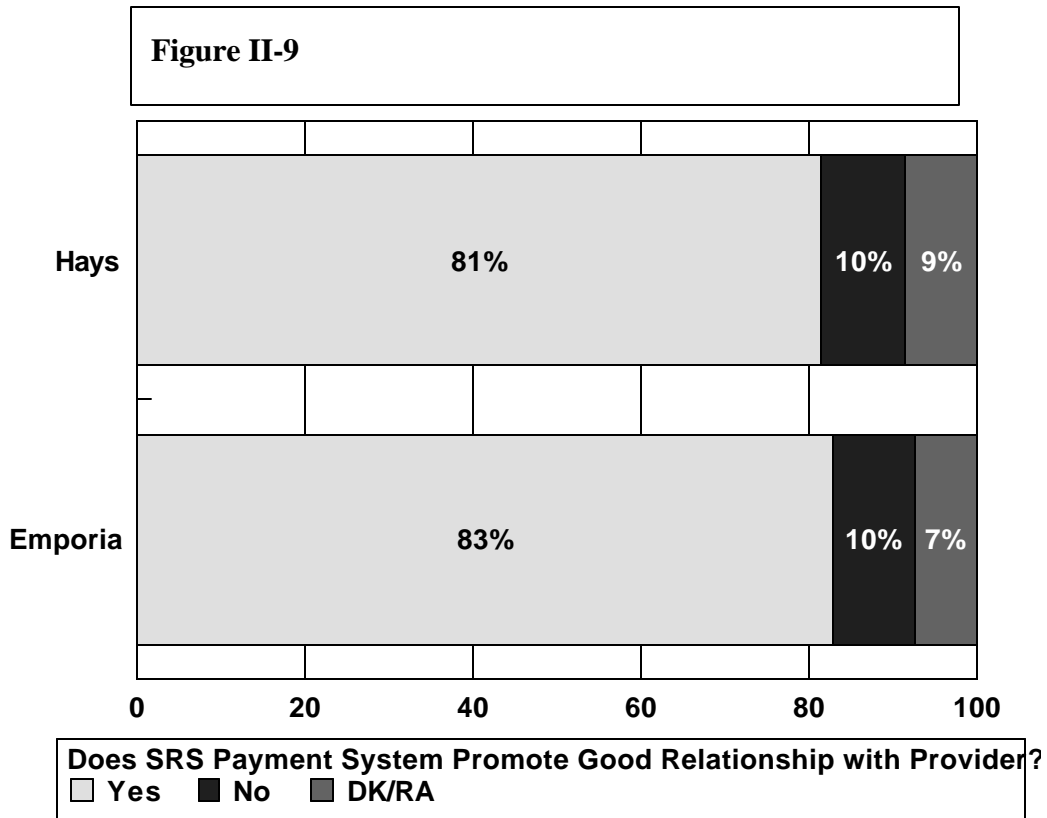
One of the goals of the pilot program was to increase the provider choices available to parents by permitting them to purchase care from any source they chose rather than dealing only with SRS contracted childcare providers. In accord with this goal, Hays area respondents (26.9%) were less likely than those from Emporia (34.8%) to report that "SRS limits my childcare choices." However, the small size of the difference in the two regions is interesting. On the basis of the available data it is not possible to account for

the unexpectedly small difference. Possibilities include: (1) the number of contracted providers in the Emporia area may be sufficient enough that parents do not experience the contract payment system as providing limited options, (2) the supply of providers in some parts of the Hays area may be limited enough that the ability to choose from the market does not greatly increase the number of available options.

Table II-15

Does SRS Limit Provider Choices?					
		Yes	No	DK/RA	TOTAL
Hays	freq	82	210	13	305
	%	26.9%	68.9%	4.2%	100.0%
Emporia	freq	49	88	4	141
	%	34.8%	62.4%	2.8%	100.0%

The possibility that respondents felt the size of the childcare subsidy was an indirect limit on daycare choices was considered. There was a statistically significant (.05 level) but small positive (.116) correlation in the Hays area between feeling that the subsidy was insufficient and feeling that SRS did NOT limit childcare choices, which is the opposite direction one would expect. Therefore the possibility that feeling the SRS childcare subsidy was insufficient contributed to parents feeling limited in childcare choices is not supported.

Figure II-10

Do You Feel SRS Limits Your Provider Choices?
☐ Yes ■ No ■ DK/RA
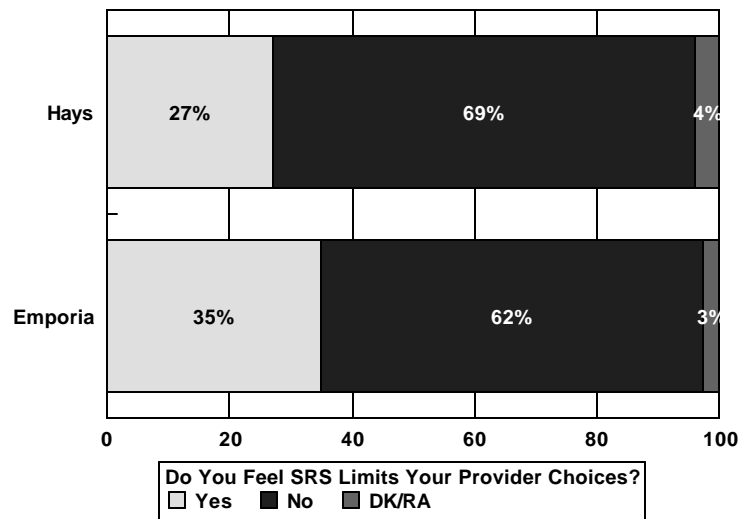
Respondent Relationships with Providers

One of the goals of the pilot program was to increase client autonomy and self-reliance by guiding them to utilize ongoing community resources for information about childcare resources rather than having them dependent on SRS for this information. Responses to the telephone survey suggest that goal has been met with some success. In the Emporia area, respondents indicated that they were far more likely (26.6%) to have found their

Table II-16

How Did You Find Childcare Provider?								
		R&R Agency	Health Department	SRS	Friend/Relative	Classified Ad	Other	Total
Hays	Freq	18	46	18	181	8	33	304
	%	5.9%	15.1%	5.9%	59.5%	2.6%	10.9%	100.0%
Emporia	Freq	11	10	37	59	6	16	139
	%	7.9%	7.2%	26.6%	42.4%	4.3%	11.5%	100.0%

childcare provider through SRS than were those from Hays (5.9%). Instead of SRS, Hays

area respondents relied on the Health Department and especially on friends and relatives

(also the most important source for Emporia respondents). Except for the Health

Department, Hays respondents were less likely to use other referral and resource agencies

than those from Emporia.

Figure II-11
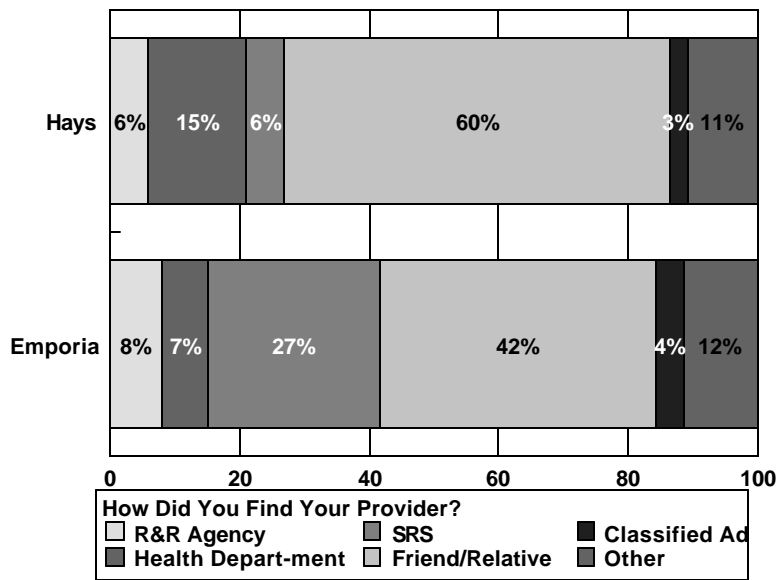
The evidence respondents provided about parent-provider relationships was somewhat ambiguous. One concern when conceptualizing the pilot program was that being known as an SRS client might stigmatize parents and children and affect the way they were treated by providers. Because under the pilot program the parents paid providers, providers would not, in principal, know which of their customers were SRS clients. The potential stigma, then, could be avoided.

Despite that hope, only 1% of Hays area respondents indicated that their childcare provider was unaware of their client status. However, substantial, and essentially equal majorities of respondents in each area (Hays 82.3%, Emporia 80.9%) reported that providers did not treat them differently from other parents.

Table II-17

Do Providers Treat You Differently than Non-SRS Parents?						
		Yes	No	Pro-vider Not Know	DK	Total
Hays	freq	44	251	3	7	305
	%	14.4%	82.3%	1.0%	2.3%	100.0%
Emporia	freq	20	114	0	7	141
	%	14.2%	80.9%	0%	5.0%	100.0%

The concern about clients being stigmatized does not appear to be ill founded, however. Respondents who did report being treated differently by providers indicated that difference was most often negative (see Table II-17). This was particularly true in the

Figure II-12

Does Your Provider Treat You Differently from Other Parents??
☐ Yes   ■ No   ■ Provider Not Know   ☐ DK
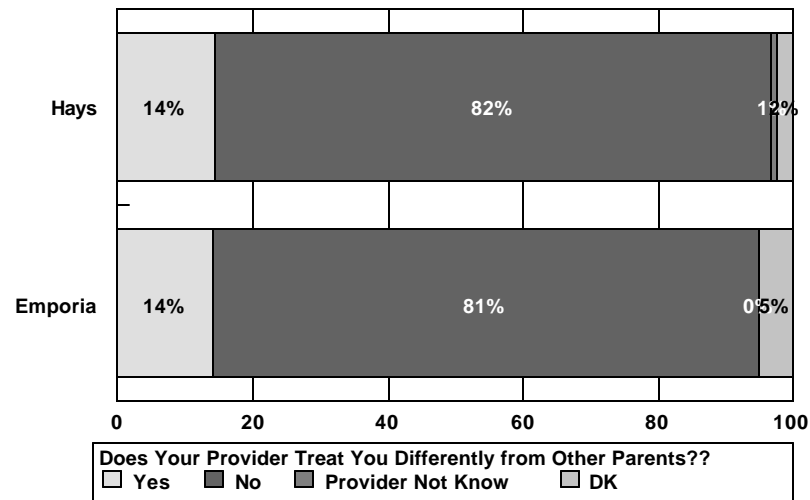
Table II-18

Do Providers Treat You Better, the Same, or Worse than Non-SRS Parents?						
		Better	Same	Worse	DK/RA	Total
Hays	freq	3	9	26	5	43
	%	7.0%	20.9%	60.5%	9.3%	100.0%
Emporia	freq	3	5	9	3	20
	%	15.0%	25.0%	45.0%	15.0%	100.0%

Hays area, where respondents were almost nine times as likely to be treated "worse"

because of their SRS client status (60.5%) than they were to be treated "better" (7.0%).

With little disagreement, interview respondents felt that children were less likely than

adults to be treated differently. About 90% (Hays 90.8%, Emporia 87.1%) said

Figure II-13

Does Your Provider Treat You Better, the Same, or Worse Than Other Parents?
□ Better ■ Same ▨ Worse □ DK/RA
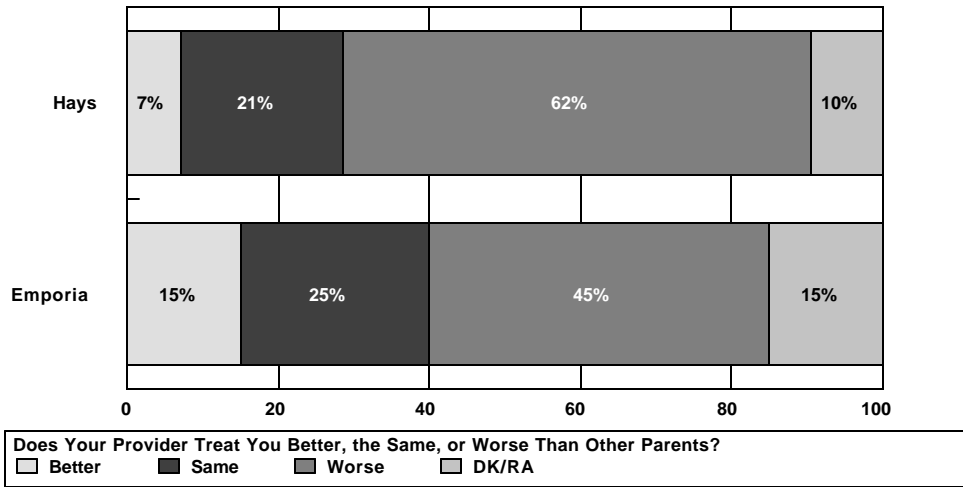
Table II-19

Do Providers Treat Your Child Differently than Non-SRS Children?						
		Yes	No	Provider Not Know	DK	Total
Hays	freq	13	277	2	13	305
	%	4.3%	90.8%	.7%	4.3%	100.0%
Emporia	freq	9	122	0	9	141
	%	6.4%	87.1%	0%	6.4%	100.0%

Figure II-14

Does Your Provider Treat Your Child Differently Than Non-SRS Children?
□ Yes ■ No ■ Provider Not Know □ DK
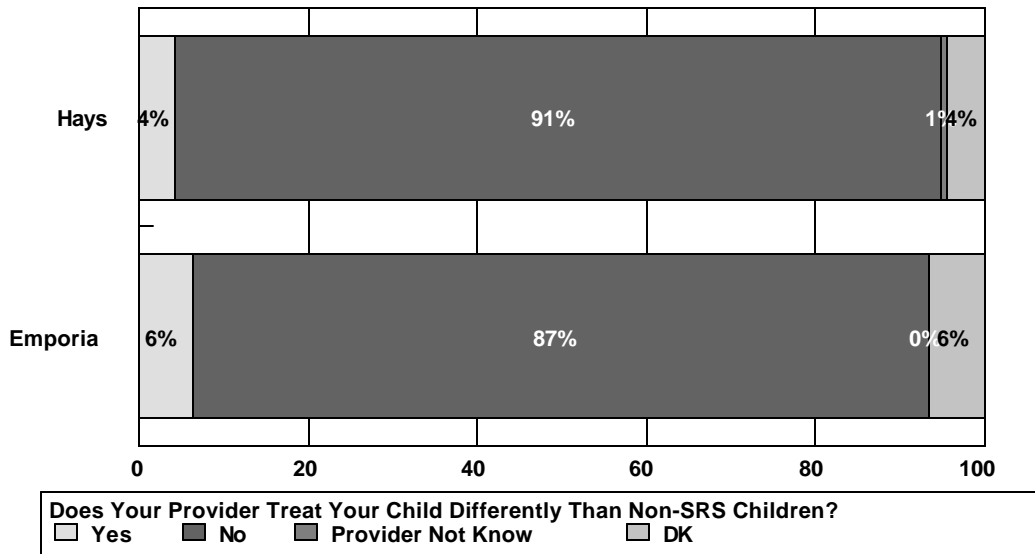
providers treated their children no differently than they did children from families that were not SRS clients. Interestingly, among the small number who thought there was a difference in how their children were treated, almost as many Hays respondents felt that their children were treated better than others (4) as felt that they were treated worse (5). Because of the extremely small number of respondents on this item, that result should not be seen as conclusive, and the same results were not apparent among the Emporia area respondents.

Table II-20

Do Providers Treat Your Child Better, the Same, or Worse than Non-SRS Children?		Better	Same	Worse	RA	Total
Hays	freq	4	3	5	1	13
	%	30.8%	23.1%	38.5%	7.7%	100.0%
Emporia	freq	1	5	4	0	10
	%	10.0%	50.0%	40.0%	0%	100.0%

Figure II-15
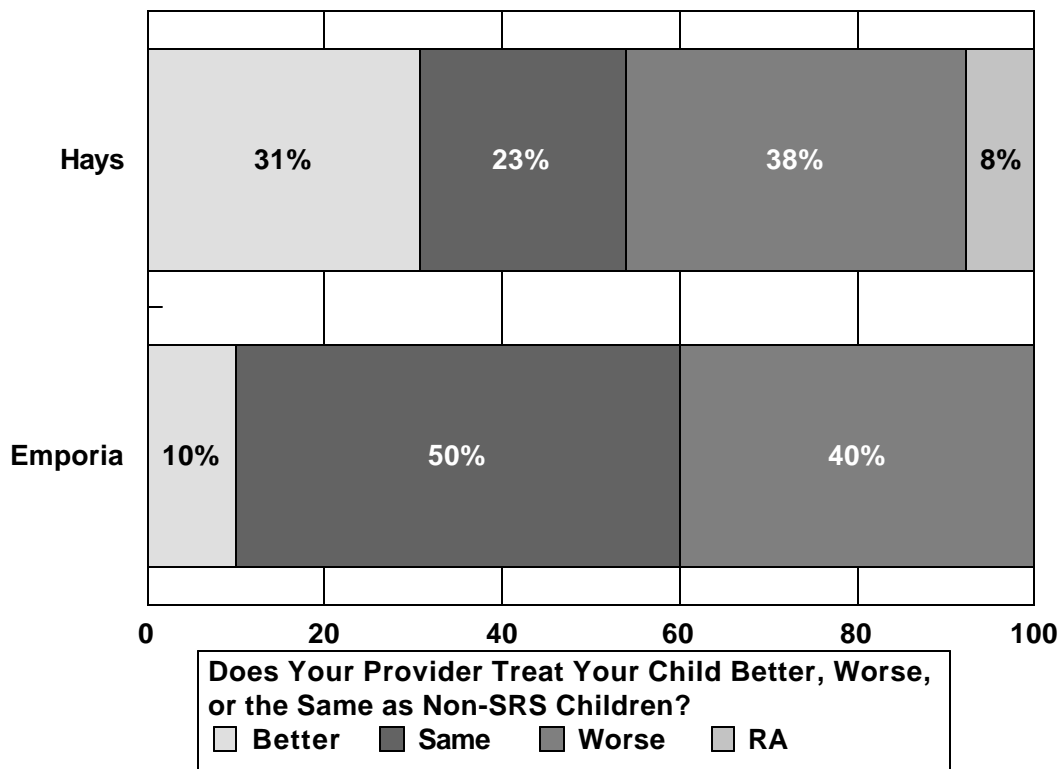
The number of parent complaints about violations by childcare providers is an important

indicator of safety. A potential concern about increasing parents' ability to select their

own provider rather than using only those with SRS contracts was that they might choose

providers who did not provide safe childcare environments. The number of complaints reported by respondents does not support that concern. The percentage of respondents making complaints (9.2% vs. 3.3%) was higher (9.2%) for the Emporia area than the Hays area (3.3%). This may indicate that as a result of the pilot Hays clients have become more conscious in evaluating childcare services, and are making better choices.

Table II-21

Did You Have to Report Any Complaints About Your Provider?					
		Yes	No	DK	TOTAL
Hays	freq	10	293	2	305
	%	3.3%	96.1%	.7%	100.0%
Emporia	freq	13	126	2	141
	%	9.2%	89.4%	1.4%	100.0%

Figure II-16

Have You Had to Report Any Complaints About Your Provider?
☐ Yes ■ No ▨ DK
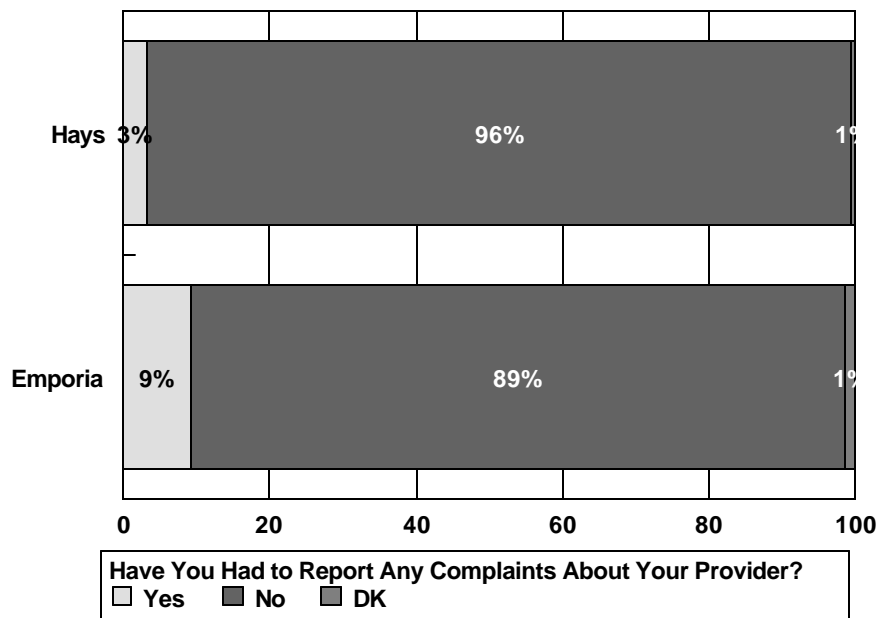
The most common violations reported by respondents in both regions were Hazardous Conditions and Abuse.

Table II-22

What Kinds of Violations Did You Report?[7]		Hazardous	Unsanitary	Abuse	Lack of Space	Other
Hays	Freq	3	1	4	1	5
Emporia	Freq	5	3	4	2	9

The Pilot Program

Of the total number of Hays area respondents, more than half (53.5%) had had children in care prior to the beginning of the pilot. These "bridge families" who experienced the transition in payment systems were in a unique position to judge the effect of the changes that occurred in the transition. The responses of these bridge families are presented separately so that they can be compared with the responses for the whole Hays area sample.

Table II-23

Did You Have Children in Care Prior to the Pilot Project?	Yes	No	Total
Freq	162	142	304
%	53.3%	46.7%	100.0%

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[7] Note that respondents could select more than one type of violation.

One facet of the pilot was a training program for parents about the new payment system. The sample of respondents suggests that program staff were successful in providing this training to most participants. More than 90% of respondents indicated that they had received the training. Virtually all (95% of the Hays area sample, 92.7% of bridge families) were pleased with it. There were only ten complaints total about the training process. Of these, nine were from bridge family respondents. This may mean that staff became more effective in providing the training, or that those who received it during the transition period were somewhat more likely to feel that it was burdensome.

Table II-24

Did You Receive Training About New Payment System?					
		Yes	No	DK	TOTAL
All Hays	freq	276	22	5	303
	%	91.1%	7.3%	1.7%	100.0%
Bridge Families	freq	147	10	3	161
	%	91.9%	6.3%	1.9%	100.0%

Figure II-17
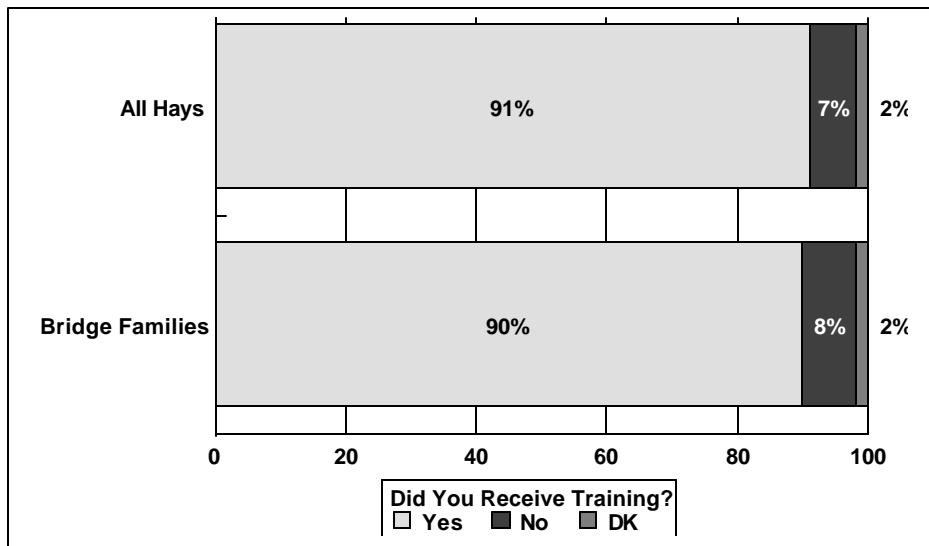
Table II-25

Were You Pleased with the Training You Received?					
		Yes	No	DK	TOTAL
All Hays	freq	226	10	2	238
	%	95.0%	4.2%	.8%	100.0%
Bridge Families	freq	127	9	1	161
	%	92.7%	6.6%	.7%	100.0%

Figure II-18
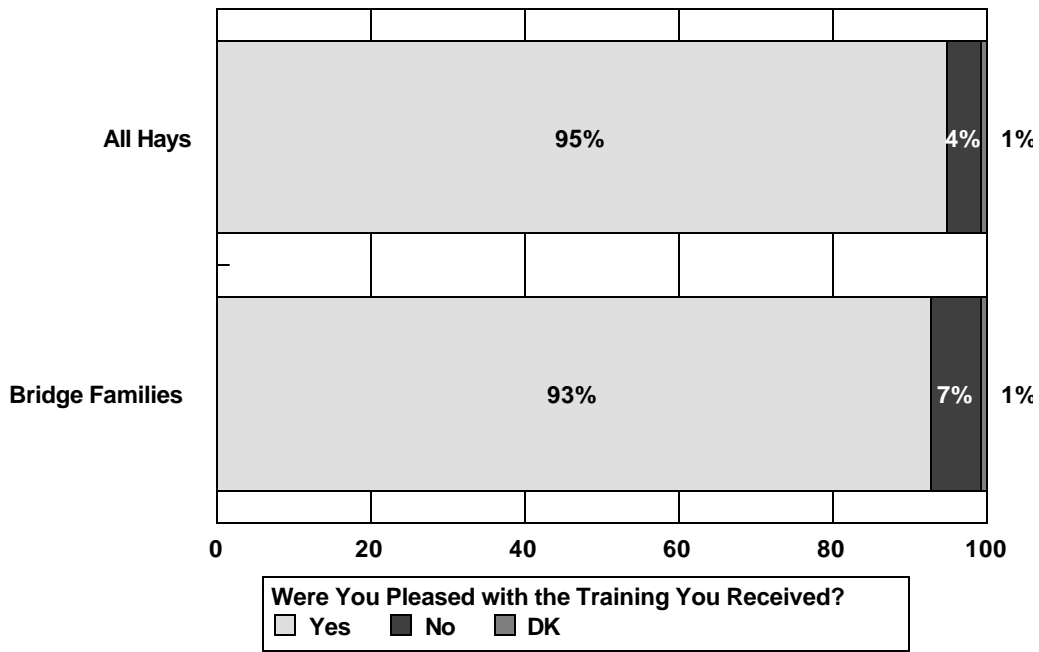
One of the central characteristics of the pilot program was that parents paid providers directly. Hays area respondents who had experience of both the pilot system and the previous one were asked if they liked paying the provider themselves. A majority

(51.6%) reported that they did, while almost one-third (31.7%) did not. Fourteen percent indicated that the payment method did not matter to them.

Table II-26

<table>
<tr><td colspan="7" align="center">Like Paying Childcare Provider Yourself?</td></tr>
<tr><td></td><td></td><td>Yes</td><td>No</td><td>Doesn't Matter</td><td>DK</td><td>Total</td></tr>
<tr><td>Bridge Families</td><td>freq</td><td>83</td><td>51</td><td>23</td><td>4</td><td>161</td></tr>
<tr><td></td><td>%</td><td>51.6%</td><td>31.7%</td><td>14.%</td><td>2.5%</td><td>100.0%</td></tr>
</table>

Figure II-19

| 2.51% |
| 14.03% |
| 51.70% |
| 31.76% |
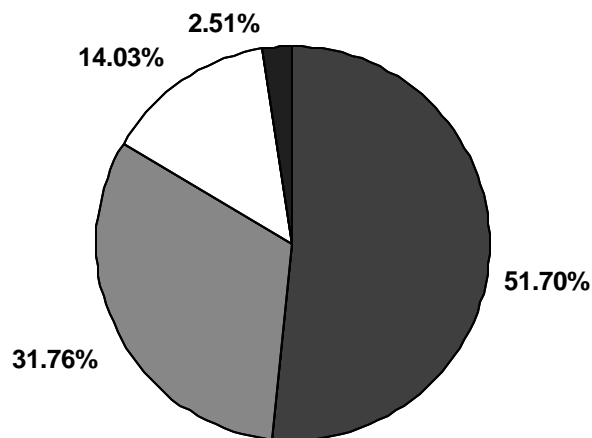
Do You Like Paying Provider Yourself?
■ Yes ■ No □ Doesn't Matter ■ DK

Table II-27

Does Direct Pay Provide More Flexibility in Choice of Provider?		Yes	No	Doesn't Matter	DK	Total
Bridge Families	freq	86	41	17	18	162
	%	53.1%	25.3%	10.5%	11.1%	100.0%

Figure II-20

11.10%
10.50%
25.30%
53.10%
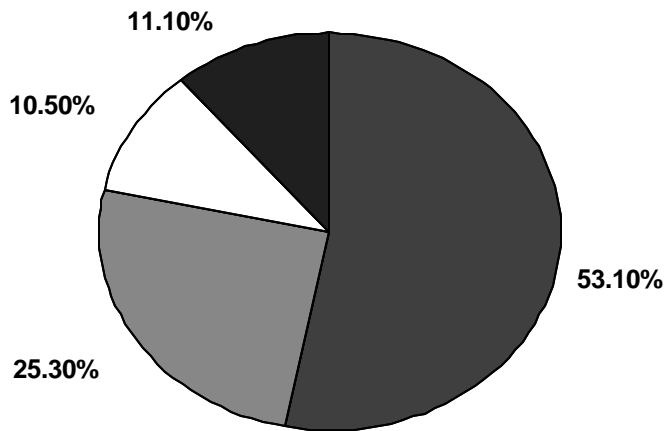
Does Direct Pay Provide More Flexibility in Choice of Provider?
■ Yes   ■ No   □ Doesn't Matter   ■ DK

Most Bridge Family respondents (53.1%), who had experienced both programs, felt that the pilot program provided more flexibility in choosing a provider. It might seem likely that those who felt that there was no more flexibility in choice of provider under the pilot program did so because of the limited number of providers in their geographical area. However, using county population as a proxy for the availability of providers, there was

no relationship between county population and the feeling that Direct Pay either did or did not provide more flexibility.

Table II-28

Did Training Improve Your Skills in Searching for Quality Provider?					
		Yes	No	DK	Total
ALL	freq	83	52	27	162
	%	51.2%	32.1%	16.7%	100.0%
REGISTERED	freq	12	12	7	31
	%	38.7%	38.7%	22.6%	100.0%
LICENSED	freq	25	18	9	52
	%	48.1%	34.6%	17.3%	100.0%
CENTER	freq	9	7	1	17
	%	52.9%	41.2%	5.9%	100.0%
RELATIVE	freq	10	4	2	16
	%	62.5%	25%	12.5%	100.0%
INH	freq	5	1	0	6
	%	83.3%	16.7%	0.0%	100.0%
OTHER	freq	1	0	0	1
	%	100.0%	0.0%	0.0%	100.0%
DK	freq	2	0	2	4
	%	50.0%	0.0%	50.0%	100.0%

Just over half of respondents felt that the Pilot program training improved their ability to search for quality childcare. Slightly less than one-third felt that the training had not helped. Although the results should be approached cautiously because of the small number in each subgroup, the assessment of the training varied according to the type of care utilized by the family. Those using In-home or Relative providers were most positive about the training, while it received the least support from those using Registered providers.

Figure II-21

Does Direct Pay Provide More Flexibility in Choice of Provider?
☐ Yes ■ No ☐ DK
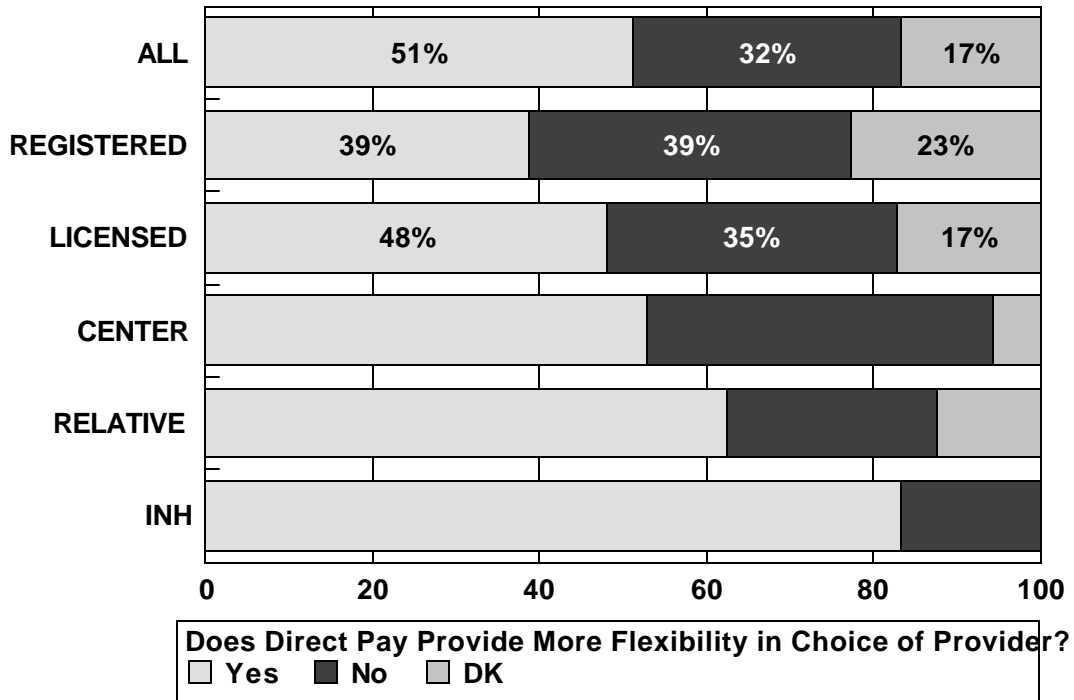
The pilot project, in principle, made it possible for clients to conceal their status as SRS clients from childcare providers. Although in practice less than 1% of the total Hays respondents indicated that their provider did not know they were SRS clients, a solid majority (61.1%) of bridge family respondents said that they liked being able to control whether or not their provider knew they were clients. Once again, responses varied depending on the type of provider chosen by the family. The group which most strongly indicated that this was important to them were those who currently had Relative or In-home providers, though a majority of respondents from each type of provider favored having control over disclosure of their SRS client status.

Table II-29

Do You Like Being Able to Conceal SRS Recipient Status?						
		Yes	No	DM	DK	Total
ALL	freq	99	9	45	9	162
	%	61.1%	5.6%	27.8%	5.6%	100.0%
REGISTERED	freq	16	2	11	2	31
	%	51.6%	6.5%	35.5%	6.5%	100.0%
LICENSED	freq	32	5	12	3	52
	%	61.5%	9.6%	23.1%	5.8%	100.0%
CENTER	freq	10	1	6	0	17
	%	58.8%	5.9%	35.3%	0.0%	100.0%
RELATIVE	freq	11	0	5	0	16
	%	68.8%	0.0%	31.3%	0.0%	100.0%
INH	freq	5	0	1	0	6
	%	83.3%	0.0%	16.7%	0.0%	100.0%
OTHER	freq	1	0	0	0	1
	%	100	0.0%	0.0%	0.0%	100.0%
DK	freq	2	0	2	0	4
	%	50.0%	0.0%	50.0%	0.0%	100.0%

Respondents using Registered Providers and Childcare Centers were the least likely to
feel that it made a difference whether or not they could control provider's knowledge of
their status. In the case of Childcare Centers, this may be related to a perception that these
larger facilities may relate to everyone in a more or less standardized way. In the case of
Registered Providers the situation may be the opposite. These facilities may often be
small and personal enough that parents come to feel that they know the providers well
and are not concerned about whether or not they know the parents are SRS clients.

Figure II-22
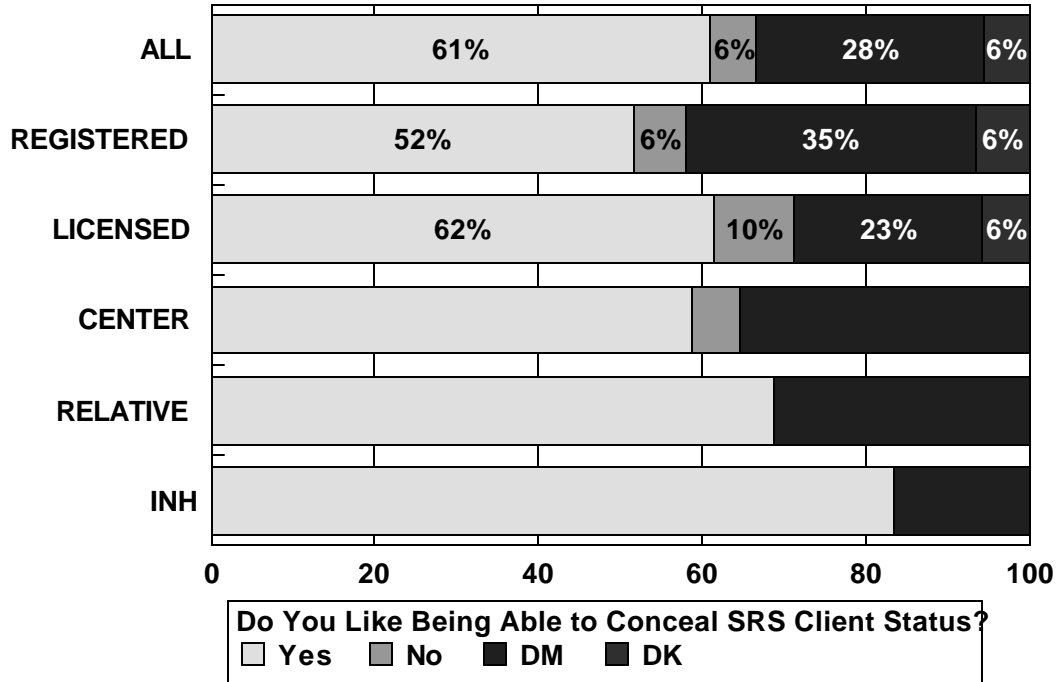
A majority (64.6%) of bridge family respondents felt that after the beginning of the pilot

providers continued to treat them the same way they had under the previous program.

However, among those who felt that there had been a change, more than four times as

many (19.3%) felt that treatment had become better than worse (4.3%). Once again, there

were differences of opinion among those using different provider types. Those

respondents using In-Home or Licensed providers were the most likely to feel that

treatment of parents had improved.

Table II-30

Do Providers Treat Parents the Same, Better, or Worse under the Direct Payment System?		Better	Same	Worse	DK	Total
ALL	freq	31	104	7	19	161
	%	19.3%	64.6%	4.3%	11.8%	100.0%
REGISTERED	freq	4	22	0	5	31
	%	12.9%	71.0%	0.0%	16.1%	100.0%
LICENSED	freq	12	33	2	5	52
	%	23.1%	63.5%	3.9%	9.6%	100.0%
CENTER	freq	2	12	0	2	16
	%	12.5&	75.0%	0.0%	12.5%	100.0%
RELATIVE	freq	3	7	1	5	16
	%	18.8%	43.8%	6.3%	31.3%	100.0%
INH	freq	2	4	0	0	6
	%	33.3%	66.7%	0.0%	0.0%	100.0%
OTHER	freq	1	0	0	0	1
	%	100	0.0%	0.0%	0.0%	100.0%
DK	freq	0	4	0	0	4
	%	0	100	0.0%	0.0%	100.0%

Figure II-23

Do Providers Treat Parents Better, the Same, or Worse Under the Direct Payment System?
□ Better ■ Same ■ Worse ■ DK
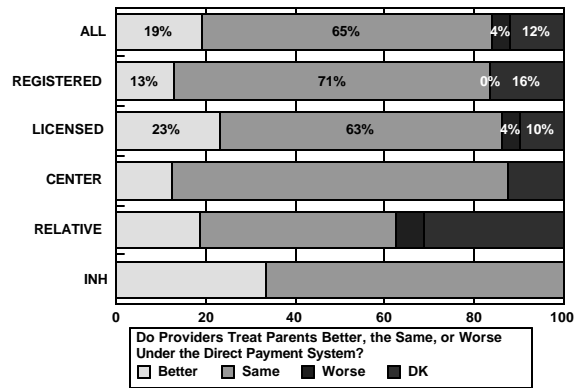
There was a very strong overall (80.1%) consensus among respondents that providers treated children the same under the Direct Pay system as they did under the previous payment system. When respondents did feel there was a difference, it was seen as an improvement: no respondent indicated that children were treated worse under Direct Pay. However, there was once again variation between respondents using different types of providers. Those using Registered providers and Childcare Centers were the most likely to say there had been no change in how children were treated, while those using In-home and Licensed providers were more likely than others to feel that children were treated better under the Direct Pay system. However, because of the small number of respondents in each category differences among categories should be seen as suggestive only.

Table II-31

Do Providers Treat Children the Same, Better, or Worse under the Direct Payment System?		Better	Same	Worse	DK	Total
ALL	freq	19	130	0	12	161
	%	11.8%	80.7%	0.0%	7.4%	100.0%
REGISTERED	freq	2	28	0	1	31
	%	6.5%	90.3%	0.0%	3.2%	100.0%
LICENSED	freq	10	39	0	3	52
	%	19.2%	75%	0.0%	5.8%	100.0%
CENTER	freq	1	15	0	0	16
	%	6.3%	93.8%	0.0%	0.0%	100.0%
RELATIVE	freq	2	10	0	4	16
	%	12.5%	62.5%	0.0%	25.0%	100.0%
INH	freq	2	4	0	0	6
	%	33.3%	66.7%	0.0%	0.0%	100.0%
OTHER	freq	0	1	0	0	1
	%	0.0%	100	0.0%	0.0%	100.0%
DK	freq	0	4	0	0	4
	%	0.0%	100	0.0%	0.0%	100.0%

Figure II-24

Do Providers Treat Children Better, the Same, or Worse Under the Direct Payment System?
■ Better ■ Same ■ Worse □ DK
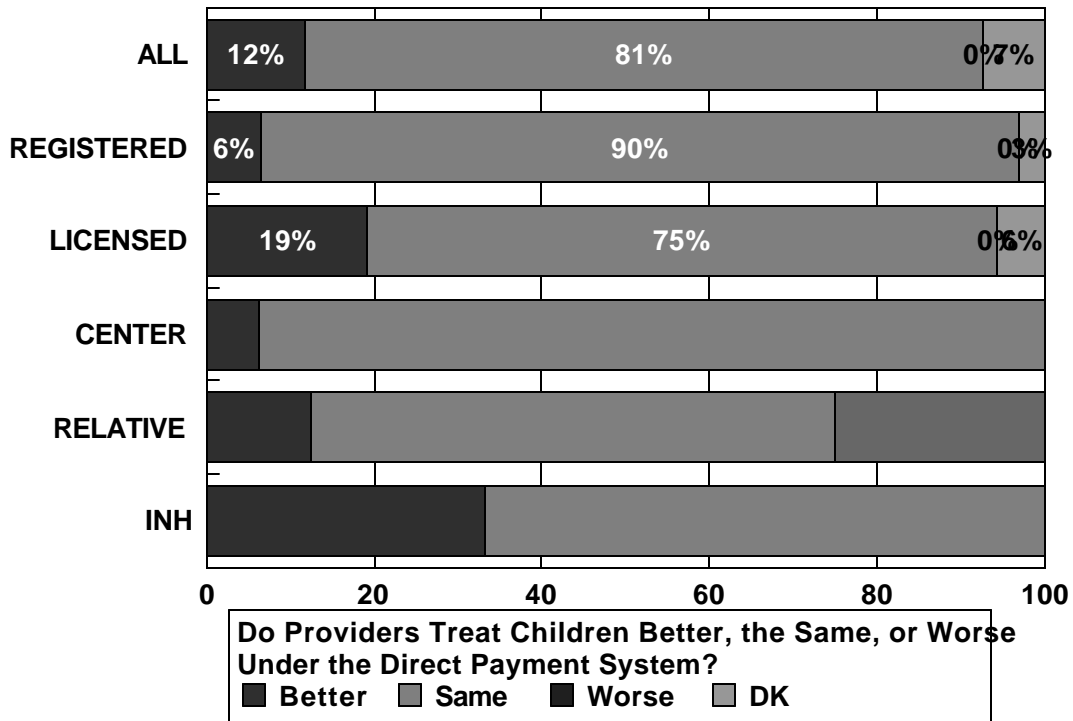
While one goal of the pilot project was to increase clients' choices in childcare providers, 59.8% of respondents who had experienced both payment programs felt that there had been no increase. Overall, only a little over one-fifth (21.3%) of respondents felt that they had more choices. However, there were again variations between respondents with different types of providers. Those who used Childcare Centers were much more likely than others to indicate that their choice of providers had remained the same. This was probably a result of the limited supply of providers of this type. Those using In-home and Relative providers, and to a lesser degree those using Licensed providers, were more likely than others to say that their choices had increased.

Table II-32

Effect of Direct Pay on Provider Choices							
		In-creased	Same	De-creased	DK	RA	Total
ALL	freq	27	76	6	17	1	127
	%	21.3%	59.8%	4.7%	13.4%	0.8%	100.0%
REGISTERED	freq	8	17	1	5	0.0%	31
	%	25.8%	54.8%	3.2%	16.1%	0.0%	100.0%
LICENSED	freq	8	33	3	7	1	52
	%	15.4%	63.5%	5.8%	13.5%	1.9%	100.0%
CENTER	freq	2	14	0	1	0	17
	%	11.8%	82.4%	0.0%	5.9%	0.0%	100.0%
RELATIVE	freq	5	7	2	2	0	16
	%	31.3%	43.8%	12.5%	12.5%	0.0%	100.0%
INH	freq	2	2	0	2	0	6
	%	33.3%	33.3%	0.0%	33.3%	0.0%	100.0%
OTHER	freq	1	0	0	0	0	1
	%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
DK	freq	1	3	0	0	0	4
	%	25.0%	75.0%	0.0%	0.0%	0.0%	100.0%

Figure II-25

ALL	21%	60%	5% 14%
REGISTERED	26%	55%	3% 16%
LICENSED	15%	63%	6% 15%
CENTER			
RELATIVE			
INH			

Did Childcare Choices Increase
Under the Direct Payment System?
☐ Increased ■ Same ■ Decreased ■ DK/RA
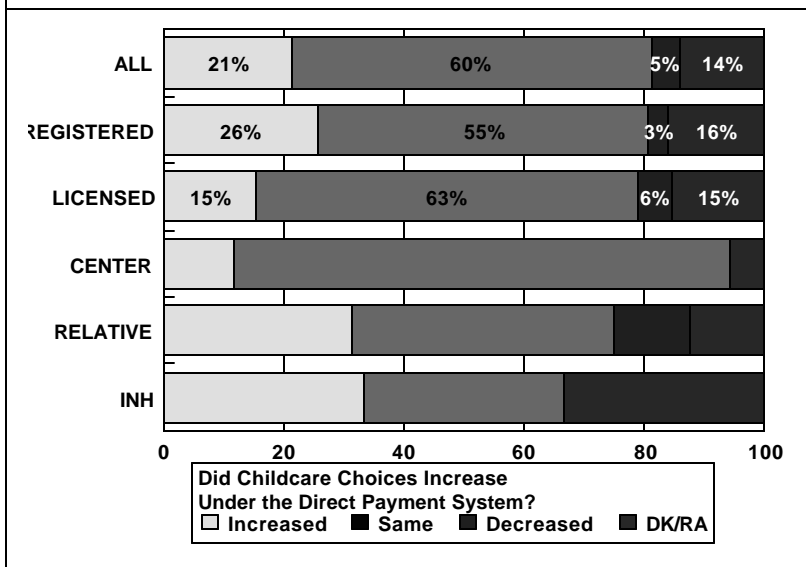
More than twice as many Hays area respondents (62.5%) felt that the Direct Pay program should be retained than felt that it should be replaced with the original payment program (29.3%). Among the bridge family respondents, support for the Direct Pay program was slightly weaker, but still represented a significant majority (55.9%) over those who wanted to return to the other program (33.9%). In both groups those using Registered and In-home providers were most likely to support continuing the Direct Pay program, while those using Licensed providers were most likely to want to return to the original program. There was a moderate (Spearman's rho = .397, significant at the .01 level) relationship between liking the potential not to tell providers about SRS client status and supporting the continuation of the Direct Pay program. Thus, having the option to disclose status as a client to the providers seems to be an important factor contributing to support of the Direct Pay Program.

		All Hays					Hays Bridge Families				
Table II-33			**Should SRS Keep the Current Direct Payment System?**								
		Yes	No	DK	RA	Total	Yes	No	DK	RA	Total
ALL	**freq**	145	61	26	0	232	71	43	13	0	127
	%	62.5%	26.3%	11.2%	0.0%	100.0%	55.9%	33.9%	10.2%	0.0%	100.0%
REG	**freq**	37	11	3	0	51	19	10	2	0	31
	%	72.6%	21.6%	5.9%	0.0%	100.0%	61.3%	32.3%	6.5%	0.0%	100.0%
LIC	**freq**	54	31	9	0	94	25	23	4	0	52
	%	57.5%	33.0%	9.6%	0.0%	100.0%	48.1%	44.2%	7.7%	0.0%	100.0%
CCC	**freq**	20	10	4	0	34	9	5	3	0	17
	%	58.8%	29.4%	11.8%	0.0%	100.0%	52.9%	29.4%	17.7%	0.0%	100.0%
REL	**freq**	22	8	6	0	36	10	4	2	0	16
	%	61.1%	22.2%	16.7%	0.0%	100.0%	62.5%	25.0%	12.5%	0.0%	100.0%
INH	**freq**	8	0	4	0	12	4	0	2	0	6
	%	66.7%	0.0%	33.3%	0.0%	100.0%	66.7%	0.0%	33.3%	0.0%	100.0%
DK	**freq**	1	0	0	0	1	1	0	0	0	1
	%	100	0.0%	0.0%	0.0%	100.0%	100	0.0%	0.0%	0.0%	100.0%
RA	**freq**	3	1	0	0	4	3	1	0	0	4
	%	75.0%	25.0%	0.0%	0.0%	100.0%	75.0%	25.0%	0.0%	0.0%	100.0%

Figure II-26

Should SRS Keep Direct Pay System?
■ Yes □ No ■ DK ■ RA
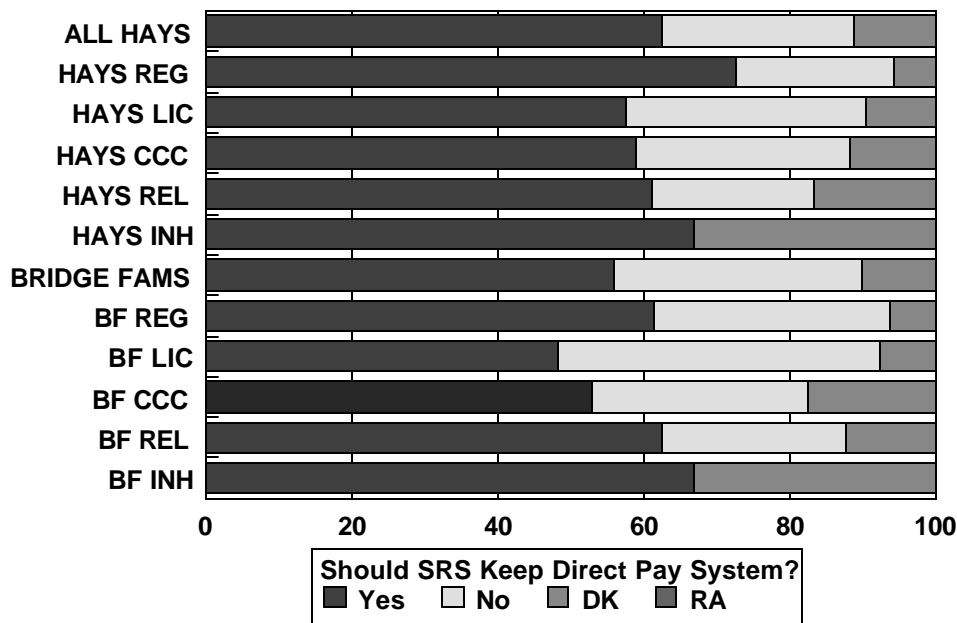
Because the pilot program involved parents paying providers directly, it made it possible for parents to choose providers whose costs exceeded the amount of the subsidy plus calculated share. Some 38% of Hays respondents reported doing so. What is not clear from the available data is whether this choice represented a decision to invest scarce family resources in higher quality care or whether the level of the subsidy (plus family share) is below the market price for daycare in some parts of the Hays area. The fact that there was a significant (.001level) mild (Spearman's rho = .187) correlation between feeling that the agency should return to the old payment program and feeling that the subsidy plus family share did not cover childcare expenses suggests the latter. There was no relationship between feeling that the subsidy and family share did not cover costs and the size of the county the respondent lived in. Nor was there a significant relationship with the type of provider chosen by the family.

Table II-34

Does Your SRS Assistance Plus Family Fee Pay All Childcare Costs?					
		Yes	No	DK/RA	Total
ALL HAYS	freq	175	115	13	303
	%	57.8%	38%	4.3%	100.0%

Figure II-27
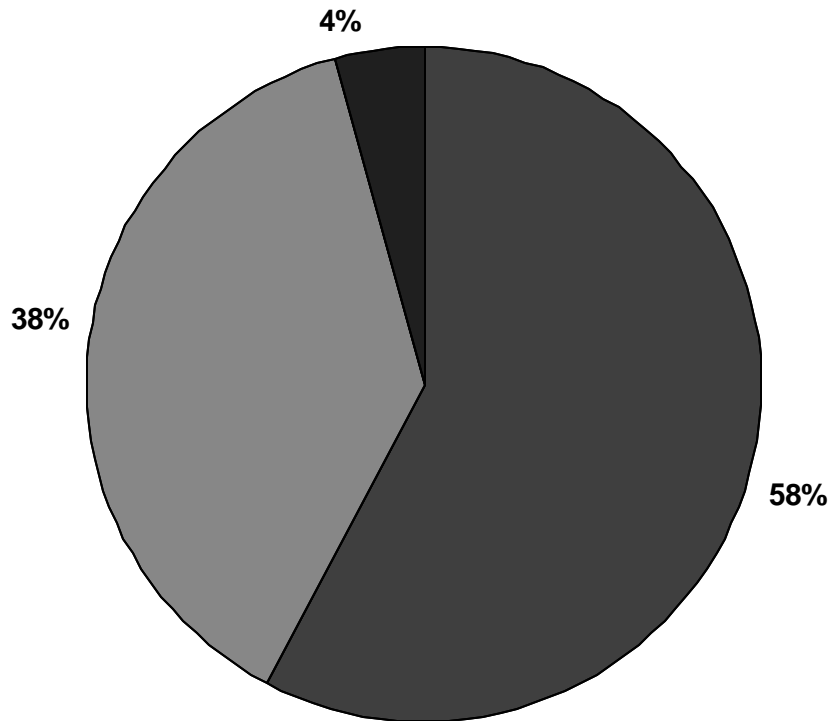
Does Subsidy Plus Family Fee Pay All Childcare Costs?
■ **Yes** ■ **No** ■ **DK/RA**

In the pilot program, a potential issue is the relationship between the timing of the

subsidy check and the date of payment for childcare. Clients by definition have limited

resources, and if the subsidy is not available at the time needed there could be problems

for families. While about three-quarters of respondents received their payments on time, almost one-fifth said that they did not. Having received subsidy payments late correlated mildly (Spearman's rho = .144) but significantly (.05 level), with desiring a change back to the previous payment system. Most of those who received their subsidy late felt

Table II-35

Do You Receive Your Childcare Subsidy on Time after Turning in Your Receipt?					
		Yes	No	DK/RA	Total
Hays	freq	231	60	11	302
	%	76.5%	19.9%	3.6%	100.0%

Figure II-28

4%

20%

77%
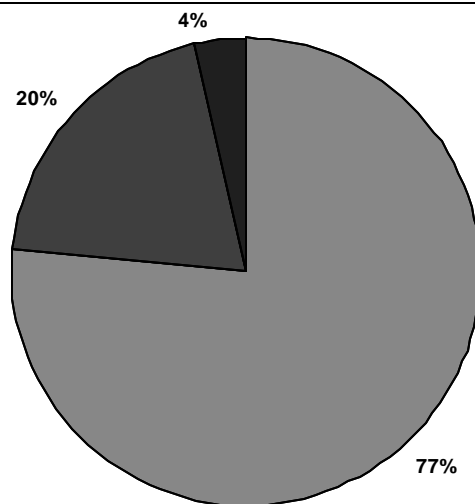
Do You Receive Your Subsidy Payment on Time After Turning in Your Receipt?
☐ Yes   ■ No   ■ DK/RA

That this was a "large" problem. However, this did not automatically translate into support for going back to the previous payment plan. There was a mild (Spearman's rho = -.227) but significant (.05) relationship between feeling that receiving a late payment was a large problem and not wanting to maintain the pilot program.

Table II- 36

Size of Payment Problem		Large	Small	None	Total
Hays	freq	35	20	30	85
	%	41.2%	23.5%	35.3%	100.0%

Figure II-29

Size of Payment Problem
■ Large   ■ Small   ■ None
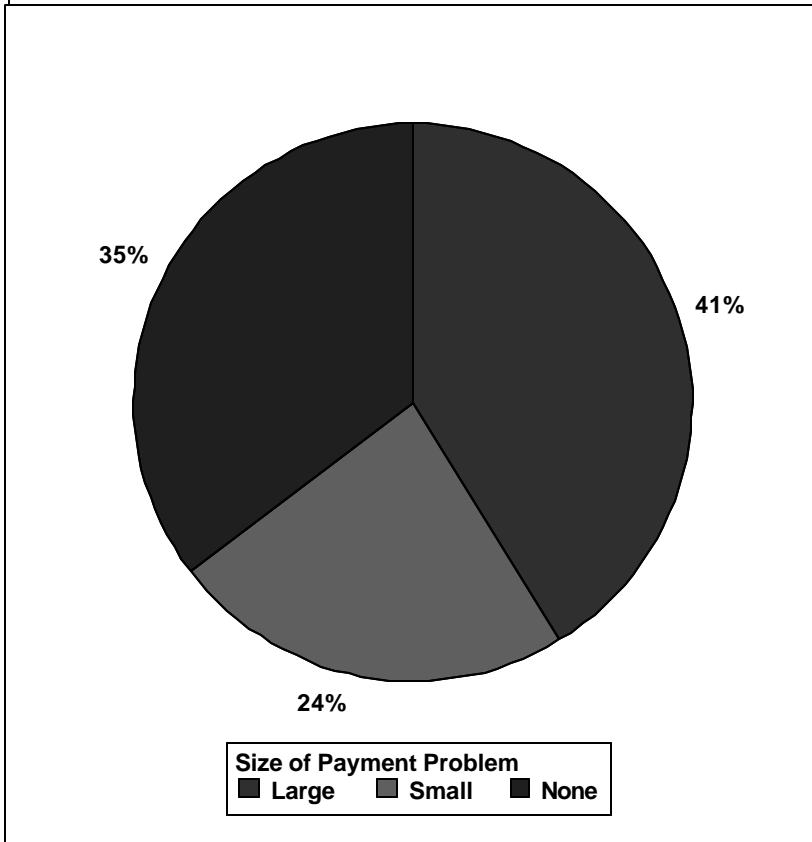
Conclusions

Respondents in both areas indicate that they are satisfied with their current childcare assistance program. Most felt that the level of assistance provided permitted them to find good childcare, and that the payment system in their area promoted good relationships with the childcare providers. Note that these reflect the responses of clients—the responses of the providers to the mail survey differed (see Section III). In both the Emporia and Hays areas, most respondents felt that SRS did not limit their choice. Large majorities in each area felt that providers treated them and their children no differently than those who were not SRS clients. Those who did feel they were treated differently, however, felt they were treated worse than others.

Support for the Direct Pay Program

By about a two to one margin, Hays area respondents supported continuing the Direct Pay Program. While the respondents who had experienced both systems were slightly more likely than others to support returning to the previous program, there was definite majority support for Direct Pay among them as well as among other Hays area respondents.

The respondents were very supportive of the training program provided as part of the Direct Pay Program. Provision of the training is virtually universal, and well over 90% said they were pleased with the training. Most felt that the training had improved their skills in searching for quality childcare.

The goal of helping parents to become more responsible and more knowledgeable about managing their childcare situation met with some success. Hays area respondents were more knowledgeable about the shares that they and childcare costs. They were also more likely than Emporia area respondents to have found their childcare provider through a referral service—principally friends, relative, or the Health Department—than through SRS.

While most respondents felt that the way providers treated them and their children under Direct Pay was no different than under the previous system, there was sizeable minority who felt that treatment had improved since the change. Though potentially keeping providers unaware of SRS client status is possible under the Direct Pay Program, almost without exception respondents said that their provider knew they were SRS clients. Still, a solid majority of respondents said that they liked being able to keep that status private, and it is possible that if the program continues more will take advantage of that option. A majority of respondents who had experienced both systems said that they liked paying providers themselves, rather than payment being made through SRS.

While opening the childcare market to clients was an objective of the program, most Hays area respondents felt that Direct Pay had not increased their choices. However, a majority did feel that the pilot program provided more flexibility in choosing a provider.

Concerns Related to Direct Pay

There were no items on which a majority of respondents indicated problems with or concerns about the Direct Pay Program. There were areas, primarily related to payment, where large enough minorities of respondents reported problems that some concern is

warranted. One in five respondents reported that they did not receive their subsidy on time after turning in their receipt. Of those reporting receiving the check late, more than 40% reported that it had created a large problem. Those respondents were less likely than others to support continuing the Direct Pay Program. Also, 38% of Hays respondents said that the subsidy and family fee together did not cover their childcare costs. This raises some concerns about the adequacy of subsidy amounts—though on the other hand, a majority of respondents felt that the assistance provided did help them obtain good childcare.

Section III: Providers' Mail Survey – Hays and Emporia Areas

Methods

In order to address Objective 2 (Determine the satisfaction of parents/guardians, *providers*, and SRS staff with changes introduced by the pilot project), a mail survey was conducted that focused on *providers'* satisfaction with the Direct Pay Program.

Two versions of the mail survey (one for the Hays area and one for the Emporia area, see Appendix A and B) were used to provide feedback from Childcare providers regarding SRS Childcare programs. Questionnaires included identical questions for both areas, and additional questions were included in the Hays area survey to provide feedback specifically on the Direct Pay Program.

The initial mailing of surveys occurred on March 21, 2000. The second mailing occurred two weeks after the first, and only those targeted respondents whose completed questionnaires had not yet been received were included. A third and final wave of questionnaires was mailed four weeks after the initial mailing to all remaining non-respondents. After three mailings the Hays area had a response rate of 56% and Emporia, 44%.

Table III-1 shows the number of completed, returned surveys. The total number of surveys distributed in Hays (N = 248) and Emporia (N = 244) are the total number of *deliverable* surveys.

Table III-1. Survey Rates

	Completions	Deliverable	Response Rate
Hays	140	248	56%
Emporia	107	244	44%
Total	247	492	50%

Confidence Intervals

Confidence levels were set at 95% (two standard deviations). For Hays, a random sample
of 270 providers (as agreed in Docking's proposal to SRS, based on earlier provider
estimates from SRS) was selected from the Hays SRS area. There were 152
questionnaires returned. Of those 152, there were 140 complete questionnaires. The 140
completions result in a margin of error of +/- 8% when analyzing data from the whole
group of Hays area respondents. We are 95% confident that population parameters vary
no more than +/- 8% from the Hays sample statistics.

In the Emporia area, a random sample of 270 providers (as agreed in Docking's proposal,
based on earlier provider estimates from SRS) was selected from the Emporia SRS Area.
The 107 completions result in a margin of error of +/- 9% when analyzing data from the
whole group of Emporia area respondents. We are 95% confident that population
parameters vary no more than +/- 9% from the Emporia sample statistics.

For the total sample, there were 540 providers selected from both areas. The 247
completions result in a margin of error of +/- 6% when analyzing data from Hays and

Emporia area respondents combined. We are 95% confident that population parameters

vary no more than +/-6% from the Hays and Emporia area combined sample statistics.

Table III-2. Margin of Error

	Completions	Margin of Error
Hays	140	+/- 8%
Emporia	107	+/- 9%
Total	247	+/- 6%

Survey Instruments

Staff from the Docking Institute and SRS agreed on the wording of the survey items used.

It was the responsibility of SRS to identify information areas and objectives of the

survey.   The Docking Institute was responsible for developing survey items that were

technically correct and without bias. Question wording and design of the survey

instrument are the property of the Docking Institute and are not to be used for additional

surveys unless written permission is given by the Director of the Docking Institute.

Description of Providers

Data regarding length of time that the provider has been in operation was available from 245 respondents. For both the Hays and Emporia areas, the majority of childcare providers have been in operation over 24 months (Hays area, 74.6%; Emporia, 68.3%; Total 72.6%).

Table III-3. Length of Childcare Service, N = 245

	Hays		Emporia		Total	
Length of time providing childcare	Freq.	%	Freq.	%	Freq.	%
< 6 months	5	3.6%	7	6.5%	12	4.9%
6 to 12 months	17	12.3%	14	13.1%	31	12.7%
13 to 18 months	6	4.3%	6	5.6%	12	4.9%
19 to 24 months	7	5.1%	5	4.7%	12	4.9%
> 24 months	103	74.6%	75	70.1%	178	72.6%

Respondents' type of childcare provided showed a similar trend as the agency county data reported in Section I (Analysis of Available Data). The majority of respondents in both Hays and Emporia areas are licensed providers. The Emporia area, however, had higher percentages providing services at a childcare center and also relative care than the Hays area.

Table III-4. Provider Mail Survey – Respondents' Type of Provider

	Hays		Emporia		Combined	
Type of Provider	Freq.	%	Freq.	%	Freq.	%
Registered	29	21.0%	7	6.5%	36	14.7%
Licensed	75	54.3%	56	52.3%	131	53.9%
Childcare Center	9	6.5%	10	9.3%	19	7.7%
Relative	16	11.6%	18	16.8%	34	13.9%
In home	6	4.3%	4	3.7%	10	4.1%
Other	3	2.2%	11	10.3%	14	5.7%
Total	138	100%	106	100%	244	100%

Figure III-1. Type of Provider, N = 244
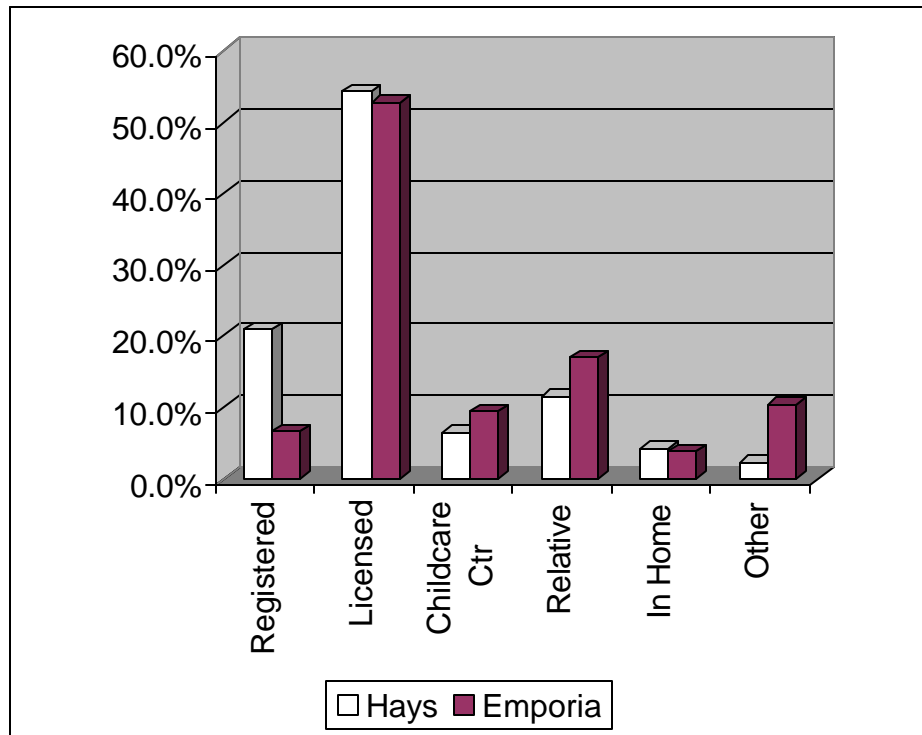
Hours of In-Service Training

Providers were asked how many hours of in-service training each childcare giver received per year. Of the 206 valid responses, there was a range of 0 to 75 hours. Hays providers ranged from 0 to 50; Emporia providers ranged from 0 to 75. Table 5 lists mean, median, mode(s), and standard deviations for number of in service hours. The Hays area reported slightly more hours than Emporia but the summary statistics show some similarity.

Table III-5. Number of Hours of In Service Training

	Hays	Emporia
N =	117	89
Mean	12.54	11.73
Median	10.00	10.00
Mode(s)	10	5
Standard Deviation	9.36	12.19
Range-Minimum	0	0
Range-Maximum	50	75

Number of Childcare Staff

Providers were asked how many childcare staff members they employed one year ago and currently. Tables 6 and 7 shows mean, median, mode, and standard deviation of number of staff employed. The Emporia area providers employed a higher number of employees per agency (Emporia mean, 2.73; Hays mean, 1.68). Providers currently employ fewer employees than one year ago. Appendix C and D show a complete frequency distribution with cumulative totals.

Table III-6. Number of Childcare Staff Employed One Year Ago

	Hays	Emporia
N =	118	97
Mean	1.68	2.73
Median	1.00	1.00
Mode	1	1
Standard Deviation	2.81	6.42
Range-Minimum	0	0
Range-Maximum	24	42

Table III-7. Current Number of Childcare Employees

	Hays	Emporia
N =	109	89
Mean	1.27	2.09
Median	1.00	1.00
Mode	0	0
Standard Deviation	2.10	5.43
Range-Minimum	0	0
Range-Maximum	17	35

Figure III-2. Number of Childcare Employees (Cumulative) One Year Ago and Currently

	Hays	Emporia	Total
1 yr ago	232	296	528
Currently	179	227	406
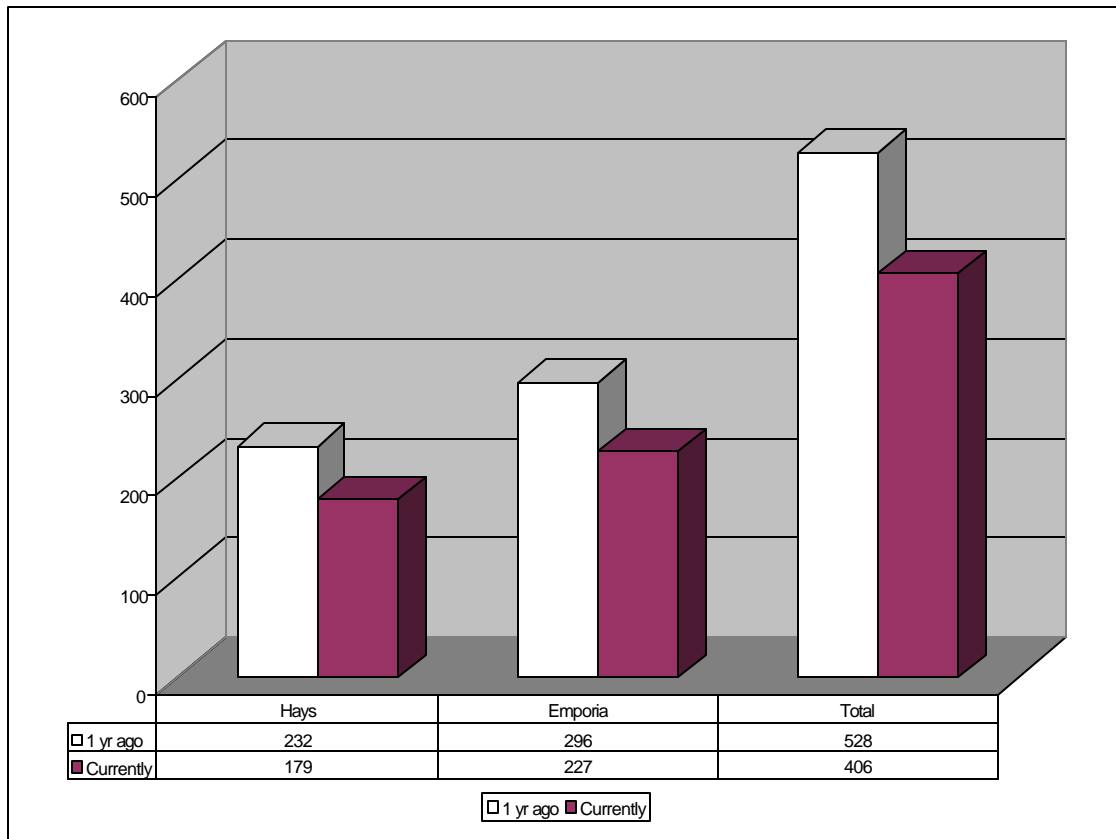
Number of Children Served

A comparison of means for the number of children served shows little change from one year ago. However, when comparing the actual number of children being served from one year ago to currently, number of children served in the Hays area has stayed consistent while the number in Emporia has risen (see Appendices F and G for tables). The decrease in number of employees at childcare settings in both areas, along with the consistency or rise in the number of children served suggests a need for childcare services without the corresponding rise in childcare workers.

Table III-8. Children Served One Year Ago

	Hays	Emporia
N =	132	101
Mean	11.21	13.62
Median	9.00	9.00
Mode	10	10
Standard Deviation	13.01	25.14
Range-Minimum	0	0
Range-Maximum	97	160

Table III-9. Number of Children Served Currently

	Hays	Emporia
N =	133	104
Mean	11.17	13.89
Median	8.00	8.00
Mode	10	0
Standard Deviation	13.15	28.13
Range-Minimum	0	0
Range-Maximum	86	187

Figure III-3. Number of Children Served One Year Ago and Currently

	Hays	Emporia	Total
Children 1 year ago	1487	1401	2888
Children Current	1468	1463	2931
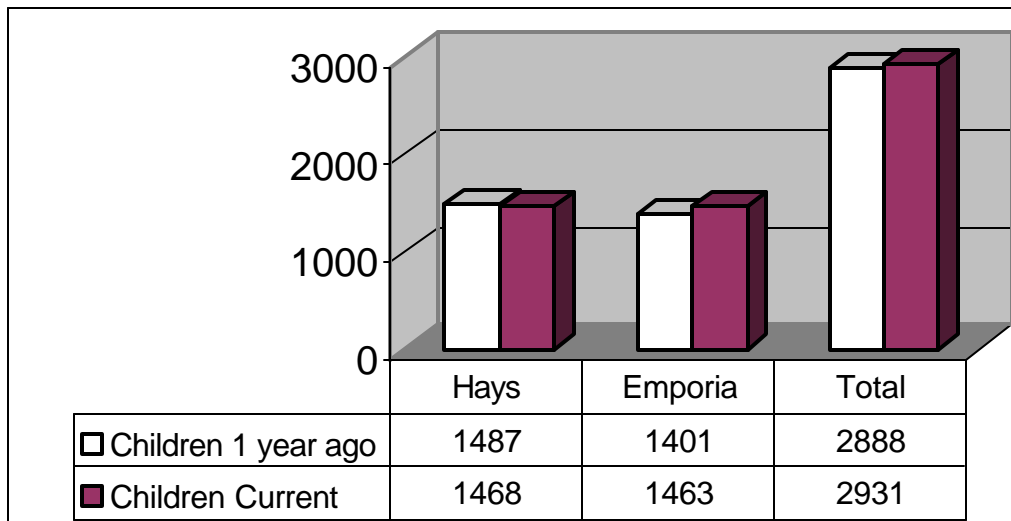
Special Needs Children

Of 237 valid responses, 32% (N = 76) stated that they served children with special needs (Hays, N = 45, 33.1%; Emporia, N = 31, 30.7%). The majority of providers who serve special needs children have only one client at each setting. Table III-10 shows a breakdown by provider type of those providers who serve special needs children.

Table III-10. Provider Types of Special Needs Children

Provider Type	Frequency	Percent
Registered Provider	2	2.6%
Licensed Provider	56	73.7%
Childcare Center	10	13.2%
Relative Provider	2	2.6%
In-Home Provider	2	2.6%
Other	4	5.3%
Total	76	100%

Ease of Providing Services to SRS Clients

All providers were asked how easy it is to provide childcare services to SRS clients. There was little difference in the Hays and Emporia area percentages. A high percentage thought that it was extremely easy (Hays, 18.1%; Emporia 17.9%) or easy (Hays, 58.7%; Emporia, 60.4%) to provide childcare to SRS clients (Combined, 77.4%). Slightly more providers in the Emporia area (15.1%) thought that it was difficult or extremely difficult to provide care (Hays, 13.0%; Combined, 13.9%).

Table III-11. Ease of Providing Childcare to SRS Clients

	Hays		Emporia		Combined	
	Frequency	**%**	**Frequency**	**%**	**Frequency**	**%**
Extremely easy	25	18.1%	19	17.9%	44	18.0%
Easy	81	58.7%	64	60.4%	145	59.4%
Total Easy Category	106	76.8%	83	78.3%	189	77.4%
Difficult	12	8.7%	15	14.2%	27	11.1%
Extremely Difficult	6	4.3%	1	0.9%	7	2.8%
Total Difficult Category	18	13.0%	16	15.1%	34	13.9%
Don't Know	14	10.1%	7	6.6%	21	8.6%
Total	138	100%	106	100%	244	100%

Figure III-5 Ease of Providing Childcare to SRS Clients
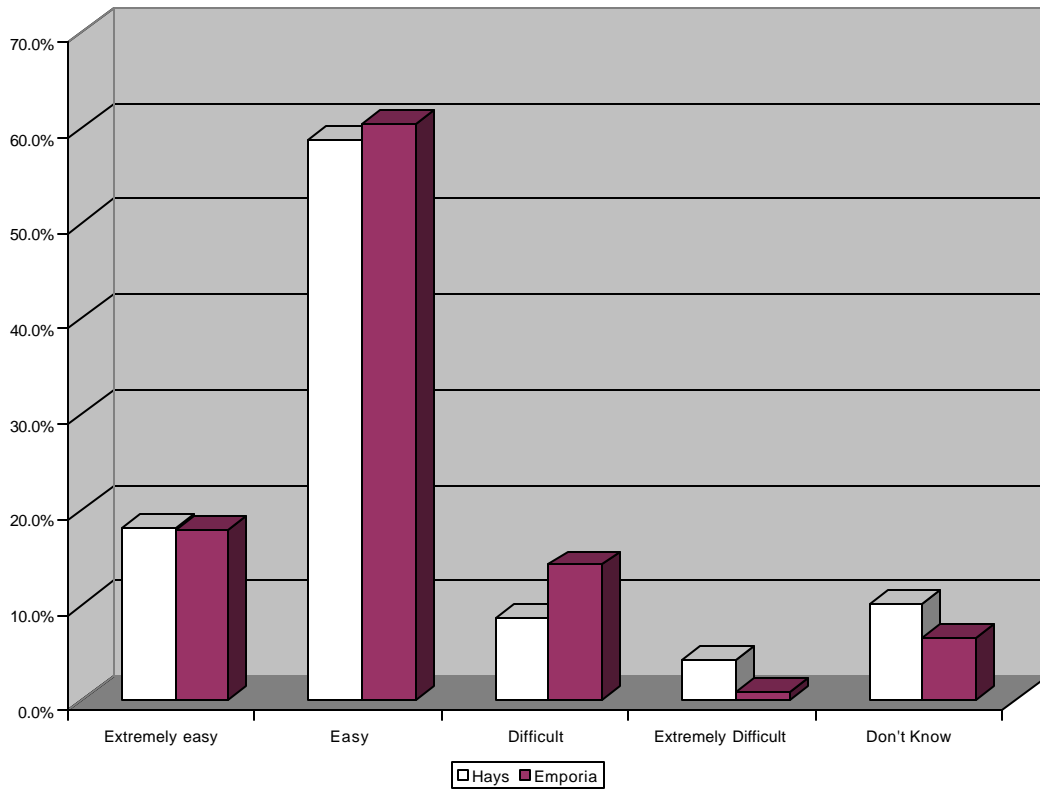
Ease of Obtaining Childcare Assistance from SRS

When asked how easy it was to get assistance from SRS on childcare issues, a much higher percentage in the Emporia area reported that it was easy or extremely easy (Emporia, 66.1%; Hays 40.9%). There were high numbers in the Hays area who reported that they didn't know or wasn't applicable (total, 35.1%, N = 48) which may reflect some providers who entered the system after the pilot project was started.

Table III-12. Ease of Obtaining Childcare Assistance from SRS

	Hays		Emporia		Combined	
	Frequency	%	Frequency	%	Frequency	%
Extremely Easy	7	5.1%	11	10.4%	18	7.4%
Easy	49	35.8%	59	55.7%	108	44.4%
Total Easy Category	56	40.9%	70	66.1%	126	51.8%
Difficult	23	16.8%	16	15.1%	39	16.1%
Extremely Difficult	10	7.3%	3	2.8%	13	5.4%
Total Difficult Category	33	24.1%	19	27.9%	52	21.5%
Don't Know	36	26.3%	9	8.5%	45	18.5%
Not Applicable	12	8.8%	8	7.5%	20	8.2%
Total	137	100%	106	100%	243	100%

Satisfaction with the SRS Childcare Payment System

Overall satisfaction with the SRS childcare payment system showed a difference between Hays and Emporia providers. The majority of Emporia area providers were very satisfied or somewhat satisfied with the assistance they receive on childcare issues (68.8%). However, in the Hays area, the percent of those who were somewhat or very dissatisfied was higher (48.2%) than those who were very or somewhat satisfied (41%). This finding is qualified by comments in subsequent questions 4b and 5b (see Tables III-15 and III-17).

Table III-13. Satisfaction with the SRS Childcare Payment System

	Hays		Emporia		Total	
	Frequency	%	Frequency	%	Frequency	%
Very Satisfied	19	13.7%	26	24.5%	45	18.3%
Somewhat Satisfied	38	27.3%	47	44.3%	85	34.7%
Total satisfied category	57	41.0%	73	68.8%	130	53.1%
Somewhat Dissatisfied	15	10.8%	20	18.9%	35	14.3%
Very Dissatisfied	52	37.4%	10	9.4%	62	25.3%
Total Dissatisfied Category	67	48.2%	30	28.3%	97	39.6%
Don't know	15	10.8%	3	2.8%	18	7.4%
Total	139	100%	106	100%	245	100%

Figure III-6. Satisfaction with the SRS Childcare Payment System

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
☐ Hays	13.7%	27.3%	10.8%	37.4%
■ Emporia	24.5%	44.3%	18.9%	9.4%
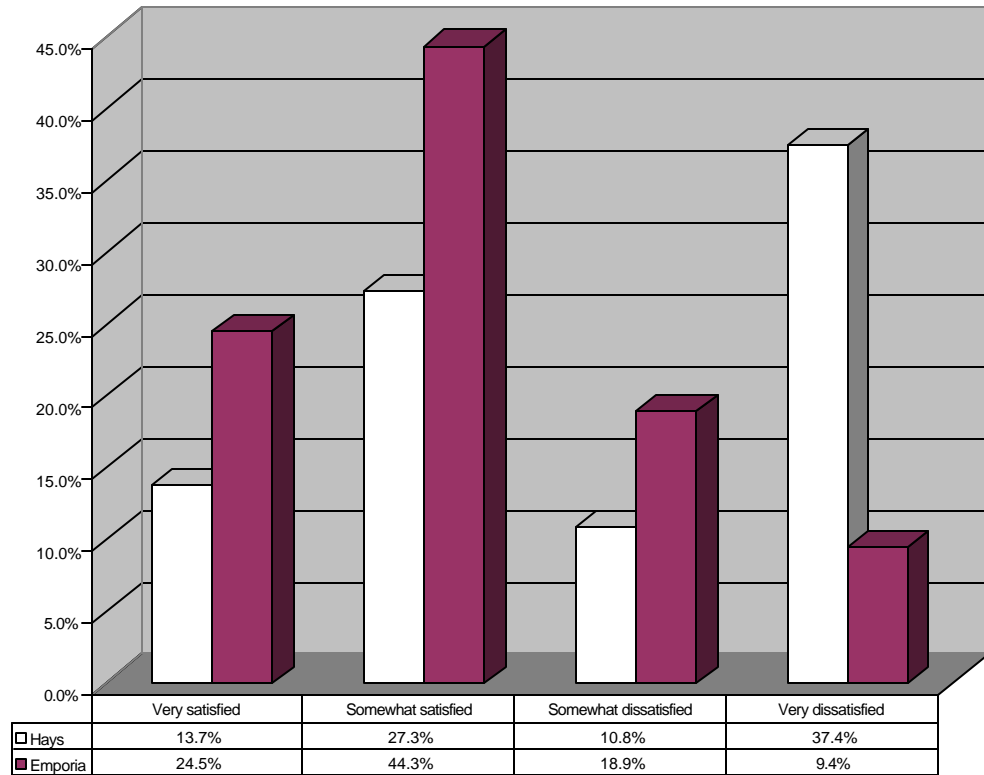
Provision of Good Care – Obstacles

When asked if the SRS childcare program allowed providers to give good childcare to SRS clients, the majority of providers stated yes. The percentages indicating yes (73.2%) in the Hays area are lower than the Emporia area (78.1%) but is not statistically significant. This question allowed for those who stated no to give an explanation of why they felt this way. Most comments dealt with payment issues both in Hays and Emporia. Table III-15 categorizes the comments made based on issues addressed. Four providers made comments that it didn't matter whether their client received SRS assistance, that "I provide good childcare to all the children I serve. It has no bearing on whether they have SRS assistance or not."

Table III-13. SRS Program Allowing Provision of Good Childcare to SRS Clients

	Hays		Emporia		Combined	
	Frequency	%	Frequency	%	Frequency	%
Yes	101	73.2%	82	78.1%	183	75.3%
No	16	11.6%	14	13.3%	30	12.35%
Don't Know	21	15.2%	9	8.6%	30	12.35%
Total	138	100%	105	100%	243	100%

Table III-15. Obstacles to Providing Good Childcare

Category	Hays	Emporia	Combined
SRS communication (no help provided when asked)		1	1
Payment Problems			
Nonpayment - parent	4	0	4
Nonpayment for missed days		1	1
Payment scale from SRS too low	3	6	9
Timing of payments to parents, late payments	3	2	5
Program Policies			
Termination of contract issue		1	1
Paperwork problems		1	1
Reapplication for benefits issue		1	1
Eligibility of parent issue	1		1

Relationships with Clients – Obstacles

Providers were asked if the SRS childcare payment system allows a good relationship between them and their clients. There was a significant difference between providers in the Hays and Emporia areas. A higher percentage of the Hays area providers reported in the negative (43.8%, no vs. 39.4%, yes) while in the Emporia area a much higher percentage reported yes (69.2%; no, 15.9%). If no, providers were asked why they felt otherwise. Again, a payment issue made up the majority of reasons why providers felt that the childcare payment system prevented a good relationship with their clients.

Table III-16. SRS Childcare Payment System and Role in the Promotion of a Good Relationship with Clients

	Hays		Emporia		Combined	
	Frequency	%	Frequency	%	Frequency	%
Yes	54	39.4%	74	69.2%	128	52.5%
No	60	43.8%	17	15.9%	77	31.6%
Don't Know	23	16.8%	16	15.0%	39	15.9%
Total	137	100%	107	100%	244	100%

Table III-17. Obstacles to Promoting Good Relationships with Clients

Category	Hays	Emporia	Combined
SRS Communication			
Rude caseworker	1		1
Turnover of SRS staff creates			
communication problems	1		1
Communication issues between			
Parent and caseworker	1		1
SRS does not return calls		1	1
Training			
Parent confused about over/underpayment	1		1
Family fee not explained		1	1
Payment Problems			
Nonpayment	21	0	21
Late payment, timing of payments	23	1	24
Not receiving full payment	2	1	3
Payments too low	1	3	4
Problems with clients paying family fee		2	2
Parents lie about payment	4		4
Program Policy			
No payment when parent needs			
Child care and is not at work		2	2
Paperwork/record keeping	1	1	2
Other			
Parents don't have enough			
responsibility		1	1
Parents not dealing with responsibility	1		1
Stigma of receiving SRS benefits		1	1

Use of Signed Contracts with Clients

A higher percentage of providers in Emporia require their clients to have a signed contract that specifies the roles and responsibilities of both provider and client (Hays, 50.7%; Emporia, 62.9%). The lower percentage in Hays may reflect a need to educate providers regarding this particular business practice.

Table III-18. Require a Signed Contract for Services

	Hays		Emporia		Combined	
	Frequency	%	Frequency	%	Frequency	%
Yes	70	50.7%	66	62.9%	136	56.0%
No	68	49.3%	39	37.1%	107	44.0%
Total	138	100%	105	100%	243	100%

Hays Area Pilot Program

The following data were obtained from only the Hays area, where the childcare direct pay program was piloted. Providers were asked if they were providing childcare services prior to April 1, 1998. Of those answering this question, 74.3% (N = 104) answered yes (Total valid responses, N = 137). Those who were in operation prior to April 1, 1998, were asked to complete three additional questions regarding the old and new payment system.

Satisfaction with the Old and New Payment System

Providers were asked to rate on a scale of 1 (extremely dissatisfied) to 10 (extremely satisfied) their satisfaction with the old and new childcare payment systems. There was clearly a preference for the old payment system. The majority (59.1%, N = 55) were extremely satisfied with the old system of payment, and 34.4% (N = 96) respondents were extremely dissatisfied with the new system.

Figure III-7. Level of Satisfaction with Old and New Childcare Payment System

(0 = Extremely Dissatisfied to 10 = Extremely Satisfied)

	0 to 2	3 to 5	6 to 8	9 and 10
☐ Old System	3.2%	26.2%	15.0%	65.6%
■ New System	48.0%	28.2%	11.5%	12.5%
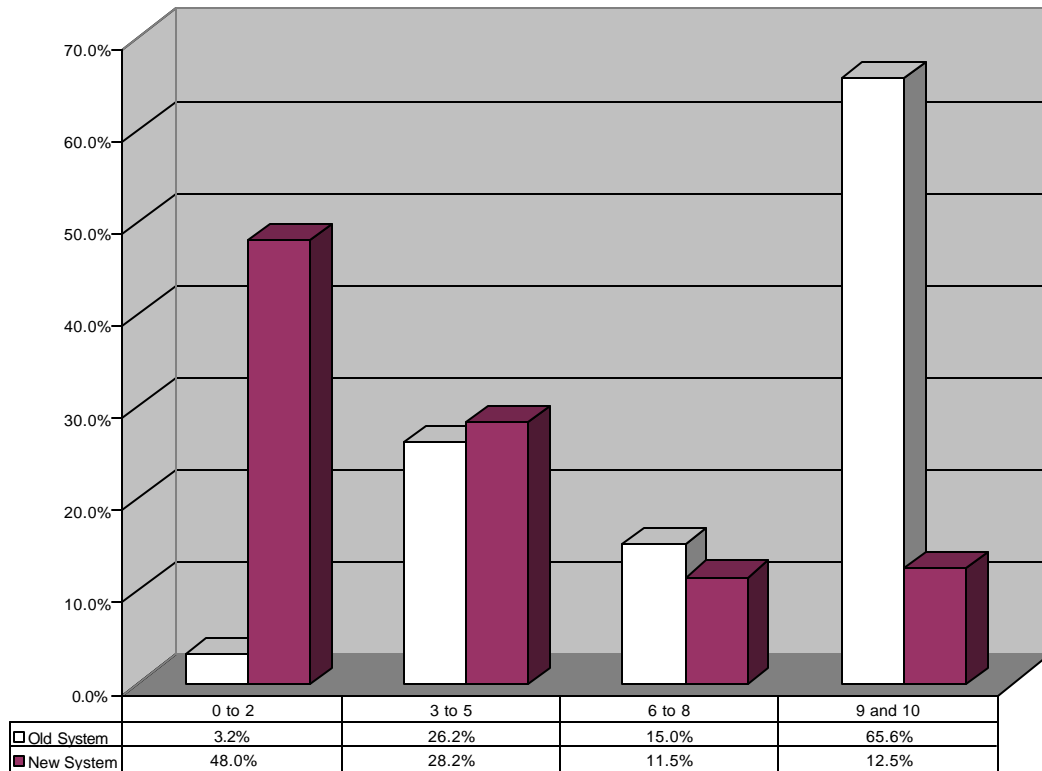
Of the providers who have provided childcare under both the old and new systems, five (5.3%) reported that parents ask more questions about their professional childcare qualifications now than under the old system. All reported that they have obtained more training in childcare services delivery as a result of the parents' questions.

Frequency of Childcare Payment

Providers were asked how frequently their SRS childcare customers pay for their services. Most clients pay once (27.7%) or twice a month (41.5%).

Figure III-8. Frequency of Childcare Payment (N = 130)

	Every week	2x/month	1x/month	<1x/month	Don't know
Series1	15.4%	27.7%	41.5%	8.5%	6.9%
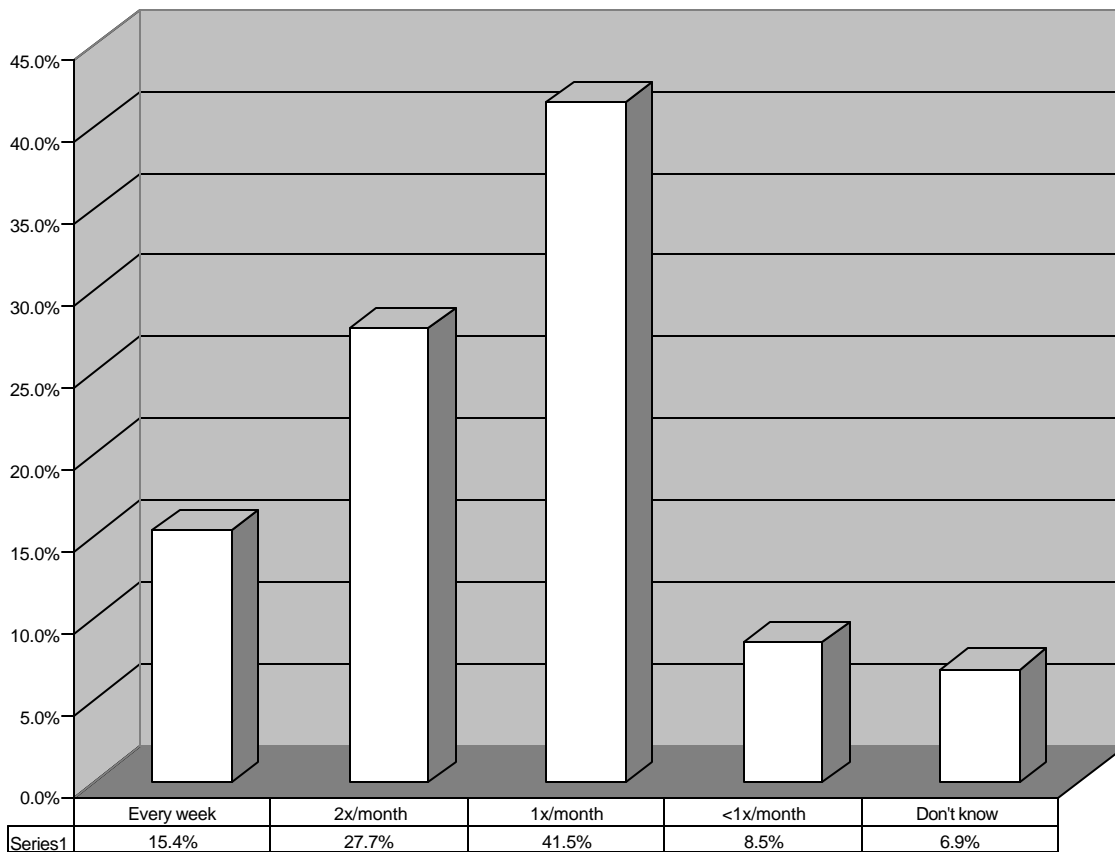
*Don't know = Don't know which customers receive SRS Assistance

Timing of Childcare Payments to Provider

As seen in previous questions (4b and 5b), receiving payment for childcare on time has been a problem for some providers. Providers noted a difference on timing of payment between their SRS and non-SRS customers. Non-SRS customers always or usually tended to pay on time twice as often as SRS customers (SRS, 42.2%; non-SRS, 85%). Providers reported that 32% of SRS customers rarely paid on time.

Figure III-9. Payment on Time – SRS and non-SRS Customers

	Always	Usually	Sometimes	Rarely	Don't Know
SRS	18.8%	23.4%	21.9%	32.0%	3.9%
Non-SRS	42.1%	42.9%	4.5%	2.3%	8.3%
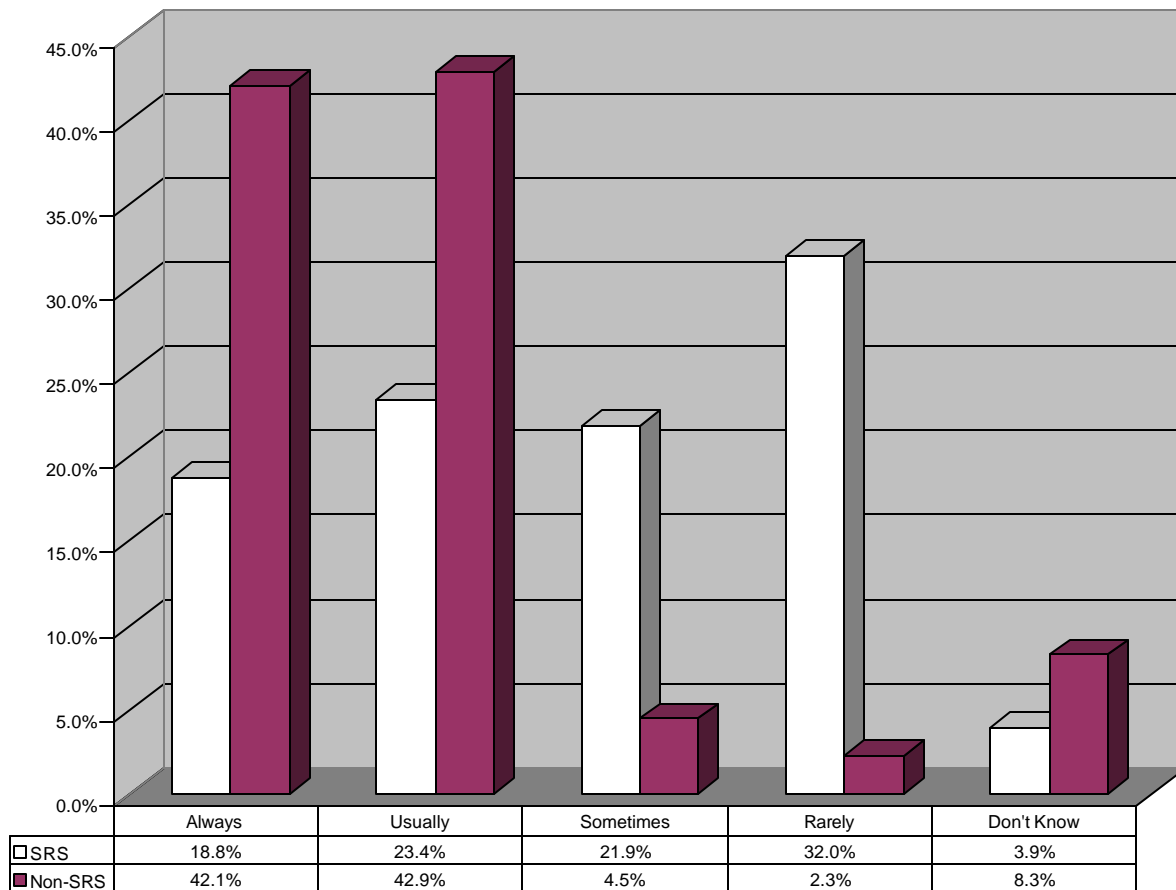
*Don't know = don't know which customers receive SRS assistance.

Payment in Full to Providers

Providers were asked how often their SRS and non-SRS customers paid their childcare fee in full. While the majority of SRS customers always or usually paid their full fee (61.2%), almost all non-SRS customers paid the full amount (87.1%).

Figure III-10. Payment in Full – SRS and non-SRS Customers

	Always	Usually	Sometimes	Rarely	Don't Know*
SRS	34.1%	27.1%	17.8%	17.1%	3.9%
non-SRS	62.9%	24.2%	2.3%	2.3%	8.3%
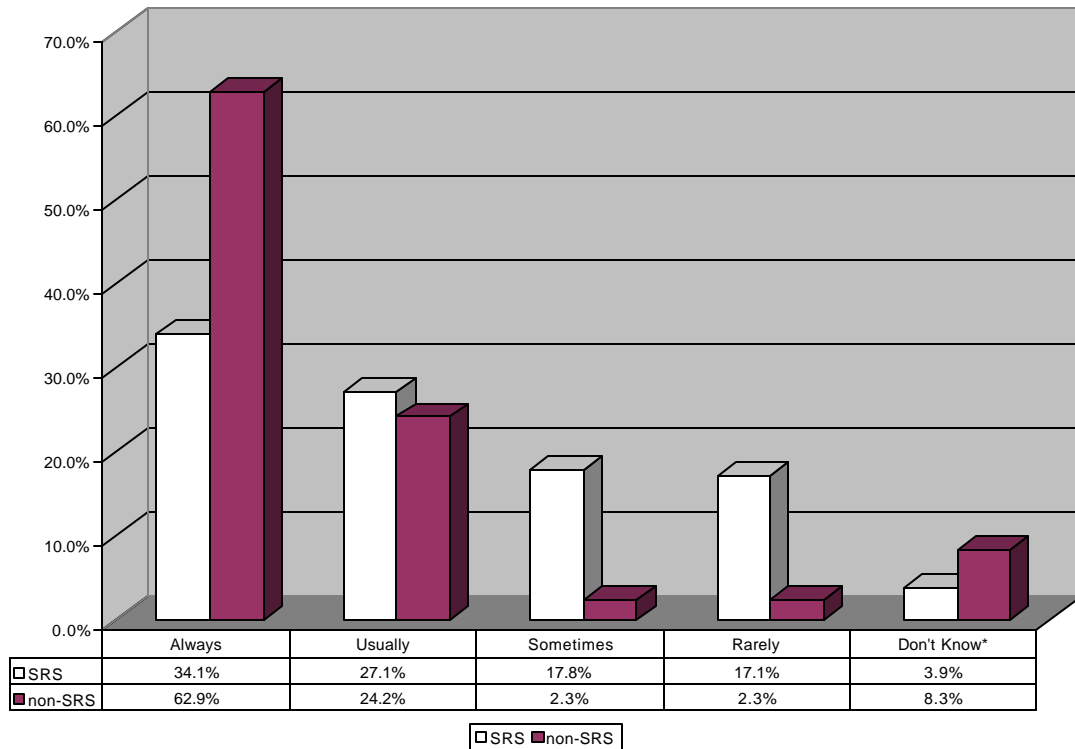
Clients' Out of Pocket Expenses

Providers reported that 45.8% of their SRS customers pay out of pocket above what SRS allows for payment while 26.7% indicated that their SRS customers do not. A substantial percentage (27.5%) did not know whether their SRS clients were paying out of pocket for services and those who reported "yes" may or may not know for certain if their clients are paying out of pocket.

Table III-19. SRS Customers Payment Out of Pocket

	Frequency	%
Yes	60	45.8%
No	35	26.7%
Don't Know	36	27.5%
Total	131	100%

Fairness and Promotion of Good Working Relationships With Clients

More providers (43.2%) felt that the direct pay system was not a fair system than those who thought it was a fair system (35.6%). More (41.2%) felt that this system did not promote good working relationships with their customers than those who thought it did promote a good working relationship (37.4%). This further validates the providers' preference for the old payment system over the new system.

Table III-20. Is the Direct Pay System a Fair System?

	Frequency	%
Yes	47	35.6%
No	57	43.2%
Don't Know	28	21.2%
Total	132	100%

Table III-21. Promotion of Good Working Relationships with Customers

	Frequency	%
Yes	49	37.4%
No	54	41.2%
Don't Know	28	21.4%
Total	131	100%

Keeping the New System

When asked if SRS should keep the current direct pay system or go back to the old payment system, a large majority of providers preferred to go back to the old system (58.3%).

Table III-22. Keep New System or Go Back to Old System

	Frequency	%
Keep Current System	34	25.8%
Go Back to Old System	77	58.3%
Don't Know	21	15.9%
Total	132	100%

Conclusions

Based on the results of the provider survey, it is apparent that providers prefer the old payment system. This is reflected in differences between providers in the Hays and Emporia areas, as seen in Table III-11 (ease of obtaining assistance from SRS) and levels of overall satisfaction which are much higher in Emporia (Table III-12). While a large majority of providers reported that the SRS program allowed them to provide good childcare to their clients, Emporia showed a slightly higher percentage stating yes than Hays.

Direct questions regarding satisfaction and preferences for Hays area providers showed a clear choice of the old payment system. Tables III-14 and III-16 give reasons for provider dissatisfaction, the majority of which involve the payment issues of nonpayment and late payments. These reasons may fuel the reported dissatisfaction among the providers who answered the survey.

Care must be taken when interpreting these results, as providers who returned the survey may be a self-selected group of respondents.

Section IV: Client Training Pretest and Posttest Results

Methods

Before and during the implementation of the Direct Pay Childcare Pilot in the Hays SRS management area, SRS staff met with childcare clients in a group or individually to explain the changes in procedure in order to obtain and continue childcare benefits. Clients were given a pretest at the beginning of the training and a posttest when training was complete. Pretest and posttest data were available for the period of February 23, 1998, through March 30, 1999, with a total of 870 available cases. There were two versions of the pretest and posttest used. With the exception of one question, questionnaire content varied in the two versions, therefore, it was necessary to separate results for each version. Results for pretest and posttest from February 23, 1998, through June 30, 1998 (N = 478), and July 1, 1998, through March 30, 1999 (N = 392), are presented.

Table IV-1 is a breakdown of number of tests administered in each county.

Table IV-1. Number of Pretests/Posttests Given Per County

County	First Test Version		Second Test Version	
	Frequency	%	Frequency	%
BT	110	23.0%	132	33.7%
CN	1	0.2%	0	0%
DC	8	1.7%	7	1.8%
EL	139	29.0%	111	28.3%
GH	6	1.3%	0	0%
GO	1	0.2%	0	0%
LG	5	1.05%	3	0.8%
NT	25	5.2%	13	3.3%
OB	17	3.6%	3	0.8%
PL	30	6.3%	16	4.1%
PN	26	5.4%	8	2.0%
RA	5	1.05%	2	0.5%
RH	3	0.6%	12	3.1%
RO	14	2.9%	18	4.6%

RS	24	5.0%	24	6.1%
SH	23	4.8%	13	3.3%
SM	9	1.9%	8	2.0%
TH	23	4.8%	21	5.4%
TR	8	1.7%	0	0%
WA	1	0.2%	1	0.3%
Total	478	100%	392	100%

First Version

For the first version of the pretest/posttest, there was a range of incorrect answers from 0 to 10 on the pretest (Mean = 1.68, S.D. = 1.09) and 0 to 6 on the posttest (Mean = 0.87, S.D., 0.9). As seen in Table IV-2, there was significant improvement in test scores after training.

Table IV-2. Number Wrong Pretest/Posttest, First Version

Number of Incorrect Answers	Pretest Frequency	%	Posttest Frequency	%
0	37	7.7%	185	38.7%
1	198	41.4%	204	42.6%
2	162	33.9%	65	13.6%
3	56	11.7%	19	4.0%
4	18	3.8%	3	0.6%
5	4	0.8%	1	0.2%
6	1	0.2%	1	0.2%
7	1	0.2%	0	0%
10	1	0.2%	0	0%
Total	478	100%	478	100%

The following is a breakdown of numbers missed on each question asked on the first version of the pretest/posttest.

Question 1 (T or F): A parent must complete and submit a childcare application before eligibility for SRS Childcare Assistance can be determined. N = 478

	Pretest	**Posttest**
Number Missed	4 (0.8%)	1 (0.2%)

Question 2 (T or F): SRS will continue to pay for childcare without a receipt. N = 478

	Pretest	**Posttest**
Number Missed	16 (3.3%)	2 (0.4%)

Question 3 (T or F): Parents who fail to use SRS Childcare Assistance for childcare purposes lose childcare assistance and will be required to pay any overpayments. N = 478

	Pretest	**Posttest**
Number Missed	20 (4.2%)	8 (1.7%)

Question 4 (T or F): Parents must discuss any issues or concerns related to childcare services to their provider. N = 478

	Pretest	Posttest
Number Missed	42 (8.8%)	24 (5.0%)

Question 5 (T or F): Parents are not responsible for notifying SRS of any change in income, provider, cost of care or change in activity. N = 478

	Pretest	Posttest
Number Missed	15 (3.1%)	11 (2.3%)

Question 6 (Multiple Choice): Which of the following must be included on your childcare receipt? A) Provider's Name, B) Amount of Payment, C) Service Month, D) All of the above. N = 478

	Pretest	Posttest
Number Missed	12 (2.5%)	4 (0.8%)

Question 7 (Multiple Choice): Childcare receipts must be submitted by which of the following day of the month? A) 30th, B) 15th, C) 5th, D) 1$^{st.}$ N = 478

	Pretest	Posttest
Number Missed	148 (31%)	41 (8.6%)

Question 8 (Multiple Choice): Which of the following is a true statement? A) Parents

are responsible for all choices for their children, B) SRS is responsible to pay for all

childcare costs, C) Receipts are not needed, D) SRS will choose your provider. N = 478

	Pretest	**Posttest**
Number Missed	11 (2.3%)	2 (0.4%)

Question 9 (Multiple Choice): Which of the following is not an approvable SRS

provider? A) Licensed Day Care Home, B) 16 year old Out-of-Home Relative, C)

Childcare Center, D) Head Start. N = 478

	Pretest	**Posttest**
Number Missed	56 (11.7%)	32 (6.7%)

Question 10 (Multiple Choice): Which of the following agencies should a parent contact

to report licensing violations? A) SRS, B) Police Department, C) Local Health

Department, D) County Attorney. N = 478

	Pretest	**Posttest**
Number Missed	358 (74.9%)	221 (46.2%)

Questions missed most frequently on the pretest were 7 (148, 31%) and 10 (358, 74.9%).

While on posttest, the number who missed Question 7 (41, 8.6%) and 10 (221, 46.2%),

decreased significantly there was still a high number who marked a wrong answer on

Question 10. When reviewing the printed training materials for childcare clients,

Question 10 does not appear to be addressed specifically. There is a training handout called "Provider Performance Checks" with a number of the Kansas Department of Health and Environment to call if there are problems with providers; however, this is not a choice available when answering Question 10.

Second Version

The second version of the posttest was administered after July 1, 1998. Questions were revised and, except for one question (Question 10 of first version corresponds to Question 9 of the second version), content of questions differed from the first version.

There was a range of 0 to 6 incorrect answers on the pretest (mean = 2.25, S.D., 1.2) and 0 to 7 incorrect answers on the posttest (mean 1.09, S.D., 1.19) for the second version. The increase in range of incorrect answers for the posttest can be attributed to only one client. As seen in the first version, there was significant improvement after training.

Table IV-3. Number Wrong Pretest and Posttest, Second Version

	Pretest		Posttest	
Number Missed	**Frequency**	**%**	**Frequency**	**%**
0	20	5.1%	152	38.8%
1	90	23.0%	124	31.6%
2	128	32.7%	67	17.1%
3	98	25.0%	33	8.4%
4	43	11.0%	11	2.8%
5	9	2.3%	3	0.8%
6	4	1.0%	1	0.3%
7	0	0.0%	1	0.3%
Total	392	100%	392	100%

The following is a breakdown of questions.

Question 1 (T or F): You may contact a Childcare Resource and Referral Agency in your area for help in finding childcare. N = 392

	Pretest	**Posttest**
Number Missed	7 (1.8%)	0 (0.0%)

Question 2 (T or F): Choosing quality childcare takes time. N = 392

	Pretest	**Posttest**
Number Missed	5 (1.3%)	1 (0.3%)

Question 3 (T or F): The maximum number of children a provider may have includes the provider's own child(ren) depending upon their ages.

	Pretest	**Posttest**
Number Missed	50 (12.8%)	24 (6.1%)

Question 4: Number from 1-6, the steps of choosing quality childcare. Interview several care givers; Locate available childcare; Check references; Call childcare providers; Think about your childcare needs; Observe providers.

	Pretest	Posttest
Number Missed	207 (52.8%)	104 (26.5%)

Question 5 (Multiple choice): When interviewing a childcare provider, consider which of the following: A) Provider's background, B) Provider's discipline techniques, C) Daily routine at the site; D) All of the above. N = 392

	Pretest	Posttest
Number Missed	4 (1.0%)	6 (1.5%)

Question 6 (Multiple choice): When checking a childcare provider's references, ask the parent (reference) about their: A) Work history, B) Experiences with the childcare provider, C) Health status, D) Education level.

	Pretest	Posttest
Number Missed	36 (9.2%)	30 (7.7%)

Question 7 (Multiple choice): Which provider type is NOT regulated by the State of Kansas: A) Licensed Group Day Care Home, B) Registered Family Day Care Home; C) Head Start, D) In-home Care. N = 392

	Pretest	**Posttest**
Number Missed	119 (30.4%)	53 (13.5%)

Question 8 (Multiple choice): Parents are responsible for: A) Having backup childcare arrangements, B) Paying on time and getting a receipt, C) Talking to the provider on a regular basis, D) All of the above. N = 392

	Pretest	**Posttest**
Number Missed	14 (3.6%)	9 (2.3%)

Question 9 (Multiple choice): To report licensing violations contact: A) SRS, B) Local Health Department, C) Police Department, D) County Attorney. N = 392

	Pretest	**Posttest**
Number Missed	311 (79.3%)	142 (36.2%)

Question 10 (Multiple choice): Which of the following is a true statement? A) Parents must be aware of the childcare provider's business practices, policies and procedures, B) Receipts are not needed, C) Childcare Centers are not regulated by KDHE, D) KDHE on-site inspections are completed by the local childcare surveyor for Registered Family Day Care Homes. N = 392.

	Pretest	**Posttest**
Number Missed	126 (32.1%)	57 (14.5%)

As seen in the first version, Question 9 (corresponding to Question 10 in first version) had a high number of missed answers (79.3%) pretest and a significant improvement posttest (36.2%). However, the number who missed the posttest was still quite high (142). This question in both versions may need to be reworded or checked for accuracy.

Question 4 also showed a high number of incorrect pretest answers (52.8%) with an improvement in posttest (26.5% incorrect). The numbers of incorrect answers were still over 100 (104). Because the format of the question is different from the others, it may have been problematic for those taking the test. This type of sequencing may have been difficult for some clients.

Question 7, also appeared problematic. Pretest scores showed 30.4% (N = 119) missing the question with a reduction to 13.5% (N = 53) on the posttest.

Conclusions

In both versions of the pretest/posttest, it appears that the client training increased knowledge of procedures of the childcare program and the ability to recognize good quality childcare. When examining the content of questions in each version of the pretest and posttest, the first version focused on procedures and SRS policies and did not directly include content on knowledge of how to find good childcare. In the second version, however, several questions were changed to include content focused on this.

It is not known if the pretest/posttest was checked for validity of content or if any there was a pilot to test for problems prior to giving the pretest/posttest to clients. If this had been done, there may have not been a need to change the test during the pilot program period.

Section V: Focus Groups – Summary

Four focus groups met to discuss the strengths and weaknesses of the childcare direct pay pilot program. Groups consisted of seven to ten SRS staff members who are or were involved in the childcare direct pay program. Each group represented one of the four regions of SRS in western Kansas (Hays area, Goodland/Colby area, Hill City/Wakeeny area, and Great Bend area). The groups met at the Hays SRS office with the exception of the Great Bend area childcare team, which met at the Great Bend SRS office. Roseanna McCleary, Ph.D. and Brett Zollinger, Ph.D. co-facilitated all groups.

Table V-1. Number of Staff Employed at Time of Transition to Pilot Program

Area	Yes	%	No	%	Total
Hays	8	80%	2	20%	10
Great Bend	5	57%	3	43%	8
Goodland/ Colby	4	62.5%	3	37.5%	7
Hill City	6	75%	2	25%	8
Total	23	69.7%	10	30.3%	33

The groups were structured around verbalizing the strengths and weaknesses of the childcare direct pay pilot program before and after implementation as well as in the context of staff, client, and provider. Focus group members were asked to give input in these areas. Additional questions dealt with whether the program should be continued

and implemented across Kansas, differences in implementation for rural versus urban areas, and what aspects could be kept or changed to improve the program.

Comments made regarding strengths of the program for staff included:

- Doing one plan versus multiple plans per family reduced time spent on cases. Staff felt that one plan per family was an advantage over the former way of doing a plan for each child in the family. This also made reporting changes in the plan easier and less stressful and reduced the paperwork load required for each case.

- By eliminating the need to contract with providers directly, there has been a significant decrease in time spent on phone calls and paperwork dealing with providers. This has allowed staff to spend more time with clients in the training phase of the program.

- At the beginning of the childcare direct pay pilot, client training was done as a group. However, this has changed to training that is predominantly one on one. Staff stated that while this is time consuming at the start, in the long run it is an advantage once the client understands the process. This has resulted in fewer questions from clients overall. Staff is able to work around the client's schedule – one-on-one training allows more individualization that helps make the program more client-friendly.

- There has been a decrease in overall paperwork; record keeping is easier and there is not as much paper in client files or need to send paperwork to other offices.

- There has been a reduction in the need to interact with other agencies due to the change in structure.

- Two local offices are using a retroactive system for payment to clients. Advantages of this system include:

    Reduces staff time spent on under- and overpayments to clients.

    Works well when a client's schedule varies frequently; able to make changes in family case more efficiently.

    Because it follows the same procedures as food stamps and other cash benefits, it increases efficiency in record keeping methods, reduces errors, and reduces new staff training time.

    Using a retroactive payment system, there is less need to access records.

When focusing on staff issues, weaknesses of the program include:

- Use of work-arounds for data recording has increased the amount of time spent on each case for some staff. The procedure for registering a case can be time consuming and confusing due to the need to send information to other offices. Also, when sending a W-9 to the proper staff to be entered, there might be a delay in processing which results in a delay in childcare payments.

- Reporting changing statistics to the proper office is not always done, e.g., changes in provider type is not always reported.

- There are procedural issues with clients who have varying work hours. In the prospective pay system, if clients do not ask for additional childcare hours in advance, they will not receive a timely payment for that particular month of childcare. Clients are not always able to anticipate the need for additional

hours. Varying hours are considered problematic for both the retrospective and prospective systems of payment.

- There are also seasonal issues which deal with number of childcare hours provided such as summer or Christmas holidays, or vacations. Some clients may be able to provide the change in hours in advance but others may not. This creates problems with under- and overpayments and the need to reconcile client records.

- While there are some advantages to educating clients to handle childcare payments directly, in some instances, training clients can be labor intensive due to lower educational levels or other factors.

- There have been difficulties with clients signing their entire childcare checks over to the providers. If the client decides to change providers during a particular month, they may not be able to recover the cost of care not provided. This issue is discussed during the clients' training, however, some clients continue to sign checks over to the provider.

- There is some concern about the change in type of provider used and the absence of accountability for quality of childcare that was present in the prior childcare system of contracting with providers. While the change to direct pay allows for more flexibility to choose a provider, staff have no way of knowing whether providers chosen are giving good quality care and that the childcare environment is safe.

- Staff have little or no way of knowing whether receipts that clients provide are correct and if the hours charged are for childcare that is work related. The possibility of fraudulent claims still exists under the direct pay system.

- The procedure for starting a client on either the prospective or retroactive system of payment with two full months needed to start the cycle of payment was problematic for some staff. This was considered confusing and time consuming due to the need to verify figures for two full months of payment.

- The lack of adequate provider training was thought to contribute to provider calls regarding lack of payment, improper procedures for filling out receipts, and/or asking for full payment at the beginning of the month.

- The staff's training manual has not been updated since the start of the pilot program. For training purposes, it would be helpful to have the procedures in the manual revised and completed to reflect current practices.

- When dealing with the retroactive/prospective payment systems, it is felt that the retro system might be more efficient due to the similarities in structure and timing of the food stamp program. The prospective payment system does not allow for this linkage with the food stamp program.

The following are comments concerning perceived strengths of the direct pay program for clients.

- By educating and training clients to choose their own childcare provider and in ways to budget childcare expenses, staff felt that clients were empowered and given control and responsibility over their childcare choices. The education and training clients received also increased their knowledge of how

to choose a provider, how to budget childcare expenses, and ways to keep track of childcare expenses.

- The direct pay program allows a greater choice of providers. This is an advantage to those clients who must work varying hours and/or must work different shifts.

- Because clients pay the provider directly, there is no need for providers to know that the client receives SRS benefits for childcare. This results in less stigma or labeling of SRS clients, less refusals to provide care due to SRS status, more equal treatment of clients, and more equal childcare charges.

- Clients' level of independence is increased in the areas of childcare choices, payment structure (monthly, weekly), and amount paid to providers. The level of responsibility required of the client is also increased. This has resulted in clients being more aware of childcare costs, record keeping, budgeting skills, and screening potential providers.

- Some staff members have noted an increase in the use of in-home providers. Staff's speculation of reasons for this trend is that with an in-home provider, clients are able to have the flexibility needed for care at non-traditional hours of employment such as before school or after school. Clients may not have been able to use a contract provider whose hours did not coincide with the clients' hours. In-home providers may have more flexibility. Also, if in-home providers are relatives, the child(ren) may benefit from the contact with family members.

- Required paperwork from clients has decreased under the direct pay program.

Stated weaknesses for clients include:

- Because of the increased level of responsibility required for direct payment, some clients may have difficulty grasping their roles and level of involvement needed in the program. This may require more training and contact with staff to deal with any confusion about program procedures. It increases the amount of time the client needs to spend setting up their childcare benefits.

- There is a maximum limit on childcare benefits and clients may choose a provider whose costs exceed this limit. This results in out of pocket costs to the client, which may be a financial burden. In some rural areas, availability of good childcare providers may vary and clients may need to use a provider whose fees exceed the SRS benefit.

- While clients no longer have to reveal that they are receiving SRS childcare benefits, providers may have this knowledge. This has resulted in providers treating SRS clients differently from their private pay clients, for example, asking for monthly payments from SRS clients and weekly payments from others, or charging the maximum hourly rate to SRS clients and not others.

- Prior to the direct pay system, clients did not have the level of responsibility they now have with the direct pay system. Some clients have had difficulties with budgeting when they receive the childcare benefit check. They also must keep track of receipts for proper payments and income tax purposes, which may be difficult for some clients. Examples of difficulties with childcare payments include signing the entire benefit check over to providers at the beginning of the month of service, handing in receipts that show

overpayments to the provider, turning in receipts late, using the check for their childcare for other purposes, or neglecting to tell staff about changes in hours.

- When using the prospective payment system, the initial three-month period of receiving benefits can be a burden to clients who have an inconsistent number of work hours. Clients whose hours vary may receive less reimbursement initially until the third month when the benefits are calculated on retroactive figures. This may cause a financial burden for clients during these initial months.

- With the increase in use of in home providers, children not going to day care centers or licensed providers may have less interaction with other children. This may decrease the opportunity for developmental and social benefits that contact with other children provide.

- Clients using in home providers or other type providers who no longer need certification must be responsible themselves for evaluating the safety of the childcare environment before choosing to use that particular childcare provider. Before the direct pay program, SRS staff was responsible for this task.

- Some providers have insisted on a 30-hour a week minimum. For those clients with variable schedules, this has been a burden.

Strengths for providers include:

- Providers are no longer locked into one SRS rate of payment for specific childcare services and may charge their own rates

- By dealing directly with clients, providers have less paperwork. They no longer need to provide a contracting form or timesheets to SRS.

- Providers who refused to contract with SRS prior to the direct pay program can now accept SRS clients without needing to know who receives SRS benefits.

- While providers cannot get information about a particular SRS client who receives a childcare benefit, they can get procedural information directly from SRS staff.

- Providers now have more day to day contact with clients who may establish a better working/business relationship.

- With the growth of in home providers, minority clients such as Hispanic families who prefer using family members rather than daycare centers for childcare may increase their use of available childcare services.

- With the direct pay program, providers can get paid at the time of service rather than one month after service is rendered.

Weaknesses for providers include:

- Initially, there was resistance to the change to the direct pay program. Some providers were concerned that SRS clients would not pay for services if they were directly responsible. With payment no longer guaranteed at the end of the month, some providers refused to accept known SRS clients.

- Those providers with no business or contract policies in place during the transition to direct pay were at a disadvantage initially. Those with poor business practices have had difficulties with issues such as giving receipts before services are rendered.

- Providers were not receptive to the training that was offered at the time of transition to direct pay. Though more training of providers had occurred, staff did not note any additional training being conducted.

- Providers are no longer able to collect a 15% absent rate for vacation periods.

- SRS staff is no longer available to deal with issues involving individual clients and providers. Providers are referred back to the client to deal with problems directly.

- Due to the procedural structure of the direct pay program, providers can charge for more hours than what has actually been used. SRS staff can guard against this by checking clients' pay stubs and matching hours, thereby reducing fraudulent claims.

Several additional questions were asked regarding the direct pay program, which included:

1. Should the childcare direct pay program continue to be used?

2. Would you keep the program the same or would you change anything?

3. What issues might be involved when transitioning other SRS regions to the direct pay program?

4. Would there be a difference between implementing a direct pay program in a rural versus an urban area?

5. Should the program be implemented across the entire SRS system in Kansas?

6. Do you have any other suggestions/comments about the program?

Feedback for question 1 involving continuing the program included:

- There was a consensus in all focus groups that the program should continue. It was felt that the program was fairly simple and the positives of the program, as stated in the sections above, outweigh the negatives.

Staff felt that there were strengths and weaknesses in the program. Some program characteristics they would keep, others they would change. Responses to question 2 – "Would you keep the program the same or make changes?" were as follows:

- Keep the family plan as opposed to separate child plans.

- All offices should use either the retroactive system or prospective system of payment. It is too confusing using two different methods.

- The initial group training of clients and providers was not as effective as one-on-one training of clients. Training of providers needs to continue and some way to increase interest in training was urged. Possible suggestions for incentives included:

  - Offer credit hours for training so providers are more willing to attend.

- Increase interface with other agencies such as public health or day care associations for better relationships with providers.

- Training of staff could be more effective if the training manual was updated and reflected appropriate graphics, realistic data input screens, and current policies and procedures.

- Integrate and link collaborative systems such as food stamps, childcare, KSCARES, KAECSES, and/or cash benefits. Streamline CIS to avoid workarounds.

- Drop use of the pretest and post-testing of clients.

- Drop use of data entry forms and streamline data entry in an integrated, standardized database for use by all childcare staff.

Questions 3 and 4 asked: What issues might be involved when transitioning other SRS regions to the direct pay program?; Would there be a difference between implementing a direct pay program in a rural versus an urban area?

- Differences in urban and rural office structures should be taken into account if the program is implemented in other SRS regions.

- Differences in the provider base in other regions should also be a factor when starting a direct pay program in another region.

- Because staff in western regions has had experience implementing a direct pay system, they can assist in the transition to direct pay.

- Have a standardized CIS in place before implementation.

There was a unanimous response to Question 5: Should the program be implemented across the entire SRS system in Kansas? All staff felt that the program was an improvement over the prior system of pay and that the benefits of the program to clients, staff, and providers far outweighed any negatives.

Finally, Question 6: Do you have any other suggestions/comments about the program? Responses were:

- Consider the use of the EBT card system for payment of client's payment of childcare services. Reduce or eliminate the service fee for each card use.

- Go to a block system of payment with reconciliation at 3, 6, or 12-month intervals.

- Go back to requiring a 1099 form in order reduce possible fraudulent claims.

Section VI: Analysis of Available KDHE Data

Methods

In order to address Objective 1 (Determine the safety of children under the new method), an analysis was done of available KDHE data for the periods of April 1997 through March 2000. Data was broken down into three time periods for purposes of comparison: Pre-pilot (4/97 to 3/98), and two post-pilot (4/98 to 3/99 and 4/99 to 3/00). Data were available for both the Hays and Emporia areas.

The available data listed the number of facilities and slots available for childcare type by county. Data (slot by area and facility by area) were analyzed for each time period and a rate per childcare slot and rate per facility determined. Because there may be a difference in number of slots per facility and no data indicating whether slots were actually filled, any interpretation of results regarding slots should be used with caution. It is possible to note whether there was an overall increase or decrease in rate of enforcement actions during these time periods.

Data for childcare centers, Licensed and Registered childcare facilities were available. Two provider types are not regulated by KDHE – the In-Home provider and the Out-of-Home Relative Provider – therefore, no data on incidents of substandard care are available for these two provider types.

Hays Area – Enforcement Actions

Enforcement actions decreased slightly in the Hays area after the Pilot program had begun. However, as seen in Table VI-1, there was also a decrease in the number of

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facilities recorded over this period of time and while the number of actual enforcement actions had decreased the rate of enforcement actions during the pilot period actually increased slightly. In the period prior to the Pilot Project, there was a rate of 0.066 enforcement actions per facility (or 66 per 1,000 facilities). During the first pilot period, the rate rose slightly to 68 per 1,000 facilities and decreased to 56 per 1,000 the second post pilot period.

Table VI-1. Rate of Enforcement Actions per Childcare Facility in Hays Area

	Total Number of Facilities	Total Enforcement Actions	Rate per Facility
4/97 to 3/98	686	45	0.066
4/98 to 3/99	651	44	0.068
4/99 to 3/00	640	36	0.056

Figure VI-1. Rate of Enforcement Actions Per Facility – Hays area

	4/97 to 3/98	4/98 to 3/99	4/99 to 3/00
■ Rate per Facility	0.066	0.068	0.056
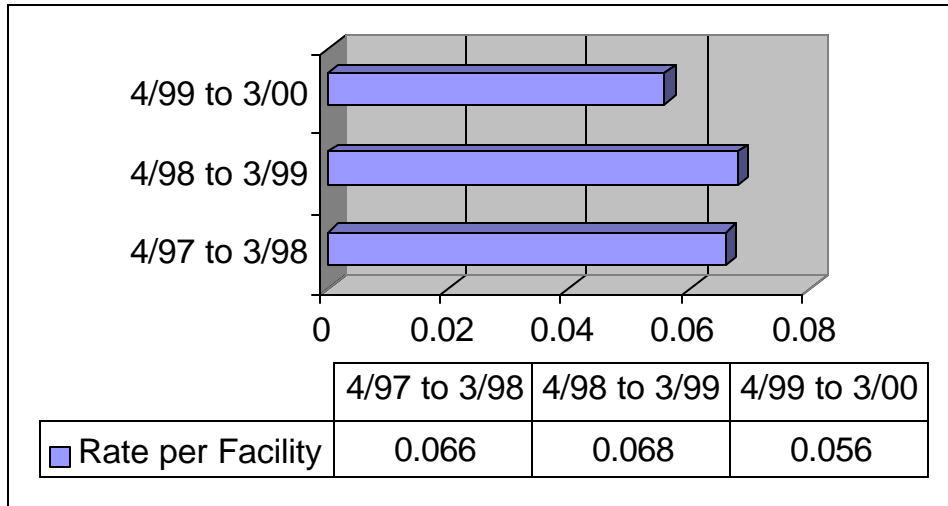
Rate per childcare slot was similar to the rate per childcare facility as well as the decreasing number of childcare slots available.

Table VI-2. Rate of Enforcement Action per Childcare Slot in Hays area

	Total Number of Childcare Slots	Total Enforcement Actions	Rate per Slot
4/97 to 3/98	7,197	45	0.006
4/98 to 3/99	7,028	44	0.006
4/99 to 3/00	6,747	36	0.005

Figure VI-2. Rate of Enforcement Action per Childcare Slot in Hays Area

	4/97 to 3/98	4/98 to 3/99	4/99 to 3/00
▪ Rate per Slot	0.006	0.006	0.005
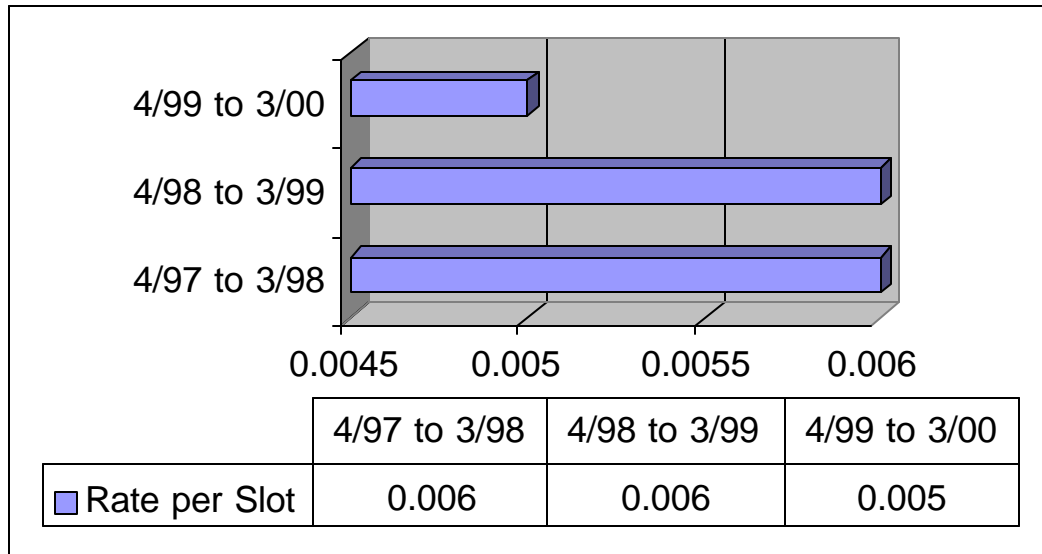
Childcare Slot in Hays area

Several extraneous variables may affect these results such as turnover in providers over the time period this data covers or actual availability of providers in specific communities. Therefore, caution is recommended when interpreting these results.

Emporia area – Enforcement Actions

There was an opposite trend in rate of enforcement actions in the Emporia area. While the number of facilities and slots decreased over the time period, the rate of enforcement actions increased. Emporia had double and triple the rate of enforcement actions per facility that the Hays area had (117 per 1,000 vs. 66 per 1,000; 125 per 1,000 vs. 68 per 1,000, and 176 per 1,000 vs. 56 per 1,000).

Table VI-3. Rate of Enforcement Actions in Facilities in the Emporia Area

	Total Number of **Facilities**	**Total Enforcement Actions**	Rate per Facility
4/97 to 3/98	650	76	0.117
4/98 to 3/99	718	90	0.125
4/99 to 3/00	595	105	0.176

Figure VI-3. Rate of Enforcement Actions of Childcare Facilities in Emporia Area

	4/97 to 3/98	4/98 to 3/99	4/99 to 3/00
Rate per Facility	0.117	0.125	0.176
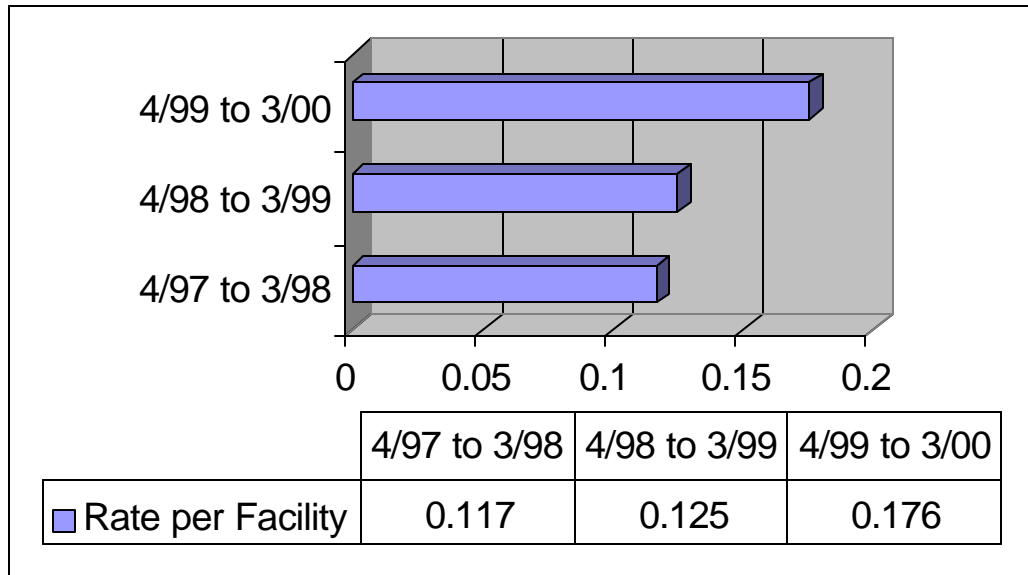
Table VI-4. Rate of Enforcement Actions per Slot in Emporia area

	Total Number of Slots	Total Enforcement Actions	Rate per Slot
4/97 to 3/98	7,229	76	0.011
4/98 to 3/99	7,167	90	0.013
4/99 to 3/00	7,112	105	0.015

Figure VI-4. Rate of Enforcement per Slot in Emporia area

	4/97 to 3/98	4/98 to 3/99	4/99 to 3/00
☐ Rate of Slots	0.011	0.013	0.015
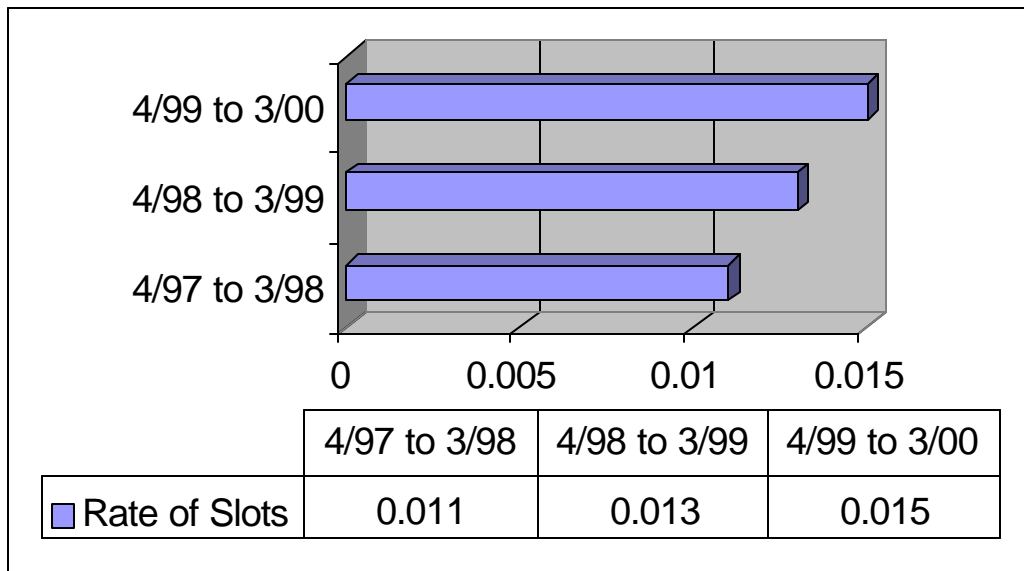
Conclusions

Based on the results above, there appears to be no real trend in Enforcement Actions in the Hays area for the periods of time pre-pilot and post-pilot. However, the Emporia area data shows an increase in the number of Enforcement Actions as the number of facilities decreased. This may also be a function of KDHE responding to a higher percentage of reports in Emporia than in Hays.

Data from the parent's training pretest and posttest showed that a high percentage of childcare clients (74.9%, first version, 79.3% second version) answered incorrectly a question regarding where to report provider violations. While the percentage decreased significantly after training, a high percentage still answered the question wrong posttest (46.2%, first version; 36.2% second version). Not knowing where to report a violation may be a factor in the lower rate of enforcement actions seen in the Hays area. Also, because Emporia area clients must use SRS contract providers, provider complaints may follow a different chain of communication than in the Hays area Direct Pay Program. Complaints may be reported in a more efficient manner in the State's traditional childcare payment system.

Conclusions

Returning to the objectives of the Hays area Childcare Direct Pay Pilot, has the Pilot met the stated objectives? Based on the results of this evaluation, some objectives were clearly met fully or in part, while others were not met. This may be due to available data not providing the information necessary to make a conclusion or because evidence did not support the objective being met.

Objective 1 – promote personal responsibility with clients - has been met in part, based on focus group data and the provider and parent surveys. A number of providers, however, do report that some customers do not pay on time or pay them at all. There were comments regarding taking clients to court to recover payments owed and an unwillingness to take SRS clients due to payment issues.

Objective 2 – eliminate duplication (functions and paperwork) – has also been met in part. Staff report a reduction in time spent on phone calls from providers and in paperwork dealing with providers. This has allowed staff to spend more time with actual client training. There has also been a reduction in the need to interact with other agencies. However, the use of workarounds for data recording has increased the time spent on each case in some instances. This appears to be duplication of effort.

Objective 3 – open the market to parents for childcare services – while parents may shop in the market for providers, evidence from the parent survey indicates that while they have more flexibility under the Direct Pay Program, they do not feel that their overall choice of providers has increased.

Objective 4 – simplify the childcare program process for SRS staff – this objective has been met in part based on focus group data. Payment structures continue to be an issue and impacts all involved in the system - staff, clients, and providers. What might appear to be a simplification in one part of the system may create the opposite effect in other parts. It is apparent that the Direct Pay System has simplified the process for SRS staff based on focus group data. However, when looking at provider comments, some providers report more difficulties with clients and a low level of satisfaction with the new payment system.

Objective 5 – educate parents and providers about quality childcare and good business practices – this objective has been met for parents but not for providers. Parents report high levels of satisfaction with the training that they received. Evidence from the parent training pretest/posttest validates an increase in knowledge of procedures in the first version and of finding good quality childcare in the second version.

Recommendations

Parents and SRS staff agree that they would like the Childcare Direct Pay Program to continue. SRS staff also agrees that the new program was an improvement over the old program and that it should be implemented across the entire SRS system in Kansas. Providers, however, prefer the old system, citing payment issues as the reason for poor relationships with SRS and with their clients.

If the Childcare Direct Pay Program is to be implemented in other areas, the following are suggestions and recommendations for retention of certain aspects of the current system and for possible changes to the program structure.

In Section V, (Focus Group Summary), there are suggestions from SRS staff regarding implementation of the program across Kansas. Several of these suggestions connect with data from the parent and provider surveys. Identified problems with the current system include the retroactive versus the prospective system of payment, training of providers, training of staff, integrating and creating linkages with other collaborative systems, streamlining data entry, and issues involved the differences between a rural and urban setting.

Retroactive versus Prospective Payment Systems

There was some debate as to which system of payment was preferable. Reasons for keeping the retroactive system included:

- Less need to access records

- Reduces staff time spent on over- and underpayments to clients

- Connects well with the procedures for food stamps and other cash benefits

- Reduces errors, new staff training time

- More efficient record keeping

Criticisms of both systems involved dealing with clients who have varying work hours and for seasonal issues such as Christmas holidays or vacations. Suggestions for change included:

➢ Go to a block system of payment and reconcile records at 3, 6, or 12-month intervals.

➢ Consider the use of the EBT card system for payment but reduce or eliminate the service fee for each card use.

Timing of payment was an issue for the entire childcare system – clients, staff, and providers and posed a problem for those clients who have irregular work hours. It is recommended that:

➢ SRS use a standardized system of payment for all agencies using the direct pay system.

➢ Evaluate the strengths and weaknesses of both the retrospective and prospective systems using information from all involved in the childcare system prior to making a decision as to which system to implement.

➢ Increase efforts to involve staff, clients, and providers in the decision making process.

Training of Providers

Though training was offered at the time of the transition to the Direct Pay Pilot, providers were not receptive to the training and attendance at the trainings was minimal. SRS staff reported that there was resistance among providers to changing to the new system of payment, possibly because they were no longer guaranteed payment by SRS. After the initial training at the time of transition, no further attempts were made to provide training to providers. Results of the provider survey indicate a continued resistance to accepting the new program, dissatisfaction with the new payment program, and a preference for the pre-pilot system of payment. If the program is implemented across Kansas the following are recommended:

> ➢ Recognize provider resistance and offer incentives such as credit hours for attendance at training sessions.

> ➢ Recognize the need for good working relationships with providers when transitioning to the new system of payment.

> ➢ Increase interface with other agencies such as public health or day care associations and include them in planning sessions prior to implementation.

> ➢ Using data from the provider survey, identify existing problems such as nonpayment and late payments and develop a strategy to address these problems.

Training of Staff

Focus groups reported that training materials for staff were outdated and did not reflect current policies and procedures. Recommendations for training of staff include:

- ➢ Update training materials for staff.

- ➢ Include realistic data input screens in training manuals.

- ➢ Have training manuals reflect current policies and procedures.

CIS

While there was a reduction in the amount of paperwork needed for childcare cases, the use of work-arounds for recording childcare data increased the amount of time that was spent on each case for some staff. Delays in processing can occur when sending a W-9 to be processed and clients may have to wait for payments until this is completed. In addition, it was noted that changing statistics were not always reported. This was reflected in the data files sent to the Docking Institute for use in Section I, Analysis of Available Data. Recommendations to deal with CIS problems include:

- ➢ Prior to implementation of a pilot or new program, have a standardized CIS in place for use at all agencies statewide.

- ➢ Integrate and link collaborative systems such as food stamps, childcare, KSCARES, KAECSES, and/or cash benefits. The retrospective payment system allowed for linkages with the food stamp program but not for those using the prospective payment system.

- ➢ To avoid duplication of data entry efforts, evaluate current procedures and develop a strategy to correct duplication of efforts and incompatible datasets.

Rural Versus Urban Issues

SRS staff felt that differences in urban and rural office structures need to be taken into account if the program is to be implemented in other SRS regions. Suggestions for dealing with these differences are:

➢ Evaluate differences in the provider base in other regions and the possible effects when using a direct pay system.

➢ Take into account how the childcare system is structured in other regional offices and its possible impact on implementing a direct pay system.

➢ Training of clients was initially done in groups, then subsequently done one-on-one. SRS staff felt that group training was not as effective as one-on-one training. In a more urban setting, is it possible to provide one-on-one training to clients? If this is not feasible, client training should be reviewed and revised in order to increase its effectiveness when presented in a group setting.

Final suggestions and recommendations are:

> ➤ Keep one plan per family. Staff felt that this reduced paperwork required for each case and made reporting changes in the plan easier.

> ➤ Prior to using a pretest/posttest for evaluation of parent training, it is important to assess validity and reliability of the test used. This will prevent having to change the test used during an evaluation period and ensures that the test content is measuring the appropriate concepts.

Appendices

Appendix A: Hays Area Provider Distribution by County, Pre- and Post-Pilot

Table A-I-1

Barton County				
	Pre-Pilot		**Post-Pilot**	
TYPE	**Child/Months**	**Percent**	**Child/Months**	**Percent**
In Home	86	2.5%	656	10.1%
Relative	341	10.0%	807	12.5%
Registered	260	7.6%	380	5.9%
Licensed	1763	51.8%	3296	51.0%
Centers	955	28.0%	1327	20.5%
Total	3405	100%	6466	100%

BT County Distribution of Care: Child Care Months
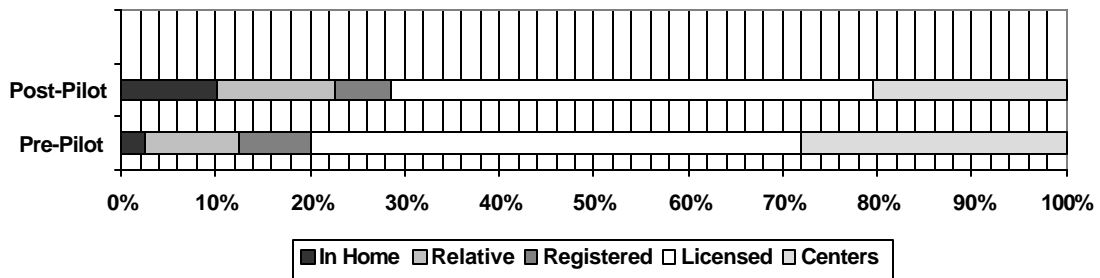
Table A-I-2

Cheyenne				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	0	0.0%
Relative	0	0.0%	0	0.0%
Registered	0	0.0%	0	0.0%
Licensed	73	83.0%	137	100%
Centers	15	17.0%	0	0%
Total	88	100%	137	100%

CN County Distribution of Care: Child Care Months

■In Home □Relative ■Registered □Licensed □Centers
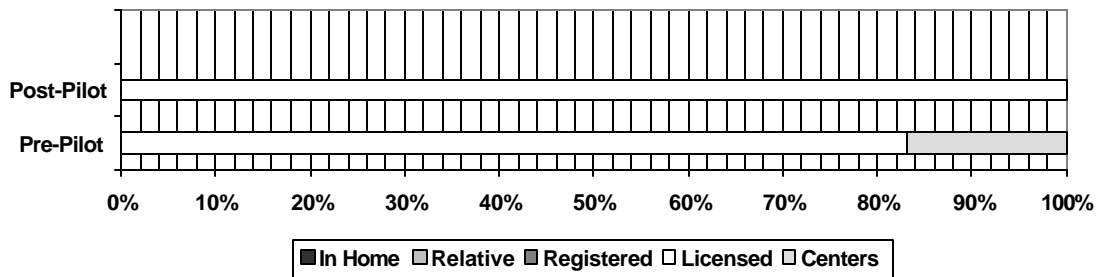
Table A-I-3

Decatur				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	0	0.0%
Relative	7	1.9%	69	12.8%
Registered	104	27.8%	164	30.5%
Licensed	256	68.4%	305	56.7%
Centers	7	1.9%	0	0.0%
Total	374	100%	538	100%

DC County Distribution of Care: Child Care Months
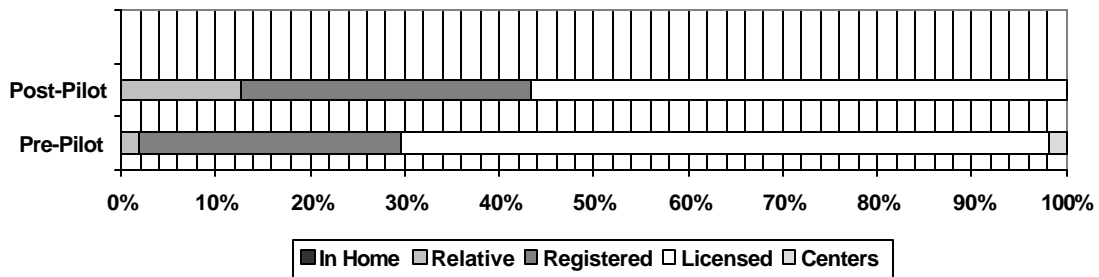
Table A-I-4

Ellis				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	178	5.9%	649	11.7%
Relative	7	1.9%	306	5.5%
Registered	519	17.3%	1178	21.3%
Licensed	1169	38.9%	2332	42.1%
Centers	1036	34.5%	1073	19.4%
Total	3006	100%	5538	100%

EL County Distribution of Care: Child Care Months
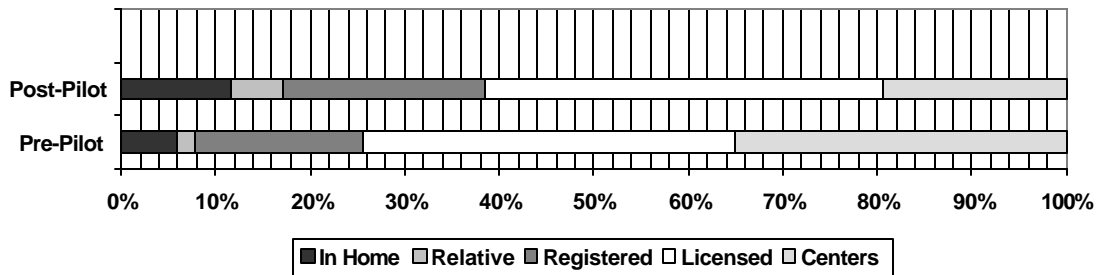
Table A-I-5

Graham				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	105	39.2%
Relative	40	31.0%	0	0.0%
Registered	1	0.8%	1	0.4%
Licensed	88	68.2%	162	60.4%
Centers	0	0.0%	0	0.0%
Total	129	100%	268	100%

GH County Distribution of Care: Child Care Months
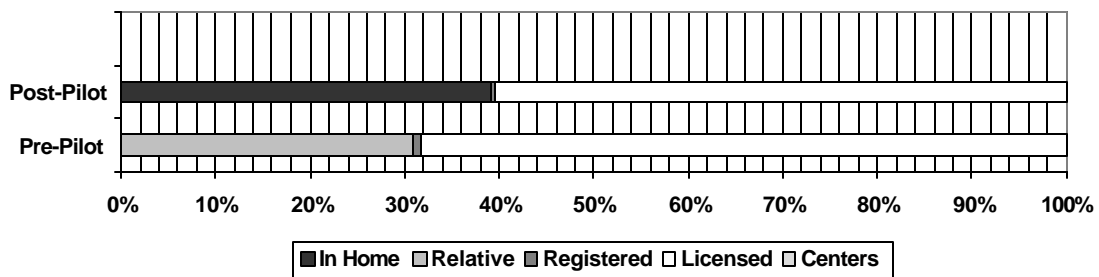
Gove				
	Pre-Pilot		Post-Pilot	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	37	41.1%	3	2.0%
Relative	0	0.0%	0	0.0%
Registered	0	0.0%	0	0.0%
Licensed	53	58.9%	102	68.5%
Centers	0	0.0%	44	29.5%
Total	90	100%	149	100%

GO County Distribution of Care: Child Care Months
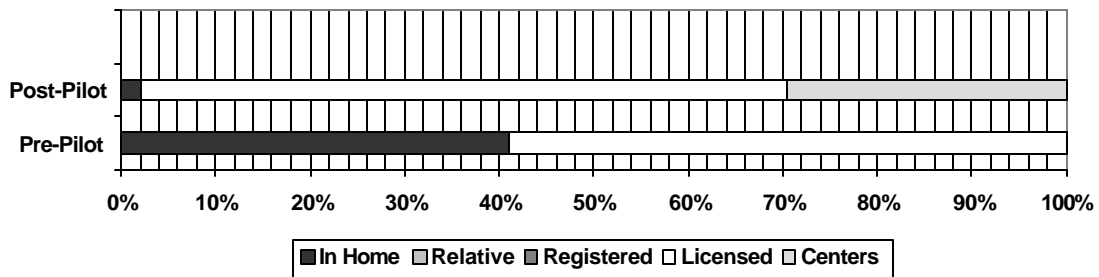
Table A-I-7

Logan				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	0	0.0%
Relative	0	0.0%	11	8.4%
Registered	0	0.0%	12	9.2%
Licensed	101	100%	108	82.4%
Centers	0	0.0%	0	0.0%
Total	101	100%	131	100%

LG County Distribution of Care: Child Care Months
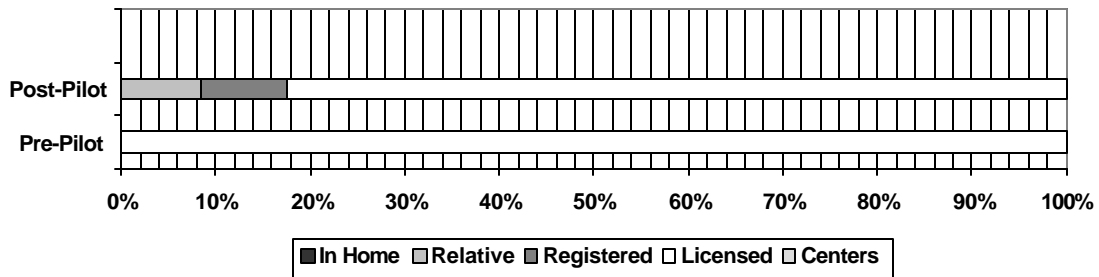
Table A-I-8

Norton				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	11	1.8%	0	0.0%
Relative	65	10.5%	104	13.1%
Registered	162	26.2%	350	44.1%
Licensed	183	29.6%	88	11.1%
Centers	197	31.9%	252	31.7%
Total	618	100%	794	100%

NT County Distribution of Care: Child Care Months

■In Home □Relative ■Registered □Licensed □Centers
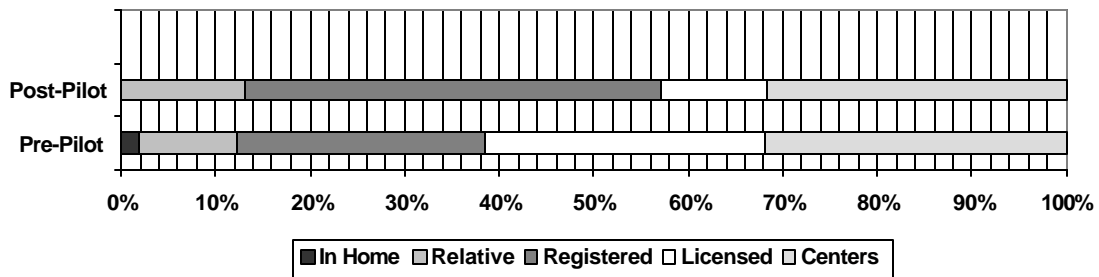
Table A-1-9

Osborne				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	0	0.0%
Relative	0	0.0%	8	0.9%
Registered	240	51.3%	235	27.7%
Licensed	226	48.3%	563	66.3%
Centers	2	.4%	43	5.1%
Total	468	100%	849	100%

OB County Distribution of Care: Child Care Months
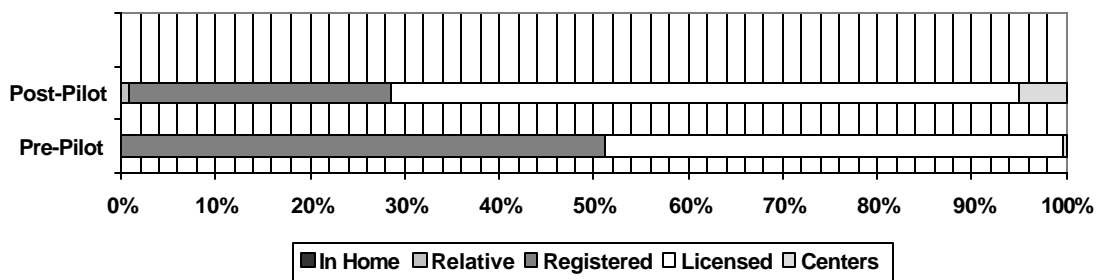
Table A-I-10

Phillips				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	55	4.2%
Relative	58	10.2%	252	19.2%
Registered	45	8.0%	197	15.0%
Licensed	329	56.5%	647	49.3%
Centers	143	25.3%	162	12.3%
Total	566	100%	1313	100%

PL County Distribution of Care: Child Care Months

In Home Relative Registered Licensed Centers
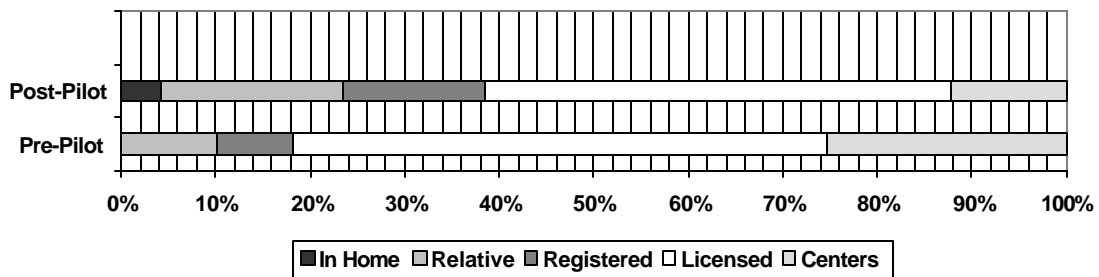
Table A-I-11

Pawnee				
	Pre-Pilot		Post-Pilot	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	89	5.8%
Relative	24	3.3%	40	2.6%
Registered	130	17.7%	78	5.1%
Licensed	101	13.7%	330	21.5%
Centers	480	65.3%	1001	65.1%
Total	735	100%	1538	100%

PN County Distribution of Care: Child Care Months
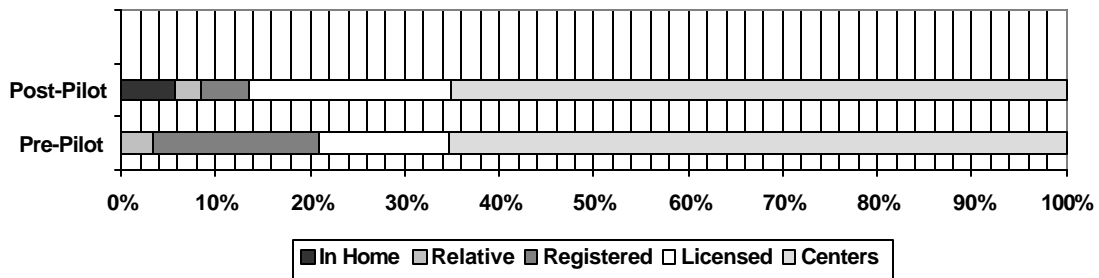
Table A-I-12

Rawlins				
	Pre-Pilot		Post-Pilot	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	22	19.1%	0	0.0%
Relative	41	35.7%	42	21.6%
Registered	0	0.0%	0	0.0%
Licensed	44	38.3%	152	78.4%
Centers	8	7.0%	0	0.0%
Total	115	100%	194	100%

RA County Distribution of Care: Child Care Months
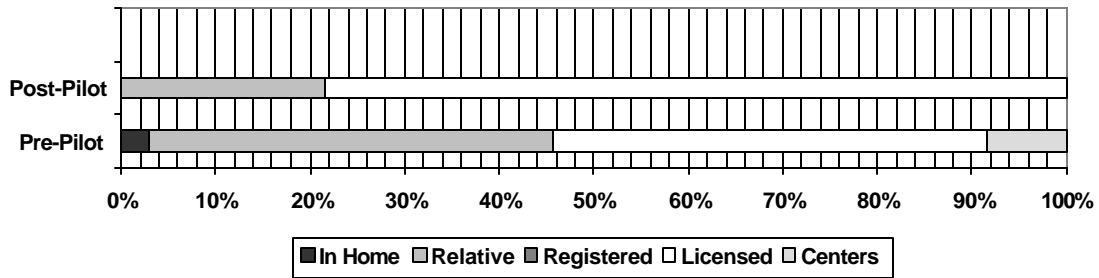
Table A-I-13

Rush				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	0	0.0%
Relative	0	0.0%	61	24.7%
Registered	16	13.9%	26	10.5%
Licensed	79	68.7%	103	41.7%
Centers	20	17.4%	57	23.1%
Total	115	100%	247	100%

RH County Distribution of Care: Child Care Months
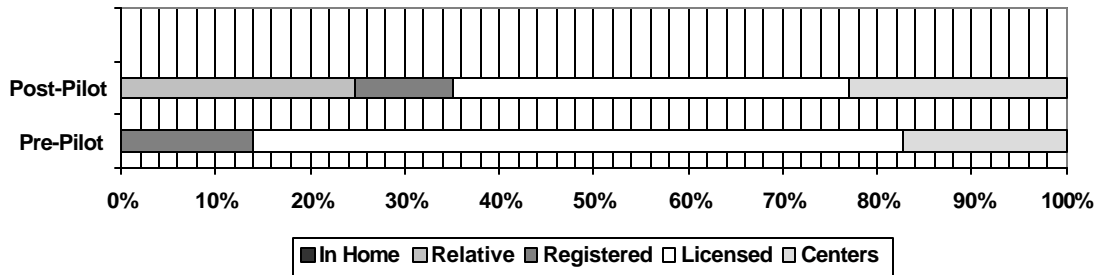
Table A-I-14

Rooks				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	64	5.5%
Relative	32	9.8%	121	10.5%
Registered	20	6.1%	81	7.0%
Licensed	262	80.1%	855	74.0%
Centers	13	4.0%	34	2.9%
Total	327	100%	1155	100%

RO County Distribution of Care: Child Care Months
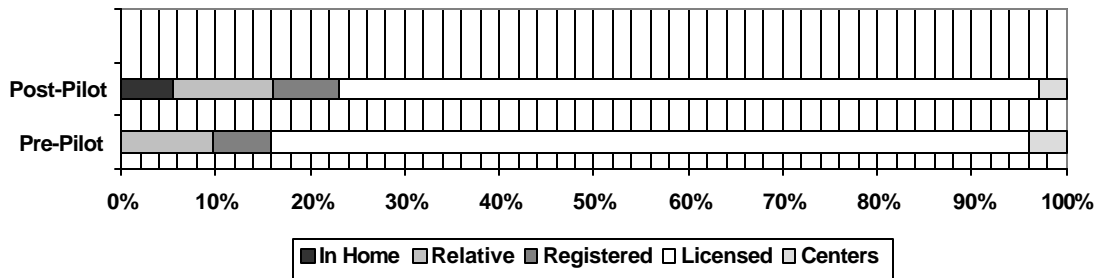
Table A-I-15

Russell				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	22	3.0%	12	0.8%
Relative	66	9.0%	221	14.4%
Registered	97	13.2%	127	8.3%
Licensed	437	59.3%	1018	66.4%
Centers	115	15.6%	155	10.1%
Total	737	100%	1533	100%

RS County Distribution of Care: Child Care Months
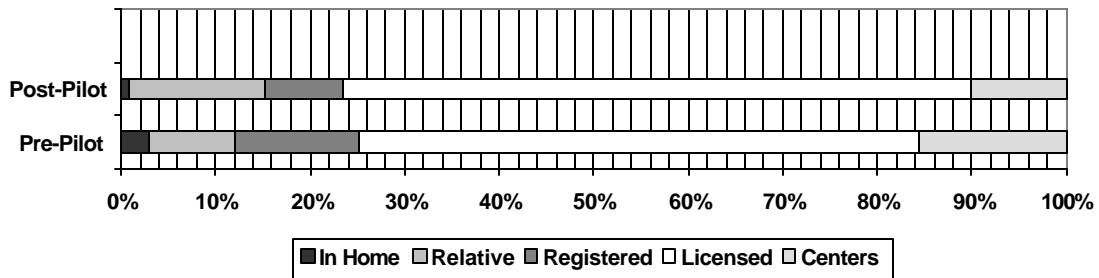
Table A-I-16

Sheridan				
	Pre-Pilot		Post-Pilot	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	4	3.4%	36	48.6%
Relative	0	0.0%	2	2.7%
Registered	12	10.3%	16	21.6%
Licensed	80	68.4%	20	27.0%
Centers	21	17.9%	0	0.0%
Total	117	100%	74	100%

SD County Distribution of Care: Child Care Months
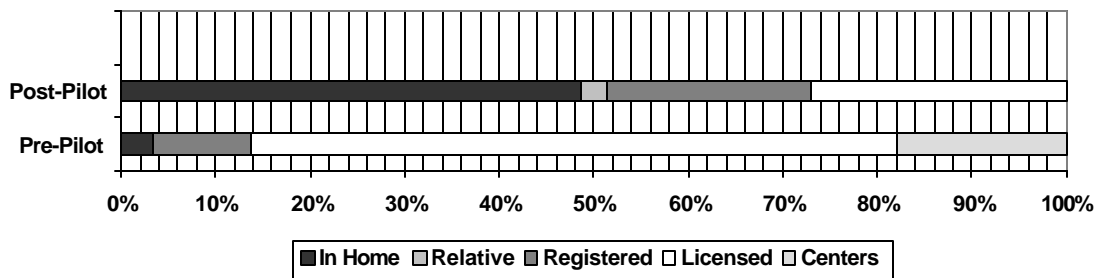
Table A-I-17

Sherman				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	38	4.9%	149	9.7%
Relative	76	9.8%	13	0.8%
Registered	118	15.2%	153	10.0%
Licensed	537	69.4%	1215	79.4%
Centers	6	.8%	0	0.0%
Total	775	100%	1530	100%

SH County Distribution of Care: Child Care Months
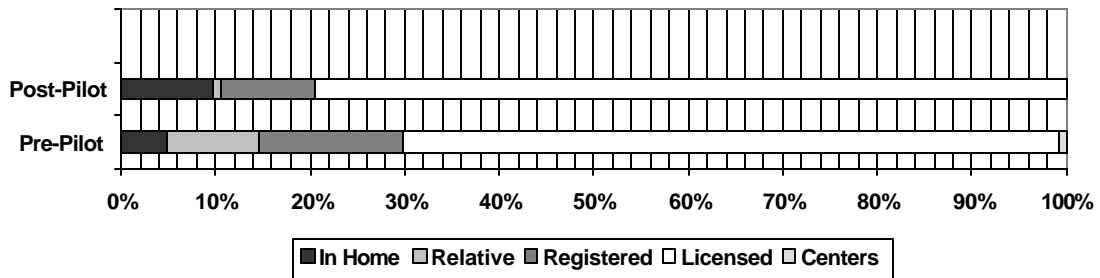
Table A-I-18

Smith				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	4	1.3%	0	0.0%
Relative	0	0.0%	74	11.6%
Registered	196	64.7%	168	26.3%
Licensed	91	30.0%	142	22.2%
Centers	12	4.0%	255	39.9%
Total	303	100%	639	100%

SM County Distribution of Care: Child Care Months

■ In Home □ Relative ■ Registered □ Licensed □ Centers
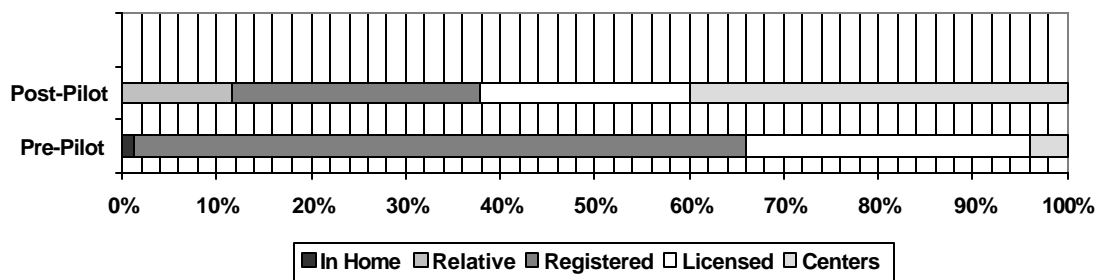
Table A-I-19

Thomas				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	34	3.6%	25	2.1%
Relative	12	1.3%	82	6.7%
Registered	96	10.0%	76	6.2%
Licensed	673	70.4%	992	81.5%
Centers	141	14.7%	42	3.5%
Total	956	100%	1217	100%

TH County Distribution of Care: Child Care Months
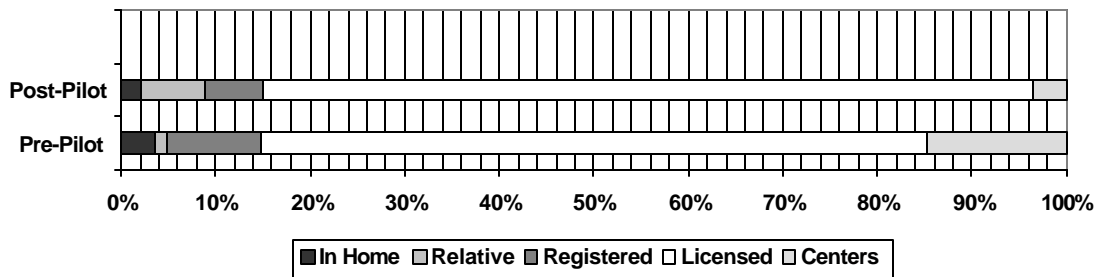
Table A-I-20

Trego				
	Pre-Pilot		Post-Pilot	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	41	16.3%	231	34.9%
Relative	0	0.0%	24	3.6%
Registered	5	2.0%	42	6.3%
Licensed	205	81.7%	365	55.1%
Centers	0	0.0%	0	0.0%
Total	251	100%	662	100%

TR County Distribution of Care: Child Care Months
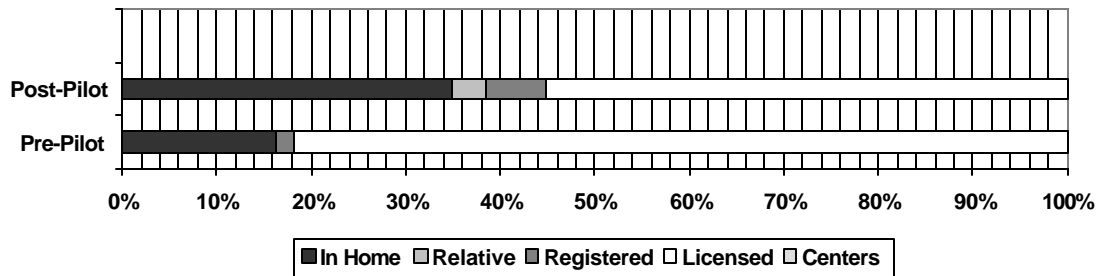
Table A-I-21

Wallace				
	Pre-Pilot		**Post-Pilot**	
TYPE	Child/Months	Percent	Child/Months	Percent
In Home	0	0.0%	0	0.0%
Relative	0	0.0%	7	20.0%
Registered	24	85.7%	0	0.0%
Licensed	4	14.3%	28	80.0%
Centers	0	0.0%	0	0.0%
Total	28	100%	35	100%

WA County Distribution of Care: Child Care Months
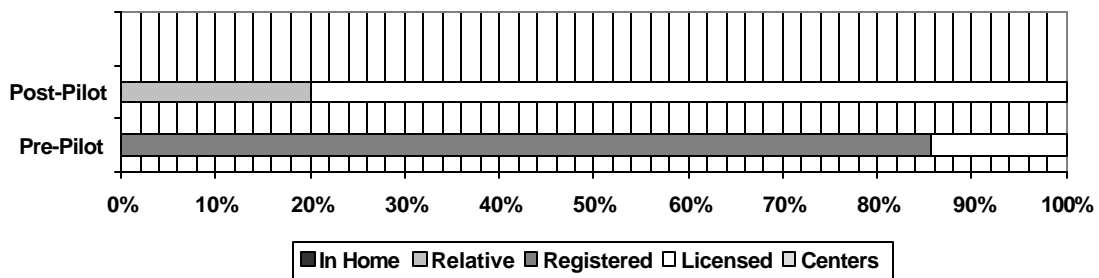
Appendix B – Hays area Survey of Childcare Providers

Appendix C – Emporia area, Survey of Childcare Providers

Appendix D.

Provider Survey

Hours of In-service Training of Childcare Workers

	HAYS		EMPORIA		TOTAL	
NUMBER OF HOURS	FREQ.	%	FREQ	%	FREQ	%
0	10	8.5%	12	13.5%	22	10.7%
1	1	0.9%	0	0%	1	0.5%
2	3	2.6%	3	3.4%	6	2.9%
3	3	2.6%	0	0%	3	1.5%
4	1	0.9%	2	2.2%	3	1.5%
5	11	9.4%	17	19.1%	28	13.5%
6	7	6.0%	3	3.4%	10	4.9%
7	3	2.6%	1	1.1%	4	1.9%
8	4	3.4%	2	2.2%	6	2.9%
9	2	1.7%	1	1.1%	3	1.5%
10	22	18.8%	15	16.9%	37	17.9%
11	0	0%	1	1.1%	1	0.5%
12	2	1.7%	7	7.9%	9	4.4%
13	1	0.9%	0	0%	1	0.5%
14	1	0.9%	0	0%	1	0.5%
15	11	9.4%	5	5.6%	16	7.8%
16	0	0%	1	1.1%	1	0.5%
17	2	1.7%	1	1.1%	3	1.5%
20	17	14.5%	6	6.7%	23	11.1%
21	1	0.9%	0	0%	1	0.5%
22	1	0.9%	3	3.4%	4	1.9%
23	1	0.9%	0	0%	1	0.5%
25	5	4.3%	2	2.2%	7	3.3%

28	1	0.9%	0	0%	1	0.5%
30	4	3.4%	1	1.1%	5	2.4%
35	1	0.9%	3	3.4%	4	1.9%
36	0	0%	1	1.1%	1	0.5%
45	1	0.9%	0	0%	1	0.5%
50	1	0.9%	0	0%	1	0.5%
60	0	0%	1	1.1%	1	0.5%
75	0	0%	1	1.1%	1	0.5%

Appendix E.
Provider Survey

Number of Childcare Staff Employed One Year Ago

Number of Employees	Hays		Emporia		Total	
	Freq.	%	Freq.	%	Freq.	% (cum.)
0	34	28.8%	31	32.0%	65	12.3%
1	49	41.5%	34	35.1%	83	15.7%
2	15	12.7%	14	14.4%	29	11.0%
3	7	5.9%	4	4.1%	11	6.25%
4	3	2.5%	4	4.1%	7	5.3%
5	4	3.4%	1	1.0%	5	4.7%
7	2	1.7%	0	0%	2	2.65%
8	1	0.8%	1	1.0%	2	3.0%
9	0	0%	1	1.0%	1	1.7%
10	2	1.7%	1	1.0%	3	5.7%
12	0	0%	2	2.1%	2	4.5%
20	0	0%	2	2.1%	2	7.6%
24	1	0.8%	0	0%	1	4.6%
37	0	0%	1	1.0%	1	7.0%
42	0	0%	1	1.0%	1	8.0%
Cumulative Total of Employees	232		296		528	

Appendix F.
Provider Survey

Current Number of Childcare Employees

	Hays		Emporia		Total	
Number of Employees	Freq.	%	Freq.	%	Freq.	% (cum)
0	41	37.6%	41	46.1%	82	20.2%
1	41	37.6%	24	27.0%	65	16.0%
2	15	13.8%	10	11.2%	25	12.3%
3	4	3.7%	5	5.6%	9	6.6%
4	2	1.8%	1	1.1%	3	3.0%
5	3	2.8%	0	0%	3	3.7%
6	1	0.9%	1	1.1%	2	3.0%
7	0	0%	1	1.1%	1	1.7%
8	0	0%	3	3.4%	3	5.9%
9	1	0.9%	0	0%	1	2.2%
17	1	0.9%	0	0%	1	4.2%
20	0	0%	1	1.1%	1	4.9%
31	0	0%	1	1.1%	1	7.6%
35	0	0%	1	1.1%	1	8.6%
Total	179		227		406	

Appendix G.
Provider Survey

Children Served One Year Ago

Number of Children Served	Hays		Emporia		Total	
	Freq.	%	Freq.	%	Freq.	%
0	7	5.3%	15	14.9%	22	
1	5	3.8%	2	2.0%	7	
2	5	3.8%	3	3.0%	8	
3	4	3.0%	6	5.9%	10	
4	2	1.5%	4	4.0%	6	
5	9	6.8%	1	1.0%	10	
6	17	12.9%	9	8.9%	26	
7	5	3.8%	0	0%	5	
8	8	6.1%	9	8.9%	17	
9	9	6.8%	4	4.0%	13	
10	31	23.5%	24	23.8%	55	
11	0	0%	1	1.0%	1	
12	3	2.3%	8	7.9%	11	
13	0	0%	1	1.0%	1	
14	1	0.8%	1	1.0%	2	
15	2	1.5%	2	1.0%	4	
16	2	1.5%	0	0%	2	
17	3	2.3%	0	0%	3	
18	2	1.5%	0	0%	2	
20	7	5.3%	1	1.0%	8	
24	1	0.8%	1	1.0%	2	
25	1	0.8%	0	0%	1	

30	1	0.8%	0	0%	1	
32	1	0.8%	0	0%	1	
35	1	0.8%	0	0%	1	
37	1	0.8%	0	0%	1	
40	0	0%	4	4.0%	4	
50	1	0.8%	0	0%	1	
58	0	0%	1	1.0%	1	
65	1	0.8%	0	0%	1	
74	1	0.8%	0	0%	1	
95	0	0%	1	1.0%	1	
97	1	0.8%	0	0%	1	
108	0	0%	1	1.0%	1	
138	0	0%	1	1.0%	1	
160	0	0%	1	1.0%	1	
Cumulative Total	1487		1401		2888	

Appendix H.
Provider Survey

Children Currently Being Serviced

Number of Children Served	Hays		Emporia		Total	
	Freq.	%	Freq.	%	Freq.	%
0	9	6.8%	18	17.3%	27	
1	7	5.3%	7	6.7%	14	
2	3	2.3%	2	1.9%	5	
3	7	5.3%	6	5.8%	13	
4	5	3.8%	3	2.9%	8	
5	3	2.3%	3	2.9%	6	
6	18	13.5%	7	6.7%	25	
7	6	4.5%	4	3.8%	10	
8	11	8.3%	7	6.7%	18	
9	5	3.8%	8	7.7%	13	
10	24	18.0%	16	15.4%	40	
11	1	0.8%	4	3.8%	5	
12	5	3.8%	3	2.9%	8	
13	2	1.5%	0	0%	2	
14	2	1.5%	1	1.0%	3	
15	4	3.0%	2	1.9%	6	
16	1	0.8%	2	1.9%	3	
17	1	0.8%	0	0%	1	
18	1	0.8%	1	1.0%	2	
20	2	1.5%	0	0%	2	
21	4	3.0%	0	0%	4	
24	1	0.8%	0	0%	1	

25	1	0.8%	0	0%	1	
27	1	0.8%	0	0%	1	
30	2	1.5%	0	0%	2	
33	1	0.8%	0	0%	1	
37	0	0%	1	1.0%	1	
42	1	0.8%	0	0%	1	
43	1	0.8%	0	0%	1	
44	0	0%	1	1.0%	1	
47	0	0%	1	1.0%	1	
50	1	0.8%	0	0%	1	
60	1	0.8%	1	1.0%	2	
64	0	0%	1	1.0%	1	
83	1	0.8%	0	0%	1	
86	1	0.8%	0	0%	1	
98	0	0%	1	1.0%	1	
112	0	0%	1	1.0%	1	
148	0	0%	1	1.0%	1	
187	0	0%	1	1.0%	1	
Cumulative Total	1468		1463		2931	