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# Michigan Child Care Expulsion Prevention Program

## Programmatic Consultation Processes

Survey Summary No. 3 • August 2008

### Introduction

In February and March 2008, 29 Michigan Child Care Expulsion Prevention Program (CCEP) consultants from 16 CCEP programs across Michigan participated in a survey administered by the Michigan State University evaluation team.

CCEP programs offer programmatic consultation for program administrators and staff within child care settings. Programmatic consultation includes coaching and training designed to improve communication, promote children's social-emotional competence, enhance child care settings, and support partnerships between child care providers and families. Programmatic consultation is generally undertaken in concert with child and family work; in most cases programmatic goals are written into the Positive Child Guidance Plan. In contrast to child and family consultation, programmatic consultation is designed to improve the social emotional quality of the overall childcare setting rather than focus on the needs of a particular child presenting with challenging behavior. The state consultants at Michigan Department of Community Health provide training and technical assistance and recommend strategies to facilitate the programmatic consultation process. In the survey, consultants were asked about their use of those strategies. This survey summary presents information about the degree to which the consultants use those strategies.

#### **This fact sheet provides information on:**

- The overall process of the programmatic consultation as currently practiced by consultants.
- The degree to which particular areas of programmatic consultation form standard practice by consultants.
- The degree to which consultants use the recommended strategies targeting supportive adult-child relationships, adult-adult relationships, partnerships with families, activities and experiences, daily routines, environment and program policies, and resources.

### Overall Process of Programmatic Consultation

To get a sense of how the programmatic consultation process unfolds, consultants reported who usually made the referral and the first contact with the childcare provider, with whom the consultants usually did the programmatic consultation, and tools used to measure the programmatic quality.

#### *Referrals*

The results, shown in Table 1, suggest the majority of referrals for programmatic consultation were from childcare administrators, with about a third of referrals coming from direct caregivers/teachers.

Consultants reported that 7% of referrals were from parents. Given that the focus of programmatic consultation is on the caregiving setting as a whole rather than a specific child, it is surprising that any programmatic referrals come from parents. Child and family consultation that led to more general consultation for the program may account for the parent referrals.

<i>Type</i>	<i>Percent of consultants</i>
Administrator	57%
Caregiver/teacher	36%
Parent	7%

Note. N = 28 consultants responding; Percent reported is out of those consultants responding.

### *First Contact with the Provider*

Usually, the consultants made the first contact with the childcare provider (Table 2). Fifteen percent of consultants reported that the consultant's supervisor contacted the provider either alone or in conjunction with the consultant.

<i>Type</i>	<i>Percent of consultants</i>
Me	86%
My Supervisor	11%
Both	4%

Note. N = 29 consultants responding; Percent reported is out of those consultants responding.

### *Consultation Participants*

As shown in Table 3, consultants conducted programmatic consultation at all levels of childcare staff. Forty-five percent of consultants reported that administrators were usually involved. Consultation was conducted with all staff about a third of the time, while about a quarter of the time, it focused on a specific caregiver/teacher.

<i>Type</i>	<i>Percent of consultants</i>
Administrator	38%
With all staff	31%
A specific caregiver/teacher	24%
Both administrator and staff	7%

Note. N = 29 consultants responding.

## Tools for Measuring Programmatic Quality

Consultants have been trained to use a variety of assessment tools to facilitate the programmatic consultation process. Table 4 presents the percent of consultants who reported using each tool. Reflective checklists that ask providers to consider their practices were most commonly used; nearly all consultants reported using the Devereux Early Childhood Assessment (DECA) reflective checklists and the majority of consultants reported using the DECA Infant/Toddler (DECA-I/T) reflective checklists. Observational assessments of childcare settings were used by some consultants, generally in childcare centers rather than family care settings.

<i>Tool</i>	<i>Percent of consultants</i>
Devereux Early Childhood Assessment (DECA) reflective checklists	93%
DECA Infant/Toddler (DECA-I/T) reflective checklists	66%
North Carolina Infant/Toddler Environment Rating Scale (ITERS)	21%
Early Childhood Environment Rating Scale (ECERS)	21%
Family Child Care Environment Rating Scale (FCERS)	3%

Note. N = 29 consultants responding.

Currently, programmatic quality consultation tended to be initiated by childcare center administrators and many administrators participated. However, a number of administrators did not. Because administrator support is critical to promote the development of high-quality programs, sustain gains in staff skills made through professional development, and create institutional memory for effective practice, it may be important to increase administrator involvement in the programmatic consultation process.

## Use of Programmatic Consultation Strategies

### *Overall Consultation Focus Areas*

During programmatic consultation, consultants work with administrators and staff around (a) supportive interactions, (b) partnerships with families, (c) activities and experiences, (d) daily routines, (e) environment and program policies, and (f) resources. Within each of the above areas, a number of strategies are outlined in the MDCH guidelines. Consultants were asked how often they used each of those strategies, and data are presented for the 28 consultants who responded to at least 75% of the questions within an area.

Consultants who reported often using the strategies within an area can be considered as having a standard practice with which they address that area. To assess the percent of consultants who focused on an area of standard practice, an area response score was obtained by averaging the responses for all the strategies within the area. Higher scores indicate that consultants reported focusing on the area more often (standard practice) while lower scores indicate that the area received less focus. Consultants were

also asked to rank the areas in order of how much time they spent on each during programmatic consultation.

Table 5 provides an overall snapshot of the percent of consultants who reported more or less focus on each area as well as the rankings of the time spent on each.

- Nearly all consultants reported targeting child-focused areas (i.e., activities and experiences in the childcare setting, adult-child supportive relationships, and daily routines) as standard practice in programmatic consultation.
- The majority of consultants also reported targeting areas related to adults and families (i.e., adult-adult supportive relationships and partnerships with families) as standard practice, although some did not.
- The least emphasis was placed on administrative areas such as environment/program policies and resources. However, over a third of consultants did report often using the strategies that focused on these areas as standard practice.
- Consultants reported spending by far the most time on supportive adult-child relationships. They also spent significant time on partnerships with families and daily routines. A moderate amount of time was spent on adult-adult relationships, activities and experiences, and environment and program policies, while the least was spent on resources.

<i>Strategies</i>	<i>N</i>	<i>Often use strategies supporting this area</i>	<i>Rarely use strategies supporting this area</i>	<i>Average ranking of time spent in this area<sup>a</sup></i>
Supportive Relationships				
Adult-Child	28	93%	7%	6.7
Adult-Adult	29	72%	28%	3.7
Partnerships with families	29	83%	17%	4.9
Childcare Setting				
Activities and Experiences	29	97%	3%	3.6
Daily Routines	29	90%	10%	4.3
Environment/Program Policies	29	35%	66%	3.6
Resources	29	41%	59%	1.7

Note: "Often use" represents scores equal to or greater than 2.5 and "rarely use" represents scores below 2.5.

<sup>a</sup>The number of consultants who provided rankings was 24.

Programmatic consultation at this time focuses first on child-centered improvements, then on building relationships with adults and families who are part of the provider's service community, and finally on administrative issues. Consultants' rankings of the amount of time they spent on each area generally followed this pattern. Below, we report on specific strategies emphasized within each area.

# Strategies Targeting Supportive Relationships

## Adult-Child Relationships

Strategies targeting supportive adult-child relationships address ways that adults can interact with children from birth to 5 years old in support of the development of both trusting relationships and security of surroundings.

Table 6 shows the percent of consultants who indicated that they used the strategies targeting supportive adult-child relationships “rarely,” “sometimes,” or “often,” and the percent of consultants who desired technical assistance around each strategy.

- The majority of the consultants reported often using all the strategies.
- The least used strategy was coaching to implement primary caregiving practices, with just over half of consultants using it often. However, this may be due to a relative lack of need for this type of coaching among providers.
- A few consultants requested TA, all for different strategies.

<i>Strategies</i>	<i>Rarely Use</i>	<i>Sometimes Use</i>	<i>Often Use</i>	<i>Need TA</i>
Coaching to understand importance of child-caregiver relationship	0%	0%	100%	0%
Coaching to understand social-emotional development and function of "challenging behavior"	0%	0%	100%	3%
Coaching to support parent-child relationship	0%	3%	97%	3%
Coaching to interact with children consistently in nurturing ways	0%	7%	93%	3%
Coaching to implement primary caregiving practices	10%	35%	55%	0%

Note. N for each item = 28 or 29 consultants responding; Percent reported is out of those consultants responding.

Most consultants reported often using all the strategies for supporting adult-child relationships; however, coaching to implement primary caregiving practices was used least, potentially because many providers were adequately skilled in this area. Few consultants reported a need for technical assistance.

## Adult-Adult Relationships

Strategies targeting supportive adult-adult relationships are designed to help childcare staff and administrators enhance work relationships and address personal factors that influence the quality of caregiving.

Table 7 shows the percent of consultants who indicated that they used the strategies targeting supportive adult-adult relationships “rarely,” “sometimes,” or “often,” and the percent of consultants who needed technical assistance.

- Slightly more than half of consultants reported often using strategies targeting adult-adult relationships, and nearly all consultants used these strategies at least sometimes.
- For each strategy, one coach asked for training and technical assistance.

**Table 7. Percent of Consultants by Frequency of Strategy Use for Supportive Adult-Adult Relationships**

<i>Strategies</i>	<i>Rarely Use</i>	<i>Sometimes Use</i>	<i>Often Use</i>	<i>Need TA</i>
Helping strengthen work relationships	3%	41%	55%	3%
Helping caregivers with personal concerns that may affect their relationships with children and adults	3%	38%	59%	2%

Note. N for each item = 29 consultants.

Although implemented less frequently than strategies targeting supportive adult-child relationships, most consultants used strategies designed to build the relationships among childcare staff and providers at least some of the time, and many consultants used these strategies often. Little need for technical assistance and training was reported.

## Strategies Targeting Partnerships with Families

Strategies targeting partnerships with families address ways to build child care providers’ ability to work together with families to build individualized support and continuity of care.

Table 8 shows the percent of consultants who indicated that they used the strategies targeting partnerships with families “rarely,” “sometimes,” or “often,” and the percent of consultants who needed technical assistance.

- Nearly all consultants often used coaching to build and sustain strong partnerships with family members, although a few only used this strategy sometimes. One coach asked for training and technical assistance on this strategy.
- The majority of consultants also often worked on coaching to build an ongoing system for exchanging information with parents about children; 17% did this sometimes, but not often.
- About half of consultants reported often using coaching to facilitate culturally and linguistically competent practices with all children and families, while 10% rarely used this strategy. These consultants may operate in areas with little diversity.

<i>Strategies</i>	<i>Rarely Use</i>	<i>Sometimes Use</i>	<i>Often Use</i>	<i>Need TA</i>
Coaching to build and sustain strong partnerships with family members	0%	7%	93%	3%
Coaching to build ongoing system for exchanging information with parents about children	0%	17%	83%	0%
Coaching to use culturally and linguistically competent practices with all children and families	10%	38%	52%	0%

Note. N for each item = 29 consultants responding;. Percent reported is out of those consultants responding.

Strategies to build partnerships with families were often used by the majority of consultants. A few consultants did not consistently use coaching to ensure that information exchange between providers and parents was effective. However, it is unclear whether this is because they have tended to work with providers who already have excellent communication systems in place or whether these consultants are less likely to place a priority on this area. Finally, coaching for cultural and linguistic competence showed the most variation, but this may be due to a lack of diversity in many of the locations. Consultants did not report a need for training and technical assistance in this area.

# Strategies Targeting the Child Care Setting

## Activities and Experiences

Strategies targeting activities and experiences are designed to develop child- and adult-initiated opportunities for children to use and explore a variety of skills at their individual developmental level.

Table 9 shows the percent of consultants who indicated that they used the strategies targeting activities and experiences “rarely,” “sometimes,” or “often,” and the percent of consultants who needed technical assistance.

- The majority of consultants reported using all the strategies often, and all used them at least sometimes. Consultants most frequently worked to improve caregivers’ ability to promote social-emotional development and prevent or address challenging behaviors.
- Consultants were relatively less likely to coach caregiving staff to use curricula to promote social-emotional development, although nearly three-quarters reported often doing this.
- Consultants were also relatively less likely to coach staff to understand the link between literacy and social-emotional development and coach staff to help children in the language development area, although about two-thirds reported often doing these things.
- One consultant reported a desire for training and technical assistance related to coaching around literacy.

<i>Strategies</i>	<i>Rarely Use</i>	<i>Sometimes Use</i>	<i>Often Use</i>	<i>Need TA</i>
Coaching to use strategies that promote social-emotional development and prevent challenging behaviors during activities and experiences	0%	3%	97%	0%
Coaching to use strategies to address challenging behavior during activities and experiences	0%	7%	93%	0%
Coaching to use curricula to promote social-emotional development	0%	28%	72%	0%
Coaching to understand link between literacy and social-emotional development and help children understand language, use language, and use books	0%	32%	68%	3%

Note. N for each item = 28 or 29 consultants responding; Percent reported is out of those consultants responding.

Consultants’ responses indicate that coaching to improve children’s activities and experiences is a key area of focus, particularly around promoting social-emotional development and addressing challenging behavior. Consultants are somewhat less likely to coach around using curricula to promote social-emotional development and help caregivers understand links between social-emotional development and literacy. Little need was reported for training and technical assistance in this area.

## Daily Routines

Strategies targeting daily routine address the ways to plan daily schedule, routines, and transitions.

Table 10 shows the percent of consultants who indicated that they used the strategies targeting daily routines “rarely,” “sometimes,” or “often,” and the percent of consultants who needed technical assistance.

- All consultants used coaching around daily routines at least sometimes, and most used it often.
- Consultants were most likely to often coach to improve transitions throughout the day but were relatively less likely to consistently coach to use visual supports throughout the care setting.
- No consultants reported a need for training and technical assistance in this area.

<i>Strategies</i>	<i>Rarely Use</i>	<i>Sometimes Use</i>	<i>Often Use</i>	<i>Need TA</i>
Coaching to use best practices re: transitions throughout the day	0%	10%	90%	0%
Coaching to create flexible yet dependable daily schedule that supports the various needs of young children	0%	14%	86%	0%
Coaching to promote social-emotional development by nurturing children during personal care routines	0%	17%	83%	0%
Coaching to use visual supports throughout the care setting	0%	21%	79%	0%

Note. N for each item = 29 consultants responding;. Percent reported is out of those consultants responding.

Coaching related to improving daily routines was reported to be a significant target of the strategies that consultants use in programmatic consultation, with a particular focus on transitions. A few consultants do not implement these coaching strategies in most of their programmatic consultation.

## Environment/Program Policies

Strategies targeting environment or program policies address issues of how to set up the physical room and surroundings, use assessment tools, and evaluate global policies and procedures related to personnel and standards of practice.

Table 11 shows the percent of consultants who indicated that they used the strategies targeting environment/program policies “rarely,” “sometimes,” or “often,” and the percent of consultants who needed technical assistance.

- Slightly over half of consultants reported often using coaching to administer child social-emotional screening and assessment tools, helping assess social-emotional environment using assessment scales or checklists, and coaching to make modifications to the physical environment. Seven to 10% of consultants rarely used these strategies.
- Interventions related to the policies of the caregiving setting were implemented less; 38% of consultants made it a practice to coach to strengthen the program’s caregiving policies, but only 17% often coached to strengthen personnel policies or helped assess program policies and

practices relative to rules and standards pertaining to social-emotional development. Between 14% and 35% of consultants rarely used these strategies (35% of consultants rarely coached around personnel policies).

- In each area, one consultant requested training and technical assistance.

<i>Strategies</i>	<i>Rarely Use</i>	<i>Sometimes Use</i>	<i>Often Use</i>	<i>Need TA</i>
Coaching to administer child social-emotional screening and assessment tools	7%	35%	59%	3%
Helping assess social-emotional environment using assessment scales or checklists	10%	35%	55%	3%
Coaching to make modifications to physical environment	7%	38%	55%	3%
Coaching to strengthen program's caregiving policies	14%	48%	38%	3%
Coaching to strengthen program's personnel policies	35%	48%	17%	3%
Helping assess program policies and practices relative to rules and standards pertaining to social-emotional development	14%	69%	17%	3%

Note. N for each item = 29 consultants responding;. Percent reported is out of those consultants responding.

Consultants reported less focus on strategies for improving environment and program policies, especially policies. While the majority of consultants made it a practice to work with providers on assessment of children or environment and physical environment modifications, these areas were clearly targeted less than relationships, activities, or routines. Consultants were much less likely to make it standard practice to coach around program policies, especially personnel policies.

### *Strategies Targeting Resources*

Strategies targeting resources are designed to improve the provider's caregiving quality by linking them with early care and education service agencies and other resources.

Table 12 shows the percent of consultants who indicated that they used the strategies targeting resources "rarely," "sometimes," or "often," and the percent of consultants who needed technical assistance.

- Most consultants reported often helping caregivers access resource materials as part of their programmatic consultation. However, 18% of consultants did this sometimes or rarely.
- Just over half of consultants made it a standard practice to help caregivers access professional development opportunities, while most of the rest did this sometimes, presumably when they perceived a need or opportunities were available in the area.
- Consultants were less likely to help programs access community activities to broaden children's experiences and least likely to help programs access funds. About half of consultants did not appear to see this as part of their services.
- Two consultants requested technical assistance and training around helping access resource materials, while one consultant in each of the other areas requested assistance.

<i>Strategies</i>	<i>Rarely Use</i>	<i>Sometimes Use</i>	<i>Often Use</i>	<i>Need TA</i>
Helping access resource materials	7%	11%	82%	7%
Helping access professional development opportunities	3%	41%	55%	3%
Helping access community activities to broaden children's experiences	17%	48%	35%	3%
Helping access funds	52%	31%	17%	3%

Note. N for each item = 28 or 29 consultants responding;. Percent reported is out of those consultants responding.

Consultants were less likely to report using strategies that promote access to resources as part of programmatic consultation. While most often helped programs access resource materials, not all did this consistently, and some need for technical assistance was desired. Additionally, while about half of consultants reported consistently addressing professional development, many did this only sometimes. Helping access community activities to broaden children's experiences were the least-used strategies and may not be seen as an important part of the consultation process. While these strategies do not directly deal with children's challenging behavior, they are useful in helping the providers improve child care quality and sustainability. The state administrators should consider whether, despite the relatively lack of reported need for training and technical assistance by consultants, they want to emphasize these areas to a greater extent.

## Technical Assistance

In most areas, the desire for training and technical assistance was expressed by one consultant for each. We examined whether these requests were all made by the same consultant or were from a number of different consultants. The results indicated that:

- 79% of consultants did not request any technical assistance.
- Four consultants asked for technical assistance in one area.
- One consultant asked for technical assistance in two areas and one asked for technical assistance in 11 areas.

No specific area or strategy had a significant number of consultants requesting technical assistance; rather, requests ranged across a variety of topics, with one, or at most, two consultants asking for training. Additionally, one consultant requested training in many areas.

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*Copies of this report are available from:*

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