Investigations and Recommendations for a child Care Workers Certification Program in Montana.

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University of Montana
INVESTIGATIONS AND RECOMMENDATIONS FOR
A CHILD CARE WORKERS CERTIFICATION
PROGRAM IN MONTANA

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CHAPTER ONE

STATEMENT OF THE PROBLEM

Child care is an occupation founded on a commitment to the well-being of children, adolescents and their families. It is based on a perspective which emphasizes the child's normative development and social competency, and the building of positive relationships through therapeutic interactions. To fulfill these unique and vital responsibilities the child care worker must possess special skills and attributes and must be prepared to meet professional standards. Seldom, however, are child care professionals adequately trained. The purpose of this chapter is to introduce the field of child care, its origins, and its progress toward recognition as a profession.

THE CHILD AND YOUTH CARE WORKER

The research and study committee of the National Organization of Child Care Associations defines child and youth care workers as "individuals who work with troubled or handicapped children or youth in the daily living environment of group care facilities such as residential treatment centers, group homes, psychiatric hospitals, correctional facilities, temporary shelter care, and community based programs" (Krueger, 1987). When a decision
is made to place children or youth into a residential facility, it normally means that their needs cannot be met by more traditional family settings and relationships.

Typically, these young people have been removed from their home by a public agency (law enforcement, judicial or social services) due to extended neglect and/or various forms of abuse by their caretakers. They suffer in varying degrees from neglect, emotional and physical trauma, cognitive impairments and developmental delays. Often times they possess several of these handicaps in combination. They generally require a more structured environment in which social, emotional, and educational issues can be addressed comprehensively and in which more appropriate relationships with adults and peers can be learned. Although many people will be involved in building relationships, such as teachers, social workers, psychologists, and other therapists, it is the child care worker who has the greatest amount of interaction and therefore the greatest potential for positive impact. In short, the child care worker carries the greatest responsibility for the day to day care and supervision of children in residential programs.

Child care workers perform a variety of roles in the continuum of children services. They teach and counsel in the daily living environment using recognized child care, system intervention, and recreation techniques. They also
serve in community support roles, work with teachers in schools, teach parenting skills, counsel families in crisis, and help families solve management as well as emotional problems. In addition, child care workers often move into top and middle management, supervisory, and educational roles. This is an important step in legitimizing the profession as one in which members teach, administer, and supervise one another (Vander Ven, 1981).

The nature of the work performed by child care workers is diverse and complex. Small and Dodge (1988) have identified hundreds of child and youth care job functions and tasks which they placed into the following categories: therapeutic helping—counselor/therapist/family worker; education; primary care—daily living/physical care/social-emotional nurturance; organizational/systems maintenance; and professional development.

According to Henry Maier (1987) child and youth care requires a gut feeling or inner calling about doing the work, a strong sense of commitment, and a knowledge of theories, methods, and techniques relating to 1) teamwork, 2) growth producing interventions and strategies based upon a child's developmental and cultural needs, 3) interacting with, as opposed to doing something to children, 4) counseling in the milieu, 5) creating interconnected circles of care (teams, families, communities), 6) discovering one's self, and 7) caring for one's colleagues as well as
children. In short, child and youth care involves a holistic mix of counseling, teaching, and nurturing approaches and actions defined within these parameters that makes child care unique in the field of providing mental health services.

**CHILD CARE AS AN EMERGING PROFESSION**

An occupational group is generally considered to be a profession when its members define themselves as professionals, form associations to support and promote their role, develop a knowledge base and educational programs, set standards for practice, follow a code of ethics, and are self regulating (Etzioni, 1969). Since the middle of the century, tremendous strides have been made by workers in group care to form a child and youth care profession in North America. Since 1961, when workers in Oregon formed the first professional association, several organizational advances have been made. At least 21 state and provincial associations now exist in North America. In 1977, in perhaps the most significant organizational development to date, the National Organization of Child Care Worker Associations, which includes both state and provincial associations, was incorporated.

Strides have also been made in promoting and supporting workers within agencies. For example, research has been conducted and innovative models have been developed (Fulcher, 1981; Garner, 1982, 1988) to support the role of
child care workers on interdisciplinary teams. Factors such as salary, supervision, formal recognition, fringe benefits, and decision making opportunities have been identified as predictors of commitment, satisfaction, and longevity among caregivers (Krueger, 1986; Porter et al., 1974).

Despite these efforts to establish child care as a profession, much work still needs to be done. Only a minority (approximately 3,000) of the youth workers in North America are members of professional associations and the majority of states and provinces still do not have associations. Unfortunately, most members of the general public, national and local regulatory bodies, and other professionals still identify child and youth care work as a paraprofession and are unaware of the advances that have been made in the field. Further, within many agencies workers are not included and/or recognized as professional members of interdisciplinary teams (Krueger, 1987).

**KNOWLEDGE BASE DEVELOPMENT**

One of the defining characteristics of a profession, according to Etzioni, is the development of a knowledge base. The important role played by child care workers in helping troubled children has long been recognized. Their potential as a profession, however, was not understood or articulated until the 1950's and 1960's. At this time advocates began to write about it as a holistic approach that, with the proper skill and adequate knowledge of human
development could be used to teach, treat, and nurture troubled children. Redl and Wineman (1951, 1957), for example, pioneered the application of psychodynamic management techniques and ego support programs for the use of child care workers in residential care. Other pioneers, such as Mayer (1958), Burmeister (1961), Trieschman et al. (1969), and Beker et al. (1972), wrote books about creating therapeutic environments. These books provided the field with an important direction in joining theory and technique with the daily routine of providing care and control to troubled youth.

Still other researchers found new ways of applying psychodynamic, human development, sociological, cultural, and social learning theory to the practice of working with disturbed children in residential facilities. For example, Nicholas Long (Long, 1966; Long, et al., 1976) developed a child care method for dealing with stress and anger. Maier (1975, 1979, 1987) identified the components of care and caregiving in human development for children away from home. Vorrath and Brendtro (1974) developed the idea of "positive peer culture," based upon sociological concepts. Finally, journals such as the Child and Youth Care Forum, The Journal of Child Care, The Journal of Child and Youth Care Work, and The Child and Youth Care Administrator have long been sources of groundbreaking articles and have been instrumental in documenting the evolving professional
The emergence of child care as a profession can also be seen in the growing number of training programs. At least four states - Wisconsin, Ohio, Illinois, and Oregon - now offer training programs developed by their state child care associations. These training programs have made strides in identifying areas of significance and importance in preparing child care workers for their occupation. In addition, a number of colleges and universities now offer comprehensive child and youth care programs. Many schools and departments in social work, sociology, psychology, and education also have integrated areas of concentration in child and youth care into their curricula. As a final example, a recently published textbook now provides proposals regarding methods of preparation and curricula development for training child care workers, as well as ways of thinking about and teaching issues relating to child and youth care (Vander Ven and Tittnich, 1987).

STANDARDS

Another defining characteristic of a profession, according to Etzioni, is the establishment of professional standards. Standards typically include such things as minimum knowledge, skills, and experience requirements, staff development procedures, and standards of practice. With the encouragement of child care associations, state licensing standards for child and youth care facilities have
been improved in some states (e.g. California, Ohio, Montana). Criteria to meet certification standards, as well as duties, skills, and knowledge areas are being built into the inservice training curricula, job descriptions, performance appraisals, and staff development procedures. Further, many of the state associations have developed a code of ethics. The National Organization of Child Care Workers Associations (NOCCWA) has set a January 1, 1995 date for its member associations to establish a certification process within their respective states. This goal is designed to encourage state associations to develop professional standards for child care workers along with a certification process as a means to ensure that they are met. Nine states (New York, Wisconsin, Ohio, Illinois, Arizona, Massachusetts, California, Oklahoma and Pennsylvania) currently have professional certification programs and several others have plans on the drawing board.

Despite the efforts discussed above, only a small minority of workers are certified, standards of practice in most states remain low, and the majority of child and youth care workers are not subject to a formal code of ethics. Whether or not child care work has become a profession is debatable. It is not widely recognized as such at this time by those outside the field. Nonetheless, the field has moved convincingly through the early stages of professional development. It has organized, struggled with identity,
developed a rich literature, and initiated a few comprehensive education and certification programs.

The emergence of child care as a profession is taking place in Montana as well as elsewhere in the United States. Recognizing the importance of setting professional standards and taking steps to ensure that they are met, the Montana Residential Child Care Association has asked the author to assist in developing a certification program for child care workers. The purpose of this paper is to investigate relevant design issues and to propose a framework for a certification program for child care workers in Montana.
CHAPTER II

A PROFILE OF MRCCA AND SALIENT DESIGN ISSUES

This chapter has two principal purposes. First, it presents a profile of the Montana Residential Child Care Association (MRCCA), including its organization, functioning and history. This is intended to provide a background and context for the discussion that follows. Second, it discusses a number of salient issues involving design options for a certification program identified during discussions with the MRCCA board. A profile of these issues and their implications are presented and discussed.

MONTANA RESIDENTIAL CHILD CARE ASSOCIATION: STRUCTURE AND HISTORY

MRCCA is a network of providers whose mission is to improve the quality of care and treatment for children and youth who are removed from their homes by the state due to neglect, abuse and/or lack of supervision. Formed in Bozeman, Montana in 1982, MRCCA seeks to effectively bring together all the diverse people working in the field of residential child care across the state. MRCCA combines their lobbying power in order to effect legislative change and addresses their continuing educational and training needs. MRCCA is comprised of 19 members, all of which are non-profit organizations. These agencies vary in size,
purpose and location in the state. All provide residential care and, in some cases, treatment to youth ranging in age from infancy to 18 years who have been deemed "youth in need of services" by a public agency (a law enforcement, judicial, or social services agency). Some facilities serve youth mainly from their community or region, while others serve youth from all over the state. While most member agencies have been in existence less than 10-15 years, several have deep roots spanning decades of service to Montana's children in various capacities. The smallest facilities are staffed by five or fewer regularly scheduled employees. The largest facility, Yellowstone Treatment Center, employs a staff of 176. These figures include administrative and service personnel, in addition to child care workers.

As stated within the association's literature, MRCCA goals are to promote a quality system for residential child care by:

1. Advocating sufficient funding.
2. Training child care personnel.
3. Supporting those professionals.
4. Voicing issues and influencing planning.
5. Promoting the growth of voluntary child welfare organizations in Montana.
7. Soliciting support.

MRCCA is governed by a board of directors and is organized as a series of committees. The board is convened monthly in Helena to conduct association business.

When initially incorporated, each agency was represented on the board by at least one member of its staff. The profile of board members reflected the many roles found in residential care, from executive director to child care worker. The mixture of roles provided sensitivity to a variety of issues the association dealt with. To a large extent the association focused upon training and staff development issues, with less concentration upon impacting government standards and agency reimbursement rates.

The MRCCA board voted in 1987 to reconstitute the board to comprise member agency administrators or their designees only. The impetus behind restructuring the board was generally two-fold. First, the lack of involvement by agency administrators often resulted in a poor commitment of resolve and funds toward association goals. Second, the association needed to close ranks and produce a concerted effort at addressing standards of care, rate reimbursement structures, and legislative issues. As the association's work load grew, and as it became more involved with legislative issues, it began contracting for part time staff services with a registered lobbyist. This arrangement for
staff support and lobbying services continues to the present.

MRCCA membership is open to child care agencies licensed by the Montana Department of Family Services. Agencies have a choice of being full members or affiliates. Full membership entitles each agency to a vote on any matter placed before the membership. One vote is allotted to the affiliate members as a group. Benefits of membership include the following:

1. Reduced cost at MRCCA training conferences and regional training workshops and meetings.
2. Legislative and state government updates.
3. Newsletter and special mailings.
5. Video library.
6. Support group for staff.
7. Annual awards banquet.
8. Listing of employment opportunities.

Membership dues for full members are set according to a sliding scale determined according to the agency's total annual budget. The scale for 1992 dues is as follows:
Budget 1992 Dues

<table>
<thead>
<tr>
<th>Less than $100,000</th>
<th>$300</th>
</tr>
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<tbody>
<tr>
<td>$100,000 to $150,000</td>
<td>$400</td>
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<tr>
<td>$150,000 to $200,000</td>
<td>$500</td>
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<tr>
<td>$200,001 to $300,000</td>
<td>$800</td>
</tr>
<tr>
<td>$300,001 to $400,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>$400,001 to $500,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>$500,000 or more</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Affiliate member dues are $150 dollars per agency and $25 per individual.

RATE STRUCTURE AND WAGES

Child care agencies are reimbursed a daily rate per child from the foster care budget of the Department of Family Services (DFS). Reimbursement is determined through a rate structure based upon the level of services provided by each agency. For example, the rate structure recognizes four basic levels for determining rates: therapeutic foster care, group care, intermediate group care, and residential care. In the last several years, two facilities (Shodair Children's Hospital and Yellowstone Treatment Center) have become certified under Medicaid standards and are reimbursed with Medicaid funds through DFS for certain specified categories of care.

In 1990 MRCCA commissioned an independent study of pay and personnel practices among member agencies (Salary Survey and Pay and Personnel Practices Among Member Facilities of
MRCCA, 1990). This study was funded through a grant to MRCCA from the Montana Board of Crime Control and was presented to the Joint Appropriations Subcommittee on Human Services. The report found little consistency in pay and personnel practices among surveyed facilities. Additionally, it concluded that there is a significant wage differential between residential child care workers and similar positions in state-run facilities. First level workers at two state facilities, Mountain View and Pine Hills, made on the average $1.99 per hour more than their counterparts in non-profit, community-based facilities. Average hourly wages for child care staff in MRCCA facilities ranged from $5.25 to $7.33.

CONTINUUM OF SERVICES PROVIDED

Children are referred for placement in residential facilities by juvenile probation officers and child protective services workers from DFS. Ideally, they are referred to an appropriate program depending upon their need and level of services required to meet those needs. The continuum of care is provided to children as reflected by the following six basic categories:

**Therapeutic Foster Care:** These facilities serve youth who are placed with foster families. Families are recruited by the agency and licensed through the Department of Family Services. They are paid a monthly stipend and receive support, training and other services through the program
while the youth receive necessary therapy from program staff or community professionals. Placement may be for a year or more, depending upon the needs of the child.

**Youth Group Homes:** Group homes provide a home-like environment for troubled youth with child care workers (either live-in or working shifts) who act in parental roles as the primary service providers. These facilities typically train the youth in basic life skills and offer access to regular counseling for social or personal problems. Placement is generally for 9-18 months.

**Shelter Care Facilities:** These facilities provide short term emergency care for children and youth who have been removed from their homes by court action. They are staffed with child care workers and may provide evaluation and counseling services in addition to shelter care. Placements in these facilities generally do not exceed 60 days.

**Therapeutic Group Homes:** These group homes provide an intensive focus on treatment. Written treatment plans are developed by mental health professionals and implemented by child care staff members. Youth receive closer supervision, a more structured environment, and more intensive counseling than the above mentioned facilities. Placements generally last 9 - 18 months.

**Residential Treatment Facilities:** Residential treatment facilities provide comprehensive psychotherapy
services in a restrictive, highly structured environment. Children's educational needs are provided on-grounds for most of their placement. Services are provided by child care workers (typically requiring a bachelors degree in human services), teachers, therapists, psychologists and psychiatrists. Placements generally last 12 - 24 months.

**Hospital-Based Psychiatric Treatment:** In-patient treatment facilities provide acute psychiatric care for children and youth. The hospital setting offers a highly restrictive and structured environment to stabilize and evaluate clients and provides a host of medical and psychotherapy services. Services are provided by child care workers, teachers, therapists, psychologists, nurses and psychiatrists. Placements generally last 3 - 6 weeks.

**TRAINING**

In the Association's early years, staff development and training for child care workers in the kinds of facilities described above were promoted in the form of semi-annual training conferences and workshops. These endeavors presented important first steps in addressing training needs. As the association evolved, the need for more comprehensive training that was affordable and accessible for all workers became increasingly more apparent.

In working to meet this need, MRCCA entered a joint venture with the Board of Crime Control, Montana Department of Justice, in 1987. With Department of Justice grant
monies, MRCCA and the Board of Crime Control developed a regionally based training program for child care staff. The state was divided into five regions with a staff from one member agency in each region to serve as a trainer. The Board of Crime Control utilized a RFP process to develop self-contained training modules and then prepared the selected staff to be trainers in each module. Over a three year time span, modules were developed in Child Development, Drug Abuse, Short Term Counseling, Sexual Abuse, Acquired Immune Deficiency, and Crisis Intervention. The Board of Crime Control supplied financial, administrative, and logistical support for the program. Training occurred on a request basis by member agencies in each region with a specified level of attendance required.

In 1990, administration of the program was turned over to MRCCA along with a reduction in financial support. Financial support from the Board of Crime Control is scheduled to cease entirely after fiscal year 1991 - 1992. MRCCA will assume responsibility for providing or securing funding after this date.

While developing the regional training system, MRCCA members began discussing a certification process for child care workers in Montana. Although regional training was an effective step in addressing many training needs, it did not provide a mechanism for establishing desired standards of practice, a comprehensive training curriculum, a code of
ethics, self regulation and desired qualifications for child care professionals. Toward these goals, the association is now seeking to create a cohesive certification process in a manner which augments current training, is responsive to the needs of the association and its individual members, and is consistent with available resources.

ISSUES IMPACTING THE DESIGN OF A CERTIFICATION PROCESS

In working with MRCCA on designing a statewide certification process many issues and challenges surfaced. There exist many geographical, financial, administrative and philosophical factors to consider in designing a certification process that is responsive to individual agencies and the association as a whole. Issues identified during discussions with the board are discussed below.

GEOGRAPHICAL ISSUES AFFECTING DESIGN

At the heart of the certification process is the desire for a comprehensive training curriculum providing fundamental skills and knowledge as well as the establishment of standards for certification. In working with the MRCCA Board, the issue of a training delivery system arose as a third significant design issue due to problems associated with training accessibility.

MRCCA's 19 members are spread across the state with the largest concentration of providers located in the western half. This distribution tends to follow demographics of the
state's population (See Appendix A). Approximately one third of MRCCA members are located in mid-to small-sized population centers of 15,000 or less.

The statewide semi-annual training conferences sponsored by MRCCA have always proven difficult for many member agencies to participate in. To a lesser extent, access to regional training sessions is also difficult. The amount of staff travel time required is excessive for most member agencies. In addition, except for several of the larger agencies, most do not have a pool of relief staff to cover absences created by training attendance, nor sufficient training budgets to support the lodging and per diem expenses associated with travel.

In short, geographical location affects agency training costs and creates disparities among agencies in regards to equitable access to training opportunities. A training delivery system is needed which is accessible (geographically and financially) to all child care workers.

FINANCIAL ISSUES

The disparity of financial resources among members has surfaced as an issue affecting the ability of MRCCA to fund a certification program. Just as members vary in the number of children they serve and staff they employ, there is wide disparity in their financial strength. Insufficient financial resources have been a frustrating dynamic among child care providers for many years. Historically, agencies
struggled under an inequitable system in which they had to negotiate reimbursement rates individually with DFS. This system allowed for divergent rates without consideration of costs and services provided. Additionally, this system created resentment and ill feelings among members.

As a direct result of MRCCA efforts, The 51st Legislature provided significant additional funding and structure to Montana's residential care system in the form of a "model rate structure" geared to the level of care and treatment being provided by facilities. Although this legislation did not provide sufficient funds to cover actual costs of care, it did provide a formula to reimburse facilities in a more equitable manner for the services they provided.

While members are now reimbursed equally for level of services provided, there are differences in member's ability to underwrite the expected and potential costs associated with certification. Because DFS does not cover all actual costs of care and treatment, facilities must subsidize their budgets through additional fund raising efforts.

Smaller agencies are at a disadvantage in regards to available personnel and funds to allocate to fundraising. The larger agencies tend to have deep roots and a marketable reputation of serving Montana's children for many decades. Programs in smaller towns or rural locations have a smaller population base to draw upon, particularly if they only
serve youth from their communities. Programs which serve
the entire state or large portions of it draw upon a very
large area for donors and may be viewed as more effective in
utilizing grant monies. Additionally, several of the older
and larger facilities have substantial endowment funds
providing an array of creative options.

This dynamic of different financial strengths has
surfaced as an important and potentially divisive issue for
members. Debate has focused upon three important questions
regarding design:

**Affordability:** The challenge and financial impact of
training personnel in a curriculum of basic knowledge and
skills differs according to each agency's financial
strength. Would a certification process have integrity and
usefulness if it could not be equally afforded?

**Incentives:** Becoming certified will require time,
discipline, energy and motivation on the part of child care
workers. The board has struggled with how to view the child
care worker's investment in becoming certified. Should
there be financial incentives for attaining certification,
or should certification be viewed as each member's
opportunity and responsibility as growing professionals? If
incentives were incorporated into the design, would all
members be able to support financial incentives given
disparate fiscal strengths? Without incentives, could child
care workers be reasonably compelled to become certified?
Mandated Certification: In order to underscore the importance of certification and give the process substance, the board is considering the design option of making certification mandatory for staff in member agencies. Under this option child care workers would be expected to attain certification within a specified amount of time before they could be granted permanent employment. While this option would greatly increase the level of professional training among child care workers, it also poses some serious difficulties. First, providers of care may not be able to afford training for all child care workers; second, it may create recruitment problems. The "model rate structure" reimburses agencies according to the level of care and services provided. The larger agencies, providing the most intense and sophisticated level of care and treatment, receive the highest rates and tend to offer the highest wages/benefits in the field. While many agencies, large and small, have high staff turnover due to stress and relatively low wages, it is the smaller ones who often experience the highest turnover and most difficulty recruiting staff. Smaller facilities fear that mandatory certification may become a disincentive in attracting and retaining personnel and increase their disadvantage in competing for them due to the lower wage they offer.

DEVELOPMENTAL ISSUES

In some respects MRCCA may be viewed as an "unholy
alliance." Different programmatic philosophies, financial strengths, and competition for personnel, referrals, new programs, and donations have always been a source of friction among association members. The association is most effective when members feel their commitment and cohesion will result in a positive financial gain for their facilities. The issue of whether or not to create a certification program does not fall into this category. The lack of consensus over program design directly reflects philosophical disagreements about the role and purpose of the association. The aspiration to design a certification process is challenging the current structure and cohesion of the association. Indirectly, this conflict underscores the need for the association to reexamine its purposes and goals and the degree of members' commitment toward those goals.

The following design issues emerged during the board's deliberations over certification. They raise important questions about the role and purpose of the association:

Pooling of Financial Resources: Although members generally favor a certification process that would strengthen the professional competencies of all child care workers, a program which truly provides this opportunity to all child care workers requires a funding mechanism independent of members' divergent resources. A proposal to pool resources to accomplish a common benefit creates tensions and challenges cohesion among members. While the
sliding scale for dues is essentially a pooling of resources, some larger agencies oppose a sliding scale for purposes of funding training and a certification process. These larger facilities resist the idea of having to subsidize the training of other agency personnel. This developmental issue may be stated as follows: are members ready and willing to move beyond normal self-interests to forge a commitment to all child care workers and the concept of a child care profession, particularly when significant amounts of money may be at stake?

**Standard Setting:** If there are advantages to being a private, non-profit organization, sovereignty and a high degree of functioning independence are among them. A certification process is a means of establishing a body of ethics and standards of quality for staff and programs. The latter are, in short, regulations. Although members generally support these endeavors, policing the necessary standards and performing what amounts to peer review are troublesome issues. The necessity of standard setting and peer review creates a second developmental issue associated with program design: are members ready to relinquish some independence, submit to common standards, and assume the new role of enforcing those standards among themselves?

Before a certification program can be designed and submitted to the MRCCA board for consideration, the issues raised in this chapter must be evaluated carefully. Equally
important is the analysis of how associations in other states have designed certification programs. By considering various design options currently in place, the board may be better able to agree on a design that best satisfies the needs of its members.
CHAPTER THREE

CERTIFICATION SYSTEMS IN OTHER STATES

The purpose of this chapter is to describe and analyze certification program designs currently utilized by other state child care associations. This chapter discusses common and divergent elements of programs in three states in terms of how the process is administered, who is eligible for training, and how participants are evaluated and certified.

OVERVIEW OF STUDY DESIGN

Currently, ten states have certification programs. To gather information on certification design, eight state associations were surveyed. These included Arizona, California, Oregon, Illinois, Massachusetts, Oklahoma, Wisconsin and Ohio. Through consultation with the National Organization of Child Care Workers Associations (NOCCWA), these states were selected for survey because they have progressive child care associations with an active certification process. The survey took the form of letters sent to each state child care association requesting information regarding their certification process. The purpose of the survey was to gain information on the variety of approaches being utilized, discover what might be easily adaptable to a design for Montana, gain insight into significant design elements, and provide a basis to support
the design for a certification process in Montana.

REVIEW OF SURVEY DATA

Of the eight state associations surveyed, three responded: Illinois, Oklahoma, and Massachusetts. Although the response was disappointing, it is felt that sufficient data were gathered to fulfill the goals of the survey. After reviewing responses, three fundamental design components were identified for purposes of organizing and analyzing data from each state. These components are administration of the certification process, eligibility criteria, and evaluation methods.

Administration
Illinois

The Illinois Association of Child Care Workers (IACCW) has a designated "certification committee" of the association's board which is responsible for administering its certification process. Applicants may only apply once in any twelve month period. Certification is not subject to periodic renewal. There is no renewal process; child care workers remain certified as long as they remain in good standing with IACCW. The committee's responsibilities in administering the certification process include the following:

1. Receive and review applications, letters of reference, credentials, and $35.00 fee.
2. Determine eligibility for an examination and recommend such to IACCW Board.
3. Upon determination by the board, inform applicant of eligibility status and provide a written examination if they are eligible.
4. Review examinations for successful completion and make recommendations to the board regarding certification.
5. Upon board approval, award applicants IACCW certification.
6. Provide applicants who are not recommended for certification reasons for such determination and explain the necessary steps for an appeal.

Massachusetts

The Massachusetts Association of Child Care Workers (MACCW) has a designated "certification committee" of the MACCW Board. Certification is valid for a 2 year period at which time it must be renewed. The committee's responsibilities include the following:
1. Receive and review applications, letters of reference, resume of education and relevant work experience/training, statement of personal philosophy on child care, and a $20.00 fee.
2. Send out applications for renewal, receive and review updated resume, proof of continued training attendance, two letters of reference from a current
supervisor and professional of choice.

3. Determine eligibility and award or deny certification.

4. Investigate and de-certify child care workers for professional misconduct which has been substantiated.

Oklahoma

The Oklahoma Association for Childrens Institutions and Agencies (OACIA) utilizes their Child Care Certification Committee to establish candidacy and certify child care workers. The committee consists of volunteer child care, social work and administrative personnel. Certification is valid for a 3 year period. The committee's responsibilities in administering the certification process include the following:

1. Receive and review "Certification Candidate Application," a letter of reference, and $15.00 fee.

2. Determine eligibility for candidacy.

3. If approved for candidacy, mail applicant a "certificate of candidacy."

4. Verify training in designated areas, length of employment, copy of current First Aid Training card.

5. Administer a written examination (through mail).

6. Determine that all requirements for certification
have been met and award certification if appropriate.

Eligibility Criteria

Illinois

In order to apply for certification in Illinois, child care workers must satisfy requirements in one of five categories. These categories are:

1. High School diploma or equivalent; 2 years experience in child care; and 120 actual hours of documented and approved job related training covering a minimum of 5 of the 11 designated knowledge areas.

2. AA\AS Degree in Child Care or in the Human Service Field; 2 years experience in child care and 50 actual hours of documented and approved job related training covering a minimum of three designated knowledge and skill areas.

3. BA; 2 years experience in Child Care or 1 year experience in child care in combination with 50 actual hours of documented and approved job related training.

4. BA Degree in child care or in the Human Service Field; 1 year experience in child care and 25 hours of documented job related training.

5. Masters Degree with a specialization in child care which includes substantial field placement as part
of the degree program.

IACCW has 11 designated knowledge areas within which training must apply:

1. Human growth and development theories
2. Basic nutrition and health care
3. Behavior and personality theories
4. Learning theories
5. Intra personal dynamics
6. Family dynamics
7. Culture and ethnicity
8. Individual and group counseling theories
9. Management and organization of systems, situations and people
10. Social and legal issues in child welfare
11. Child care history practice and future trends

In addition to these 11 knowledge areas, 21 skill areas are identified to which training must apply. A sample of these skill areas are techniques of intervention, observation of behavior, establishing a therapeutic milieu, role modeling, communication, and management of behavior.

Massachusetts

In order to apply for certification, applicants must be eligible in one of nine categories. These categories are:

2. AA Degree and 2 years experience in child care.
3. AA Degree specializing in child care and 1 year experience in the field.
4. BA Degree and 1 year experience in the field.
5. BA Degree specializing in child care and 6 month field placement.
6. MA Degree specializing in child care and 6 month field placement.
7. MA Degree in a related field (human services, social work, education, psychology, adaptive PE, special education) and 1 year experience in the field.
8. BA Degree in a related field and 2 years experience in the field.
9. 5 years experience in the field.

Categories 1, 2, and 4 require completion of 24 hours of training in child care during the past 3 years. Topics must be relevant to 10 broad knowledge base areas designated by MACCW.

These knowledge areas are:

1. Human growth, development and sexuality
2. Learning theories
3. Individual and group counseling theories
4. Social and legal issues in child care/welfare
5. Recreation theory and activity planning
6. Management and methods of organizations
7. Treatment planning, observing and recording
8. Knowledge of health, first aid and fire safety
9. Knowledge of basic nutrition
10. Behavior management and theory

Certification must be renewed every two years. MACCW expects child care workers to be able to demonstrate continued development of knowledge and skills but does not set a minimum of training hours required for recertification.

Oklahoma

The OACIA utilizes a candidacy process for formally setting the process of certification in motion and initiating a file at the OACIA office. Eligibility for candidacy is based upon satisfying the following requirements:

1. Be actively employed in a residential program (emergency shelter, group home, detention or child care institution in Oklahoma).
2. Be in agreement with the OACIA's code of ethics.
3. Satisfactory letter of recommendation from the administrator of the facility in which currently employed.

Candidates have a two year period of time to complete all requirements for certification once they have gained candidacy status. OACIA utilizes a combination of 2 child care training curriculums to fulfill training requirements. These curriculums are taught in the form of workshops on a statewide basis. Workshops are presented by trainers who
have been certified to teach the courses. These curriculums are the "Chapel Hill Basic Course for Residential Child Care Workers," developed at the University of North Carolina, and the "University of Oklahoma Advanced Course for Residential Child Care Workers," developed at the University of Oklahoma. Training requirements for certification are divided into 3 tracks. Candidates are encouraged to work closely with their supervisor in choosing the one track which will provide an optimum training plan for the candidate. The requirements for the three tracks are:

1. Track I: Attend a minimum six-hour workshop on each of the seven manuals from the Chapel Hill Basic Course, for a minimum of 42 hours.

2. Track II: Attend a minimum nine-hour workshop on each of the five manuals from the University of Oklahoma Advance Course, for a minimum of 45 hours.

3. Track III: Attend a minimum six-hour workshop on each of the five manuals from the University of Oklahoma Advance Course and two manuals from the Chapel Hill Basic Course, for a minimum of 42 hours.

In addition to completing training requirements within one track, candidates must also fulfill the following to be eligible for certification:

1. Complete a review examination over the material covered in the selected track with a passing score
of 75%.

2. Complete a minimum of 12 months continuous employment in current agency.

3. Attend and pass the Basic First Aid Training of the American Red Cross by a certified instructor.

To re-certify after three years, child care workers must have attended a minimum of 72 hours over the three year period.

**Evaluative Measures**

**Illinois**

In order to confer certification, the IACCW utilizes the following evaluative measures;

1. Application form.

2. Applicants written self evaluation (form) assessing strengths, skill and knowledge areas.

3. Written evaluation (form) completed by an appropriate client.

4. Summary of training (form) within knowledge and skill areas with documented dates, instructor and hours.

5. Applicants resume describing all child care work experience.

6. College transcripts or photocopy of the appropriate diploma.

7. Written examination concerning law and governmental policy pertaining to the field of child care.
8. Letters of reference from most recent child care supervisor, a child care worker and a professional associate.

Massachusetts

In order to confer certification, MACCW utilizes the following evaluative measures:

1. Application form
2. Letters of reference. One from a supervisor assessing the applicant in the 10 knowledge base areas as well as 26 skill areas; and one from an experienced child care worker and a professional in the field assessing the applicants abilities, strengths and limitations.
3. Resume of education and relevant work experience.
5. Verification of transcripts or diploma.
6. Proof of participation in First Aid training.
7. If applicable, proof of completion of 24 hours of training related to the 10 knowledge base areas.

Oklahoma

The OACIA utilizes the following evaluative measures to confer certification:

1. A passing score of 75% on review examination of coursework.
2. Twelve months of continuous employment in the field.

3. Verification of all training and copy of First Aid Training card.

4. Letter of reference from agency administrator.

SUMMARY OF DESIGN OPTIONS

Analysis of certification processes in these three states reveal certain similarities and dissimilarities. The latter are particularly important in helping to identify key design issues that should be addressed.

1. Curriculum vs. non-curriculum training: Should certification be based upon an integrated curriculum of study or upon a broad base of applicable knowledge and skills? Certification in Oklahoma utilizes a curriculum tailored for child care workers. By contrast, Massachusetts and Illinois identify a broad base of knowledge and skill areas to which training must apply. If a curriculum format is utilized, should MRCCA develop a delivery system and be in the role of providing such training?

2. Permanent certification vs. periodic renewal: Workers in Oklahoma and Massachusetts are required to renew their certification periodically. Illinois workers remain certified for an indefinite period of time as long as they are in good standing.

3. Whether or not to make certification mandatory?: Certification is not mandatory in the three states surveyed.
If certification is not mandatory, what incentive is there to become certified?

4. Whether or not to administer exams for evaluative purposes?: Illinois and Oklahoma both utilize exams in their certification process. Workers in Massachusetts are not required to pass exams as part of their certification.

5. How to fund?: All three states require "application fees" for certification. Funding to support training costs are not addressed by any of the three states. What will participants and/or agencies pay to fund the certification and training?
THE PURPOSE OF THIS CHAPTER IS TO PRESENT
RECOMMENDATIONS TO MRCCA FOR A "NON-MANDATORY" CHILD CARE
WORKER CERTIFICATION PROGRAM. RECOMMENDATIONS ARE BASED
UPON THE REVIEW OF CERTIFICATION PROGRAMS IN THE THREE
STATES RESPONDING TO THE SURVEY, AS WELL AS UPON DESIGN
OPTIONS IDENTIFIED IN DISCUSSIONS WITH THE BOARD. THIS
PROPOSAL ADDRESSES FOUR MAIN AREAS OF DESIGN:
ADMINISTRATION, ELIGIBILITY, EVALUATION AND TRAINING
DELIVERY SYSTEM. AT THE HEART OF THE PROPOSED CERTIFICATION
PROGRAM LIE THE FOLLOWING DESIGN ELEMENTS: ADMINISTRATION OF
THE CERTIFICATION PROGRAM BY AN ESTABLISHED "CERTIFICATION
COMMITTEE" OF THE BOARD; A CANDIDACY PROCESS FOR
ESTABLISHING ELIGIBILITY; A REGIONAL TRAINING SYSTEM
PROVIDING A STRUCTURED CURRICULUM FOR CERTIFICATION; AND
EVALUATION METHODS UTILIZING WRITTEN EXAMINATION AND
REFERENCE REVIEW.

ADMINISTRATION

ADMINISTRATION OF THE PROPOSED CERTIFICATION PROGRAM
SHOULD BE THE RESPONSIBILITY OF A "CERTIFICATION COMMITTEE"
OF THE MRCCA BOARD. THE COMMITTEE SHOULD BE COMPRISED OF
3 - 5 BOARD MEMBERS WITH MEMBERSHIP SELECTION DETERMINED BY
THE BOARD. THE ESSENTIAL TASKS OF THE COMMITTEE ARE TO
process applications, maintain files, evaluate and determine eligibility for candidacy, certify and re-certify child care workers, and administer the training delivery system. It is suggested that the board may want to delegate some of these tasks (e.g., processing applications, maintaining files) to MRCCA contractual staff. The committee's involvement with training will be discussed below in the "Training Delivery System" section of this chapter. The remaining committee tasks are described as follows:

**Candidacy Application Process:** The purpose of candidacy is to formally set the process of certification in motion, to establish a file with the certification committee, and to complete all initial eligibility requirements. Once approved for candidacy, a two year period commences within which time the candidate must complete the criteria for certification. If not completed within two years, candidacy files are removed and the applicant must re-apply. Upon requesting and receiving an application packet, the applicant must submit the following for evaluation:

1) **Application Form.** See appendix B for an example from another state.

2) **Reference Letters.** One from a current and immediate supervisor, a child care worker and another professional of choice. See appendix C for example from another state.
3) **Self Evaluation Form.** See appendix D for example.

4) **Current Resume**

5) **Registration Fee.** A fee should be established by the MRCCA board to cover costs of processing, mailing, filing, etc.

6) **Code of Ethics.** Applicant must be familiar and in agreement with a specified code of ethics. The application form provided in Appendix A is an example requiring applicant's signature acknowledging agreement. MRCCA does not currently have a code of ethics. It is proposed that one be developed by the association to reflect its values and philosophy. Two examples of codes of ethics developed by other state associations are found in appendix E.

7) **First Aid Training.** Applicant must provide proof of successful completion of Basic First Aid Training of the American Red Cross by a certified instructor.

Once the application is reviewed by the committee, the applicant should be notified in writing of being granted or denied candidacy. If denied, the applicant is provided with reasons for denial and provided an opportunity to appeal the committee's decision. The specific steps of an appeals process is a design issue which merits careful consideration by the board and is not included in this recommendation. Appendix F is an example of an existing appeals process in another state.
Certification Application Process

Once approved for candidacy, the candidate begins fulfilling necessary requirements for certification. As training requirements (discussed under "Eligibility") are met, verification will be retained in the individual's personnel file at his/her respective agency. Upon completion of training requirements, candidates must submit to the committee verification of all training, 12 months of continuous employment in their respective agencies, current First Aid Training Card, and a request for written examinations. Upon verifying the completion of all requirements, written examinations (discussed under "Evaluation") are sent to the candidate's agency by the committee. Examinations are administered by the agency and returned to the committee for scoring. Upon successful completion of the examinations, candidates are awarded the title "Certified Child Care Worker." Criteria for successful completion of examinations is a design issue not addressed in this proposal and is best addressed by MRCCA. A certificate confirming the title is sent to the child care worker and his/her agency. Certification is valid for three years, at which time the child care worker must re-certify.

Re-certification Process

Three months prior to the expiration of certification, the committee notifies the child care worker and sends him/her an application to re-certify. Upon receiving the
application, the child care worker must submit the following:

**Application Form**  See appendix G for an example of a current form used by another state.

**Updated Resume**  One from a current and immediate supervisor and one from a professional of choice.

**Continuing Education**  Minimum continuing education requirements (number of hours per year as well as parameters of course content) are most appropriately set by the association and are not specified in this recommendation. Surveyed states established approximately 20 - 25 hours per year of relevant continuing education.

Once the application is reviewed by the committee, the child care worker is notified in writing of being granted or denied re-certification. If denied, the applicant is provided with the reasons for denial and may utilize the association's appeal process. If approved, the applicant and the current employer are sent a certificate confirming re-certification.

**ELIGIBILITY**

It has been proposed above that during the two year candidacy period, certain requirements must be met to obtain certification. In addition to the certification requirements discussed above, completion of a designated training program is a central design element in fulfilling
certification requirements.

The proposed contents of the training program consists of training modules currently being utilized by MRCCA and the "Advanced Course for Residential Child Care Workers" from the University of Oklahoma. Modules currently utilized are Childhood Development, Drug Abuse, Short Term Counseling, Sexual Abuse, Acquired Immune Deficiency, and Crisis Intervention. Each module requires 16 hours of instruction by an MRCCA trainer utilizing a variety of training techniques, e.g., lecture, role play, discussion, video tape, case studies, and written handouts. The "Advanced Course for Residential Child Care Workers" is a written curriculum developed at the University of Oklahoma specifically for the training of child care workers. The curriculum consists of five training modules, each having its own manual. The format is specifically designed to provide individualized self-study with subsequent attendance to a training workshop for that module. Each workshop consists of eight hours of instruction. Manuals provide an in-depth presentation of the subject matter, teach knowledge and skills, present case studies, have review tests after each chapter, and have a glossary and list of references. Each manual is approximately 75 pages in length. The five modules and their contents are as follows:

**Building Relationships:**

1. Increasing Willingness to Form Relationships
2. Building Self-Concept
3. Relationships, Roles and Cultures
4. Role Models
5. The Teaching Relationship

Teaching Discipline:
1. Needs and Discipline
2. Preventing and Resolving Conflict
3. Behavior Management
4. Decreasing Negative Interactions
5. Managing Group Behavior

Creating a Positive Environment:
1. The Impact of the Environment
2. Ecological Systems
3. The Residential Ecology
4. Planning a Positive Environment
5. Managing Basic Needs
6. Developing Programs

Understanding Child Development:
1. The Developmental Process
2. Infancy
3. Early Childhood
4. Middle Childhood
5. Adolescence

Becoming a Supervisor:
1. Supervision and Leadership
2. Motivation
3. Communication

4. Planning

5. Evaluation

6. Getting Started as a Supervisor

To fulfill requirements for certification, it is proposed that candidates attend a total of 6 modules, 4 of which must be from the Oklahoma curriculum. It is recommended that candidates work closely with their supervisors in selecting training which is most suitable to their needs and development.

Evaluation

In addition to evaluating the fulfillment of various requirements and reference letters, examinations on workshops attended and Montana statutes related to the field are recommended to assess a candidate's qualifications for certification. The specific design of the examinations exceeds the scope of this proposal and is best developed by MRCCA. It is suggested that chapter tests from the Oklahoma curriculum may be utilized for those modules. Modules currently utilized by MRCCA will require the development of examinations. Additionally, "Agency Licensing Standards" from the Department of Family Services provides an excellent resource for significant statutes relating to residential care. Of special importance are statutes relating to confidentiality, responsibilities in reporting abuse,
facility licensing standards and the Montana Youth Court Act.

**Training Delivery System**

A training delivery system which is financially accessible to child care workers and agencies is of significant importance. Chapter two reviewed several issues on this matter which arose from discussions with the board. Recommendations for administration of training and funding of the system are discussed below.

**Administration of Training**

It is recommended that the association utilize the current regional training program as a delivery system. This program consists of 5 state regions, each having their own designated trainer. To accommodate an increase in training and to offset eventual turnover, more trainers need to be developed. To provide instruction in the Oklahoma curriculum, it is recommended that each trainer be trained "as a trainer" in these modules. The University of Oklahoma provides such training on a national basis and has expressed an interest in doing so in Montana.

To provide consistent training opportunities, it is recommended that each region conduct a workshop every three months on a training module from either the Oklahoma curriculum or an MRCCA module. The Certification Committee would establish training calendars designating workshop
dates and modules for each region in a manner that allowed candidates to fulfill their certification requirements. Workshops would be regularly rotated among member agencies in that region. Agencies hosting the workshop would be responsible for handling registration. Trainers would complete a written roster of participants and forward it to the Certification Committee for permanent record of attendance. Additionally, participants would be issued a certificate verifying their attendance, the module and training hours.

Funding

Costs associated with the training delivery system are three-fold, including initial costs of training designated trainers in the Oklahoma curriculum; meals, lodging, travel and fees for trainers for each workshop; and costs for Oklahoma training manuals.

To minimize the impact of financial disparity among agencies and to provide affordable training, it is recommended that the association fund the majority of these costs by assessing member agencies according to the number of child care staff employed as well as pursuing private or public grant support. Upon establishing anticipated training costs per year on a state-wide basis the association would be able to determine each agencies assessment and pursue additional grant support. A portion of training expense should be paid for by child care staff.
Oklahoma, the only state surveyed with a curriculum, did not address sources of funding in their survey literature. For MRCCA, it is recommended that each child care staff pay for their own training manuals as well as fees for each training they attend.

**SUMMARY**

The design recommendations in this chapter require close consideration and evaluation by the board. While MRCCA has recognized the importance of a certification program which strengthens basic skills and knowledge, sets standards, and establishes a code of ethics, important issues of difference arose among board members during discussions on design. Such concerns were taken into account when making these recommendations, but they were not allowed to compromise the integrity of the proposed certification program.
1) Professional Parenting
2) Northern Montana Youth Ranch
3) Bear Paw Dist. Youth Guidance Home
4) Yellowstone Treatment Centers
5) Youth Dynamics
6) Youth Services Center
7) Horizon Home
8) Great Falls Receiving Home
9) Helena Youth Resources
10) Intermountain Childrens Home
11) Florence Crittention Home
12) Gallatin-Park Dist. Youth Guidance Home
13) Bozeman Shelter Care
14) Discovery House
15) Missoula Youth Homes
16) Extended Family Services
17) Flathead Dist. Youth Guidance Home
18) Lake County Dist. Youth Guidance Home
CERTIFICATION CANDIDATE APPLICATION

Name: ____________________________________________

Address: ____________________________________________

City: __________________________ State: ____________ ZIP: ____________________________

Phone(s):  Work: (______) __________________________ Home: (______) ____________________________

Social Security Number: ______________ - ______________ - ______________

Place Of Employment: ____________________________________________

Position: __________________________ Beginning Date: _____ / _____ / _____

Previous Child Care Experience:

Employment Dates

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Formal Education:

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I have read the OACIA Code of Ethics and I subscribe thereto.

Signature: __________________________

Date: __________________________

Please attach your administrator's reference letter and mail to:

OACIA Office, 202 West Eighth, Tulsa, OK 74119-1419
MASSACHUSETTS ASSOCIATION OF CHILD CARE WORKERS

Certification Committee
P.O. Box 564, E. Freetown, Massachusetts

Supervisor's Employment Reference

NAME OF APPLICANT: _____________________________________________________________
The above-named individual has applied for Certification by the Massachusetts Association
of Child Care Workers. Please fill out the attached reference forms pages 5-8, using
the guidelines which follow, and return to the above address.

(APPLICANT, PLEASE CHECK)

_________Applicant has waived right to review this document.
_________Applicant has reserved right to review this document.

Since the position of child care worker entails responsibility to both children and adults,
applicants must possess a number of essential qualities. Candidates must desire to commit
themselves to the child care profession. Recognition that interpersonal relationships are
the foundation of professional child care this commitment must include:

1. A strong emphasis on the personal and professional growth of all child care
workers.
2. An ability to demonstrate the knowledge and skills necessary to provide and
maintain a therapeutic atmosphere which promotes the healthy growth and
development of children.

In order to facilitate the process of completing this reference, we have listed on the
following page a number of questions which will assist us in better evaluating the appli­
cant. It is not necessary to respond to all these questions, only those pertinent to the
nature of your relationship.

For each of the following items, please write the number which best reflects the observed
performance of the child care worker. *Non applicable may be used where appropriate.*

1. POOR: The child care worker demonstrates negative or inappropriate behavior
which reflects a lack of understanding of good child care principles and
techniques.
2. FAIR: The child care worker shows some evidence of awareness of good child
care techniques and principles, but the responses are fairly ineffective.
3. GOOD: The child care worker shows evidence of expected responses consistent
with good child care techniques and principles.
4. VERY GOOD: The child care worker shows evidence of responses which reflect a high
degree of sensitivity and effectiveness in relation to good child care
techniques and practices.
5. SUPERIOR: Within the context of the observation, the child care worker shows a
superior ability to integrate an exceptional degree of sensitivity with
good child care techniques and practices.
Supervisor's Employment Reference

Name of Applicant ____________________________________________

Agency ____________________________________________________________________________

Duration of Employment _____________________________________________________________

Name of Supervisor _________________________________________________________________

Length of supervisory relationship ___________________________________________________

Using the guidelines on the previous page, please address the following areas in regard to
the applicant:

Knowledge Base:

____ Human growth of development and sexuality
____ Learning theories
____ Individual and group counseling skills
____ Social and legal issues in child care/welfare
____ Recreational theory and activity programming
____ Management and methods of organization
____ Treatment planning, observing and recording
____ Knowledge of health, first aid and fire safety
____ Knowledge of basic nutrition
____ Behavior management and theory

Practice Skills: The candidate must demonstrate the following skills:

____ A working knowledge and understanding of all laws pertaining to children and
youth in care and child advocacy, insuring that no child's rights are violated or
denied.

____ A working knowledge and understanding of his/her agency's philosophy, policies
and standard practices.

____ The ability to maintain objectivity in working with children, youth, families, and
professionals, utilizing personal feelings in accordance with professional responsi-
bilities.

____ The ability to form and maintain therapeutic relationships with children, youth
and families.

____ The ability to form and maintain healthy relationships with other professionals.
Practice Skills (continued)

_____ The ability to assess his/her personal strengths and weaknesses and transform these into successful child and youth caring skills and strategies.

_____ A basis understanding of the dynamics of childhood and adolescent development.

_____ A working knowledge of appropriate treatment modalities.

_____ The necessary skills to effectively communicate with children, youth, families, professionals, and the general public.

_____ The willingness and ability to assist others in acquiring the knowledge and skills which facilitate child care.

_____ The ability to accept responsibility for being a role model for children and youth in care.

_____ The management skills necessary to provide children and youth in care with a safe and secure physical environment.

_____ The ability to effectively contribute to team treatment planning.

_____ The ability to accurately observe, interpret, and record the attitudes and behaviors of children and youth.

_____ Knowledge of group dynamics and the necessary skills to assist children and youth in learning through group processes.

_____ A working knowledge of individual counseling strategies.

_____ A working knowledge of family systems and dynamics and the ability to support appropriate family involvement in treatment.

_____ The ability to manage troublesome behavior in a preventative, non-punitive and support manner.

_____ The ability to safely restrain children and youth who are out of control.

_____ The ability to plan, organize and lead a variety of recreational activities.

_____ The ability to familiarize himself/herself with and make use of community resources.

_____ A working knowledge of crisis intervention skills and the ability to conduct effective life space interviews with children and youth.
Name of Applicant

Supervisor's Employment Reference
Certification of Child Care Workers

Practice Skills (continued)

_____ A working knowledge of first-aid. Ability to recognize and treat common illnesses that affect children and youth.

_____ Familiarity with medical resources in their agency and community.

_____ A working knowledge of medications that are commonly used in the care of children and youth.

_____ The ability to facilitate reasonable standards of grooming and personal hygiene in children and youth in care.

Please state any additional comments which you may have regarding the performance of the applicant. If additional room is needed, please feel free to attach another page.

Signature ____________________________

Date ________________________________
APPENDIX D
ILLINOIS ASSOCIATION OF CHILD CARE WORKERS

SELF EVALUATION for CERTIFIED CHILD CARE WORKER

Applicant's Signature

Date
Please circle the number which best reflects the observed performance of the child care worker applying for certification by the Illinois Association of Child Care Workers, the statewide professional association of CCW's.

1. Poor: The child care worker demonstrates negative or inappropriate behavior which reflects a lack of understanding of good child care principles and techniques.

2. Fair: The child care worker shows some evidence of awareness of good child care techniques and principles, but the responses are fairly ineffective.

3. Average: The child care worker shows evidence of good responses consistent with good child care techniques and principles.


5. Superior: Within the context of the observation, the child care worker shows a superior ability to integrate an exceptional degree of sensitivity with good child care techniques and practices.

An example or comment for each question is encouraged in all cases but strongly requested when rating a 1 or a 5.

Note: This evaluation and coding are highly reflective of the Practicum Evaluation used by the University of Pittsburgh's Department of Child Development and Child Care.
Does the child care worker:

1. Have an awareness of the individual children in the group
   Example or Comment:
   1 2 3 4 5

2. Support positive group structure
   Example or Comment:
   1 2 3 4 5

3. Readily pick up verbal cues from the children
   Example or Comment:
   1 2 3 4 5

4. Readily pick up non-verbal cues from the children
   Example or Comment:
   1 2 3 4 5

5. Remain aware of the group while attending to the needs of the individual child
   Example or Comment:
   1 2 3 4 5

6. Respond appropriately to the needs of the child
   Example or Comment:
   1 2 3 4 5

7. Give clear and understandable directions to the child
   Example or Comment:
   1 2 3 4 5

8. Set appropriate limits using appropriate means
   Example or Comment:
   1 2 3 4 5

9. Carries interaction with the child through to its appropriate conclusion
   Example or Comment:
   1 2 3 4 5
10. Maintain safety unintrusively
   Example or Comment: 1 2 3 4 5

11. Have an awareness of the importance of the physical environment
   Example or Comment: 1 2 3 4 5

12. Maintain an orderly and facilitating environmental structure
   Example or Comment: 1 2 3 4 5

13. Have the ability to work within the confines of the available resources demonstrating imagination and creativity
   Example or Comment: 1 2 3 4 5

14. Have a positive attitude (warmth, tolerance, acceptance)
   Example or Comment: 1 2 3 4 5

15. Have a professional demeanor (efficient, flexible, ethical, responsible)
   Example or Comment: 1 2 3 4 5

16. Demonstrates knowledge of child development theory
   Example or Comment: 1 2 3 4 5

17. Plans and executes age and developmentally appropriate leisure time activities for the group
   Example or Comment: 1 2 3 4 5

18. Demonstrates counseling skills
   a) Group
      1 2 3 4 5
   b) Individual
      1 2 3 4 5
   Example or Comment:

19. Presents him/herself as a healthy adult role model for children and others
   Example or Comment: 1 2 3 4 5
20. Provides on-going positive reinforcement for appropriate behavior
   Example or Comment:

21. Demonstrates knowledge of a variety of treatment modalities
   Example or Comment:

22. Is aware of and follows state laws and regulations affecting their work with children
   Example or Comment:

23. Demonstrates ability to record observable behavior as well as individual and group dynamics
   Example or Comment:

24. Demonstrates the ability to plan, organize and participate in a child's day in such a way as to provide maximum opportunities for learning
   Example or Comment:

25. Demonstrates skill in handling crisis situations
   Example or Comment:

26. Demonstrates awareness of the impact of his/her own responses and behaviors
   Example or Comment:

27. Gives evidence of good professional potential based on consistent personal growth
   Example or Comment:

28. Demonstrates ability to utilize training and supervision from a variety of sources
   Example or Comment:
29. Demonstrates ability to interact with co-workers in a reasonable, mature and positive manner
Example or Comment: 1 2 3 4 5

30. Demonstrates initiative in pursuing their own professional development
Example or Comment: 1 2 3 4 5

31. Is able to operate individually and collaboratively
Example or Comment: 1 2 3 4 5

32. Demonstrates respectful acknowledgement and an understanding to cultural and ethnic differences
Example or Comment: 1 2 3 4 5

33. Is able to plan for and respond to basic nutritional needs of children
Example or Comment: 1 2 3 4 5

34. Can effectively manage personal stress while working
Example or Comment: 1 2 3 4 5
APPENDIX E
Illinois Association of Child Care Workers

Code of Ethics

The Code of Ethics embodies certain standards of behavior for the Child Care Worker in his/her professional relationship with children, colleagues, employing agencies, the community and other professions.

In abiding by the Code of Ethics, the Child Care Worker views his/her obligation in as wide a context as the situation requires, takes all the principles into consideration, and chooses a course of action consistent with the Code's spirit and intent.

As a member of the Illinois Association of Child Care Workers, I commit myself to continually examine my actions as a professional in accordance with the Code and subscribe to the following statements:

• I regard as my primary obligation the welfare of the children in my care and supervision.
• I will not discriminate because of race, color, religion, age, sex, or national ancestry, and in my job capacity will work to prevent and eliminate such discrimination in rendering service in work assignments and employment practices.
• I hold myself responsible for the quality and extent of the services I perform.
• I will safeguard the child's right to privacy, sharing only that information relevant to his/her care.
• I will practice Child Care Work within the recognized knowledge and competence of the profession.
• I recognize my professional responsibility to add my ideas and findings to the body of child care work knowledge and practice.
• I accept responsibility to protect those in my care from unethical practice by any individuals or organizations engaged in child care activities.
• I accept responsibility for working towards the creation and maintenance of conditions within agencies that enable the Child Care Worker to maintain himself or herself in keeping with this Code of Ethics.
Oklahoma Association for Children's Institutions and Agencies, Incorporated

Code of Ethics

We commit ourselves as individuals, professionals and as agencies, to fulfill the ethical principles in this code. We pledge:

To serve the family as our client, since this is inherent to doing what is “in the best interests of the child.”

To be an advocate on behalf of children and families and on behalf of a full continuum of services being available to those who need such services.

To involve, as fully as possible, the child and family in all planning and decision making about services to be rendered.

To focus our efforts at strengthening the family and the relationships within the family so that the needs of all in the family can be met.

To make interventions or seek alternatives such as placement only when the family is unable to properly meet the needs of those in the family.

To seek the most appropriate placement, when a child must be placed apart from his or her family, that will best meet the child’s emotional, developmental, and spiritual needs.

To seek to reunite the child with his or her family as soon as possible and appropriate, or to make other appropriate plans for permanency for those children who have been separated from their families.

To provide child care in the residential programs, which gives appropriate developmental structures and processes and is as open as possible to the child’s involvement and participation in the community.

To protect children and families from abuse and neglect, and to avoid making interventions into the family which would be harmful.

To insure that all clients have access to services and that no one will be denied services on the basis of race, color, national origin, religious affiliation, sex, or on the basis of a handicap.
APPEALS PROCESS

An applicant must adhere to the following process (in order for the Certification Committee to reconsider an application):

1) The applicant must write a letter to the Certification Committee with supportive documentation contrary to the Committee's decision. This letter must be received by the Committee within thirty days after the applicant was mailed the decision by the Committee.

2) The Committee will consider the letter carefully and respond to the applicant within thirty days.

3) If the applicant supplied the Committee with supportive documentation to alter the decision, the applicant will receive his/her certificate.

4) If the Committee upholds its original decision, the applicant will receive a letter inviting them to elect a meeting. This request must be made within thirty days after the Committee mailed the letter to the applicant.

5) Attending the meeting will be:
   A. The Certificate Appeals Board, which includes:
      1. Chairperson of the Certification Process;
      2. President of MACCW;
      3. Member of MACCW.
   B. The applicant is able to attend with one non-voting advocate.

6) The Applicant and the Certification Appeals Board will present evidence supporting their claims and a final decision will be made by the Board at this meeting.
APPENDIX G
CHILD CARE WORKER RECERTIFICATION FORM  Appendix C

Name: ________________________________________________________________

Address: ____________________________________________________________

City: ___________________ State: _______ ZIP: ____________________________

Phone(s): Work: (______) ___________________ Home: (______) ___________________

Place of Employment: __________________________________________________

Position: _____________________________________________________________

Recertification Fee $15.00 Enclosed _________________________________________

Verification of 72 Continuing Education Hours

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<th>Name of Workshop, Date of Workshop</th>
<th>Course, or Seminar</th>
<th>Sponsor</th>
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