

**EVALUATION OF THE CENTRO INFANTIL
DIURNO DE ATENCIÓN INTEGRAL (CIDAI) IN
THE GUANACASTE PROVINCE OF
COSTA RICA**

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I. BACKGROUND

A. STUDY INTRODUCTION

1. Central Infantil Diurno de Atención Integral (CIDAI)

In English CIDAI means a Comprehensive Day Care Center for Children. The centre works with poor children from the rural areas of the Guanacaste province. It deals with children that are living in high-risk situations such as extreme poverty, family conflicts, and violent neighborhoods. The main objective is to provide a safe place during the day for children who have no adult supervision or adequate stimulation while they are not in school. These children are vulnerable to abuse and are at risk for becoming involved in drugs and crime. CIDAI is not a typical daycare as such because it provides services to children aged 2 to 18. The other main objective of the program is to promote the comprehensive physical, mental, emotional, and social development of children and young people in conditions of vulnerability. Program management believes that this process will result in preparing the children for a much more successful life than would have been possible without CIDAI's intervention. The program provides integrated support at the centre located in the town of Huacas from 7 am to 4 pm 5 days a week.

There are currently 111 children under care in this program. The center has been operating for four years. CIDAI was created as a separate but integrated program by CEPIA, an organization that has been working with the poor of rural Guanacaste since 2005.

2. Cultural, Educación y Psicología de la Infancia y la Adolescencia. (CEPIA)

As stated on the organization's website CEPIA (Culture, Education and Psychology of Childhood and Adolescence in English) is "a Costa Rican nationally accredited non-profit organization that since 2005 promotes culture, educational and labor opportunities, mental and physical health, participation and social cohesion of underprivileged children, teenagers, their families and adults in the coastal communities of Guanacaste, Costa Rica, to improve their quality of life."¹ The focus of CEPIA is to support vulnerable communities that experience extreme poverty, lack of educational and extracurricular opportunities, social and economic inequality, educational gaps, gender violence and violence against minors.

CEPIA operates 12 programs in 25 rural locations in the province. The programs include:

- Poverty relief through provision of school supplies and uniforms
- Strengthening families through social work and parent training
- Scholarships for training and higher education
- Empowerment of women through a peer support group
- Social businesses promotion and assistance

¹ <https://cepiacostarica.org/>

- Environmental projects
- Therapy for handicapped children
- Free legal advice
- Music School
- Psychological counselling
- Holistic Health
- After school programs
- Birth Control
- Community orchards
- Community leadership support

CEPIA estimates that over 3000 people have been impacted by their and or their family's use of one or more of these services in 2022.

CEPIA provides support for CIDAI mainly through the provision of physical space for the children's centre and the interchange of information about common clients and their families. CIDAI maintains a separate management and administrative structure.

3. Rationale for this evaluation

As stated, CIDAI has been operating for four years. The program has been successful in attracting government funding as well as substantial amounts of private donations. CIDAI has also developed beneficial partnerships with other government agencies and local businesses.

The program has achieved a high degree of transparency. Financial statements are available on the program website. The administrators communicate regularly with their donors through newsletters, website updates and personal communication. The program operates with clear well researched programming led by a highly professional staff

There is no doubt that the activities of CIDAI have had a direct impact on the lives of the children and their families from a purely humanitarian point of view. The children receive:

- a safe place to be during the day instead of being alone at home or on the street
- health care
- tutoring
- stimulation
- social, academic and personal development through various activities and instruction.

The parents (usually single mothers) of the children are relieved of childcare duties. These mothers do not have other adult family members in the home who can care for the children, nor can they afford to pay for daycare. CIDAI care allows these mothers to find and keep work to support their children.

These humanitarian efforts are certainly laudable and have a high degree of value in themselves. However, the management of the program would like to determine what the actual tangible measurable impacts of the program are. They would like to demonstrate that the results of their humanitarian efforts have a definite impact on the development of the children under their care. They want to be able to answer the question: “What are the end results of our efforts of the last four years?” In addition to being transparent they also want to improve their accountability to their donors. They have consequently asked for this evaluation.

4. Objectives of the evaluation

The evaluation considered all aspects of the program including operations, administration, finances as well as program impacts. The focus of the investigation was on program impacts.

The main objectives of this study were as follows:

- To review the operation of the program to determine if best practices for child development are being followed.
- To determine the impacts of participation in the program on the lives of the children and their families.
- To review program expenses to determine if the program is efficient with its funding.
- To recommend any changes to the program that would improve its efficiency and effectiveness.

5. Summary of the evaluation work completed.

a. Canada phase

The evaluation was carried out in two phases. The first phase was completed in Canada. The specific steps undertaken to complete this phase are listed below.

- Reviewed the literature on early childhood development to determine accepted best practices.
- Reviewed the literature on best practices for the evaluation of child development programs.
- Reviewed program documents that describe program objectives and procedures.
- Identified a list of impacts to measure and sources of evidence to use in the evaluation.
- Identified potential interview subjects for the study.
- Designed a series of questions for each type of interview subject.
- Submitted a work plan to program management who approved the evaluation approach and the study steps.

b. Costa Rica Phase

The specific steps that were undertaken to complete this phase are listed below.

1. Conducted an extensive interview program. The numbers of people interviewed by type appear below.

INTERVIEW TYPE	NUMBER
Program staff	6
Public School Teachers (4 schools)	12
Graduates of the program	2
Parents of the graduates	6
Older children still in the program	2
Parents of older children still in the program	2
Community leaders	2
Parents on the waiting list	2
Total	34

2. Reviewed the revenue and expenses of the program.
3. Examined a sample of the internal testing undertaken.
4. Reviewed other related program documentation.

B. DESCRIPTION OF SOCIO-ECONOMIC FACTORS

1. Costa Rica

a. Economy

Cost Rica is often not viewed as a third world country. It is more often thought of as a holiday destination without the extreme poverty evident in some other touristed countries. However, like many Latin American countries, there is significant disparity in the well being of the population. In 2015, the average disposable income of the 10% richest households was 32 times higher than that of the poorest 10% (up from 27 times in 2010).²

This disparity is most evident between uneducated people in rural areas versus educated people in urban areas. While 19 percent of urban households live in poverty and 5.2 percent live in

² <https://www.oecd.org/policy-briefs/costa-rica-towards-a-more-inclusive-society.pdf>

extreme poverty, 30.3 percent of rural households live in poverty and 10.6 percent in extreme poverty.³ (2017 data.)

Other indicators of poverty in Costa Rica are as indicated below.

- In 2020, approximately 5.7 percent of Costa Ricans were living on less than 3.20 U.S. dollars per day⁴. Another 16.1% were living on less than \$5.50 U.S. per day.⁵ This is in a country of high costs and growing inflation. “According to the estimates, by the end of 2022 inflation would approach 10%, which would limit purchasing power and trigger poverty in between 27% and 33% of Costa Rican households; that is, some 65,000 more than a year ago.”⁶
- Youth unemployment (15-24) nation wide is 40%.⁷
- According to UNICEF, one in three children under 18 years of age in Costa Rica now lives in poverty.⁸
- The Costa Rican National Institute of Statistics and Census (INEC) released a report in 2020 with the following findings.⁹
 - Extreme poverty reached 7.0% of households, 1.2% greater than in 2019. (The government has a formula for defining poverty and extreme poverty based on a scale of deprivations experienced.)¹⁰
 - These figures correspond to 419,783 households in poverty (nearly 84,000 more than in 2019) and 112,987 households in extreme poverty (an increase of 19,445).
 - Counting people, rather than households, the incidence of poverty is 30%, or more than 1.5 million people. This represents a 6.1% (321,874 people) increase over 2019.

b. Education

Education in Cost Rica is free and mandatory up to the sixth grade. However, after the legal requirement ends many youths do not continue their education for a variety of reasons. These include the following.

- untreated disabilities and learning problems
- untreated psychological problems

³ <https://borgenproject.org/about-costa-ricas-poverty-rate/>

⁴ <https://www.statista.com/statistics/789881/poverty-rate-costa-rica/>

⁵ <https://www.macrotrends.net/countries/cr/costa-rica/poverty-rate>

⁶ <https://qcostarica.com/economists-project-that-poverty-in-costa-rica-could-reach-33/>

⁷ <https://www.cia.gov/the-world-factbook/countries/costa-rica/#introduction>

⁸ <https://borgenproject.org/poverty-reduction-in-costa-rica/>

⁹ <https://ticotimes.net/2020/10/16/more-than-a-quarter-of-costa-rican-households-living-in-poverty-details>

¹⁰

- lack of family support (especially parents with low education levels)
- the need for children to go to work to help support the family
- pregnancy
- marriage
- the need to stay at home to care for other family members
- poor access to schools
- cost of school supplies

The average school dropout rate in Costa Rica is about 22%, ranging from 0.1% to 58% depending on the region. Rural schools have a substantially higher dropout rate than their urban counterparts.¹¹

For people aged 15 and over, a difference of almost 4 years of average schooling is estimated between non-poor people and those considered poor. For the poor this is the equivalent of completing primary school (6 years), while for the non-poor it is around 10 years of schooling.¹²

The preschool system is underdeveloped, especially in rural areas. Country wide “just 20% of 4-year-olds from the poorest households have access to preschool provision, compared to 80% in more developed countries.”¹³

2. The Province of Guanacaste

a. Economy

The province of Guanacaste is in the northwestern region of Costa Rica, along the coast of the Pacific Ocean. It is bordered by Nicaragua to the north. It is the most sparsely populated of all the provinces of Costa Rica. The province covers an area of 10,141 square kilometres. As of 2020 it had a population of 403,827.¹⁴ Most of the population descends from Chorotega Natives and Spaniards, with some Africans as a result of a large number of slaves working the land during the colonial period.

Guanacaste is one of two regions in Costa Rica that are known to be the poorest areas in the country. Guanacaste experienced the largest percentage increase in poverty since 2021 of any other province according to the Costa Rican National Institute of Statistics and Census. The government reports that 31.7% of the population is poor with another 9% is living in extreme

¹¹ <https://worldview.unc.edu/wp-content/uploads/sites/433/2020/08/Costa-Rica-Report.pdf>

¹² Ibid.

¹³ Ibid.

¹⁴ <https://knoema.com/atlas/Costa-Rica/Guanacaste>

poverty.¹⁵ This is in part due to a significant dependency on tourism which was badly damaged by the pandemic.¹⁶ (It appears that the tourism sector is recovering in 2022.)

There are 21,039 people considered unemployed with another 13.2% of the population considered underemployed. Another 170,207 people are out of the work force and not looking for work. (This includes people physically or otherwise unable to work.)¹⁷

b. Education

In the area of Guanacaste there is a low level of academic achievement. The population of people 5 years old or older is 376,321. Of this population, 26,192 (7%) have never been to school. Another 75,799 (20%) have completed primary school and 63,188 (17%) have completed high school.¹⁸

Some of the impacts of the social conditions in Guanacaste are not reflected in official statistics. However, the observations by CEPIA and CIDAI staff indicate a range of significant issues. These include:

- Violence and crime
- Health problems
- Social inequality
- Economic inequality
- Gender violence
- Violence against minors
- Child abuse
- Poor living conditions

c. Gender issues

Women's economic opportunities are greatly reduced due to the cultural expectation that they have a larger role in domestic work than their male counterparts.

In the Spring of 2022, a student at Lund University in Sweden chose to study the impact of childcare provided by CIDAI on the lives of women in the area of Guanacaste as part of her

¹⁵ Los estoy molestando mucho, pero espero que sea la última vez... ¿Podrían enviarme la definición de pobreza y pobreza extrema del gobierno, por favor?

¹⁶ The Impact of Free Childcare Services on Women's Economic Opportunities, A Case Study in Guanacaste, Costa Rica

Shannon Li O'Sullivan, 2022

¹⁷ https://admin.inec.cr/sites/default/files/media/seempleoeceiiitri2010-iitri2022.03_0.xlsx

¹⁸ https://admin.inec.cr/sites/default/files/media/reenaho2021-educacion_2.xlsx

Bachelor's Thesis.¹⁹ Her literature research on the issues faced by women in Costa Rica and Guanacaste found the following data.

- In 2015, half of the unemployed women in Costa Rica viewed family caring responsibilities as the main hindrance to looking for or taking up a job.
- Female labour force participation in Costa Rica is below the average in Latin America and the Caribbean
- In 2021 the female employment rate in the country was more than 23 percentage points below that of men

The thesis research also indicated that adolescent girls suffer from gender inequality. Some issues are as follows.

- In 2014, Guanacaste was the province with the highest average birth rate for girls aged below 18 in Costa Rica
- In Costa Rica, poor girls from rural and remote areas (like Guanacaste) with low levels of education, are three times more likely to become pregnant compared to girls from urban areas with higher levels of education

II. DESCRIPTION OF CIDAI OPERATIONS

A. HISTORY OF THE INITIATIVE

CEPIA was founded in 2005 by two Belgian women and a group of concerned Costa Ricans. The group had observed the severe social problems in the small towns of rural Guanacaste. They began an initiative to protect and enhance the lives of vulnerable people experiencing severe social issues.

CEPIA began working with poor single mothers in the area. The women repeatedly indicated that what they really needed was a safe place for their children when they were not in school, and the mother was at work. It is believed by some contacts made during this study that this situation is somewhat of a consequence of the cultural changes in Costa Rican society. Previously childcare was undertaken by grandparents. The grandparents are now forced to remain in the work force due to the changing economy and rising costs and are no longer available for this traditional role.

CEPIA management decided in 2018 to begin a separate program to better serve the needs of a broad age group in a day care type setting including the very young and older youth at risk and to respond to the needs of poor single mothers for a safe place for their children. The decision

¹⁹ The Impact of Free Childcare Services on Women's Economic Opportunities: A Case Study in Guanacaste, Costa. Shannon Li O'Sullivan

was made to create a daytime care program for children 2 to 18. The centre where the care is provided is open 7 am to 4 pm 5 days a week. Children 2 to 6 spend the day with their care givers. Children 7 to 13 spend a half day in the centre and a half day in public school. The youth of 14 to 18 are school dropouts and spend the whole day at the centre engaged in a self development program. The centre only closes four times a year on federal holidays like Christmas and New Years.

The program was made possible by a donation of land by the village of Huacas, funding accessed through a government program for child development and by significant private donations.

B. OPERATION OF THE PROGRAM

1. A holistic approach

After researching a variety of childcare models, the program management decided to take a “holistic” approach to childcare and development. Holistic Development can be defined as “an approach to learning that emphasises the importance of the physical, emotional, and psychological well-being of children. It helps children to connect with the world around them and learn in a way that differs from the conventional form of schooling.”²⁰ There is significant support for this type of approach. UNESCO has researched the area and concluded that “Science clearly demonstrates that such holistic approaches greatly increase the chances that children will complete school, experience good physical and mental health and contribute positively to their societies.”²¹

The approach is sometimes called “Whole Learner Education.” The concept of the “Whole Learner” was based on scientific brain development research. This research “tells us that, at every stage of development, learning happens in an integrated way. Cognitive, social, emotional, creative, and physical skills are all deeply interconnected.”²²

²⁰ <https://www.twinkl.ca/teaching-wiki/holistic-development-eyfs>

²¹ <https://unesdoc.unesco.org/ark:/48223/pf0000229188>

²² The

https://w.lelearnereducation.org/?utm_source=google&utm_medium=ads&utm_campaign=sprint1-parents

2. Curriculum

The application of the holistic principals can be seen in the daily activities of the different age groups in the program. These are outlined below with the number of children in each category currently in the program.

Infants (ages 2 to 4) – 18 children

- Hygiene
- Indoor and outdoor Play
- Sports
- Yoga
- English
- Music
- Stories
- Crafts
- Nap
- Sound therapy
- Meditation

Preschool (ages 4-6) -21 children

- Hygiene
- Indoor and outdoor play
- Music
- Sound therapy
- Yoga
- Personal development
- Crafts
- Stories
- Nap
- Meditation
- Sports

Primary I&II (ages 7-12) – 52 children

- Indoor and outdoor play
- Stories
- Music
- Art
- Sports
- English
- Personal development

- Homework
- Sound therapy
- Meditation
- Yoga

Youth (ages 13-) – 20 youth

- Yoga
- Meditation
- English
- Sports (including surfing)
- Swimming
- Art
- Culture
- Music
- Sound therapy
- Academic Tutoring
- Computers
- Personal development

3. Selection of children for the program

The children arrive at the program through a variety of sources. Some are referred by CEPIA personal who have contact with needy families. Some are referred by community leaders such as school administrators. The majority of the time families contact the program directly to ask for admission of their children.

The applicants are investigated to confirm that the family has economic problems and living conditions that are not optimal for health and development. The investigation includes a home visit by the program social worker.

Once accepted, a child is given a series of tests to determine their level of development, special needs, nutrition requirements, and level of English. There is a psychology profile developed for each child. These tests assist the program staff to develop plans for the children's development. The program has a professional psychologist who interviews each child to determine if they require therapy. The list of conditions discovered and treated by the psychologist in 2021 are as follows.

- Chronic bad behaviour (57)
- Grief (26)

- Depression (24)
- Anxiety (18)
- Domestic violence (14)
- Sexual abuse (14)
- Hypersexual behaviour (9)
- Family conflict (9)

Staff also report a degree of trauma among the children who have experienced the divorce of their parents. This is the majority of the children as the program assistance is targeted to single parents.

On entering the program, a child may undergo one or more of the following tests depending on their apparent condition observed by the program psychologist or because of referrals by a schoolteacher or the child's parent.

- IQ test
- Assessment of attention deficit hyperactivity disorder (ADHD)
- Neuropsychological evaluation (NEUROPSI) Neuropsychological evaluation is an assessment of how one's brain functions, which indirectly yields information about the structural and functional integrity of the brain. The neuropsychological evaluation involves an interview and the administration of tests.
- D2 attention test. This is a neuropsychological measure of selective and sustained attention and visual scanning speed. It is a paper and pencil test.
- Neuropsychological battery for preschoolers (BANPE). For children from 3 to five years
- Multiphase Personality Inventory (MMPI-A). Assesses personality traits and psychopathology. Used to test teens with suspected mental health or other clinical issues.
- Multiaxial clinical inventory. A personality test.

4. Transportation

The program uses three buses to collect the children from their homes in 15 different towns. There are 97 children who use this bus system to attend CIDAI. Fourteen children live close enough to the centre to walk. The bus service greatly increases the ability of poor children to attend the care centre. Younger children go to school half days. The buses take some to the centre in the morning and then takes them home to be able to attend school. Children going to school in the mornings are then picked up and taken to the centre for the afternoon. At the end of the day, they are driven home.

5. Description of the program's physical space

The program operates in a well-maintained spacious two-story building operated by CEPIA. The features of the building include the following.

- Indoor and outdoor play areas. The outdoor area is covered to protect from sun and rain.
- Music room
- Yoga/meditation room
- A donated clothing area
- A kitchen and eating area
- Teaching rooms
- Computer room
- Consultation and therapy rooms
- Library
- Toy room
- Administration

6. Graduation

Children “graduate” from the program when they reach the age where they enter High School. In primary school children only attend school half days and spend the other half in CIDAI. High school is a full day program. Children who for whatever reason choose not to enter High School may in some cases remain at CIDAI and take advantage of the development program until they are 18.

7. Follow up

When children leave the program, either to enter High School or when they reach 18 years old CIDAI personnel continue to monitor their progress. Staff stay in contact with each graduate by telephone or WhatsApp at least once every six months. If the graduate is experiencing problems CIDAI staff attempt to resolve the problems. The grads can also be referred to other CEPIA resources such as psychological services. Staff estimate that 20% of grads require some form of assistance after leaving the program.

8. Governance

CIDAI is one of several programs of CEPIA and is not a separate legal entity. It does however have its own administration. CEPIA operates with an eight-person board. The board operates with documented policies and procedures for its operation.

III. EVALUATION APPROACH

A. ISSUES IN EVALUATING CHILD CARE PROGRAMS

The assessment of the impacts of a childcare program is complicated by several issues. Some of these are briefly outlined below.

1. The subjective nature of available information

Childcare programs like CIDA I do internal testing and satisfaction surveys to measure results. These types of measure have a built-in bias given the motivation for staff to show results and (at least in the case of CIDA I) the potential for parents to have an interest in not criticizing the organization that is providing an important and free service. An attempt was made to mitigate this potential effect by focussing the interviews on impartial public-school teachers and children and parents who no longer had a connection to the program

2. Lack of control groups

When feasible, evaluations make use of control groups to determine if observed program impacts are only evident within the program participants. This is an accepted scientific research technique. However, it is outside the scope of many evaluations (including this one) to be able to compare a statically valid number of program participants with those of a similar circumstance that have not participated. An attempt was made through public school teacher interviews to compare the school performance and behaviour of a child from the program with another child from similar circumstances who had not been in the program. This effort had limited success given the low number of teacher interviews that were possible during the study.

3. Sampling bias

Program staff involved in evaluations often have an inherent bias to provide interview subjects that have positive views of a program. This bias did not seem possible in this study due to the difficulty with contacting interview subjects. A lack of contact information, especially for program graduates and dropouts as well as the many interview refusals made it unlikely that any preselection was occurring. It appeared that staff were making an effort to collect as many interviewees as possible without regard to their predisposition to give positive responses to questions about the program.

B. SELECTED IMPACT MEASURES

The difficulties outlined above appear to have limited many such evaluations to an examination of best practices. The focus is on judging whether the program follows accepted infrastructure, staffing, safety, curriculum, and other norms. This evaluation considered these best practices to

determine if CIDAI was adhering to them. However, the focus of this study was the results of these best practices. The real questions that this evaluation addressed were: Did they have the intended effect? Was there a tangible measurable impact? Did CIDAI achieve positive results by using best practices and a holistic approach?

To measure results, it was necessary to decide on impact measure areas that could be applied in the case of CIDAI. A list of potential areas of impact was discussed with program managers and a final list agreed upon. These are listed below.

- Academic performance
- Attitude to academics
- Self esteem
- Positive view of future possibilities
- General Behaviour
- Family and other relations

C. LINES OF EVIDENCE

To help ensure that the results of the research would produce valid and reliable results it was decided to employ multiple lines of evidence. Thus, if the same results are reported by a variety of groups of individuals and the available documentation one can be relatively certain that the results are valid. This is referred to as a triangulation of investigation results.

As mentioned in the description of work completed the lines of evidence included interviews with staff, parents, public school teachers, children currently in the program, program graduates, and dropouts. Program documentation was also reviewed for this purpose.

D. CHILDCARE BEST PRACTICES

The literature review of the evaluations of childcare programs indicated that many “evaluations” were limited to essentially a best practices audit. Principals of childcare have been developed by experts in the field and are often reflected in government licensing documentation. Applicants for a childcare facility license must demonstrate that they adhere to accepted protocols to be successful. (Some of the documentation reviewed on childcare best practices appears as Appendix C.)

These best practice protocols are an attempt to measure quality of care. It is difficult to conclude from this type of analysis that if a program follows all the given best practices, it is indeed providing quality care. It could be possible that even if it follows the protocols, it may not be providing good care. However, if a facility is not following best practices, it would be reasonable to assume that it would be very unlikely that quality care is being offered.

An example of a childcare facility best practices checklist developed by Childcare Aware of America appears as Appendix A. This study did not attempt to verify practices of CIDAI in the amount of detail used by such a checklist. However, an effort was made to verify that CIDAI was following the general principals of these best practices. The results of this effort appear below. In each category general best practices are stated and then the related practices of CIDAI are outlined.

It should also be noted that these types of evaluations and checklists are intended for programs with very young children. CIDAI is not a traditional childcare facility as it has a wide range of ages including some adolescents. Therefore, the analysis of best practices here applies mainly to the younger children in the program.

There is also a cultural context to consider. Best practices in more developed countries might not fully apply to the Costa Rica experience. However, as will be seen, CI's practices are largely consistent with accepted best practices developed by experts in more developed countries.

IV. IMPACT ANALYSIS

A. BEST PRACTICES IN CHILDCARE AND DEVELOPMENT

1. SAFETY

a. Best Practices

- Staff trained in first aid/CPR
- Clean uncluttered rooms
- Plans and drills for emergencies
- A safe play area outdoors
- Locked storage for noxious materials

b. CIDAI

CIDAI meets all these safety criteria. There are safe play areas and classrooms. The staff are trained to deal with medical or any other emergencies. The interior spaces are clean and orderly, and all noxious products are tightly controlled.

2. HEALTH

a. Best Practices

- Immunization program
- Dental program
- Control of medications

- A program promoting hand washing

b. CIDAI

The program has a detailed system of records and regular child examinations to ensure that the children enjoy good health care including dental. Immunizations are tracked. Medications are monitored and given by staff as needed. Hand washing is a requirement at all meals.

3. WORKER/CHILD RATIOS

a. Best Practices

- Sufficient staff to always maintain close supervision of all children even when sleeping.
- Many jurisdictions require specific ratios to allow a centre to operate.

b. CIDAI

CIDAI follows the requirements of the Costa Rican government for child to caregiver ratios and maximum group sizes. This is a requirement to receive government funding. These government figures are very similar to the Canadian requirements reviewed for this study. The government agency that provides funding visits CIDAI twice a year to confirm that the program is operating within these guidelines.

CIDAI also uses volunteers to supplement the staff complement. Often these are foreigners who come for significant amounts of time to work at the childcare centre. During 2022 there have been 15 foreign volunteers who have spent time helping in the program. Currently there are four of these volunteers on site. CIDAI also has the assistance of a group of nursing students who come to help with the children. There is an average of 8 of these students who come everyday.

4. SUPERVISION OF CHILDREN

a. Best Practices

- Caregivers should be seen by others at all times so that a child is never alone with one caregiver.
- The caregivers are trained on how to prevent, recognize, and report signs of child abuse.

b. CIDAI

CIDAI management is very aware of the problems with child abuse in the local population. Staff are trained to recognize child abuse and to follow protocols for interventions which includes referrals to the government agency that deals with this issue.

The physical layout of the centre makes it highly unlikely that a child and a staff member would be alone together. There is a policy that when children are meeting alone with staff office doors are to be left open. The only exception is for psychology sessions where privacy is required.

There is also an electronic surveillance system that provides clear views of all open areas of the building.

5. PROFESSIONAL STAFFING

a. Best Practices

- Well trained staff to ensure quality program delivery.
- The staff must have experience in the field.
- Low staff turnover is desirable for continuity.

b. CIDAI

The current CIDAI staff have an average of three years in their position. Of the 15 staff that work directly with the children on a full-time basis 10 have a professional accreditation. Most have worked for other non-profits before joining CIDAI. The director holds a master's degree in project management.

6. CAREGIVER INTERACTIONS

a. Best Practices

This is a highly subjective area that essentially attempts to measure the character of the professionals.

- Are they empathetic to the needs of the children?
- Are they genuinely interested in the children and their activities?
- Do they work at helping the child when there is a need for comfort or problem solving.

b. CIDAI

To determine whether there were good caregiver interactions would require a significant amount of observation time of the interactions. The author was on site during parts of three weeks. The interactions that were observed during this period did not reveal any obvious difficulties. All staff interactions that were observed appeared to be caring and thoughtful with the children.

CIDAI does screen its staff for their ability and willingness to provide care in an empathetic manner with a series of mental suitability tests. These are test that measure:

- Personality
- Intelligence
- Impulsiveness
- Ability to care for children
- Anxiety

The tests are part of CIDAI's hiring process and are also given to the existing staff once a year.

7. PROGRAM STRUCTURE

a. Best Practices

- Significant stimulation.
- Planned curriculum.
- Daily balance of play time, story time, activity time, and nap time.

b. CIDAI

Staff have documented daily schedules for each age group. As noted previously this curriculum is diverse and follows a holistic approach. There is a high degree of stimulation and activity balance in the daily schedule. Field trips are a formal part of the curriculum.

8. ROLE OF THE PARENTS

a. Best Practices

- Good relations and communication between staff and parents.
- Regular and structured interaction to exchange information about a child's progress.

b. CIDAI

The program staff are in regular contact with the parents of the children in their care. They use the "What's App" application to communicate with the parents of each group of children. (Cells phones are cheap and can be bought with small monthly payments. Even the poorest families manage to obtain one.) The parents are invited to discuss their children's progress every quarter. Twice a year parents are invited to a special event on a national holiday.

B. RESULTS OF THE REVIEW OF INTERNAL DOCUMENTS.

1. SATISFACTION MEASURES

a. Previous study of Impact of free childcare on single women

The academic thesis mentioned earlier²³ studied the impact of free health care on female clients of CIDAI through interviews with staff and clients. The results are noted here as they agree in general with this report's findings and thus provide another indicator of the reliability of findings in this area. The main findings of the thesis were as follows.

- The free childcare services have had a positive impact on the likelihood of being able to obtain employment among the mother beneficiaries.
- Accessing non-parental formal childcare has replaced mothers' previous use of informal childcare, offering their children a more reliable and safer environment to be cared in.
- Mothers who previously had to stay at home to care for their children have more time available to work and to earn an income.
- For mothers who previously had to work more than eight hours per day to afford childcare, the access to free childcare has meant that they have more time to spend with their children.

b. Teacher evaluation

Every year the children aged 7 to 18 in CIDAI evaluate their teachers. In 2022 there were 5 teachers evaluated. The rating was done anonymously so there was no incentive to provide a positive review of their instructor. However, the teachers all received good reviews. The averaged results for the 5 teachers appear in the table below.

TEACHER AREA	RATING OUT OF 5
Is punctual	4.8
Uses audiovisual material	4.5
Motivates me to continue participating	4.6
Incorporates an adequate level of English into the class	3.0
Has a good knowledge of the subject	4.6

²³ The Impact of Free Childcare Services on Women's Economic Opportunities: A Case Study in Guanacaste, Costa.
Shannon Li O'Sullivan

Prepares activities that make the class entertaining	4.5
Offers class material are useful to me	4.6
Improved my understanding of the topics	4.5
Taught me things that will be useful in the future	4.6

c. Psychology services satisfaction survey

This is a satisfaction survey completed by parents of children in the program who have been through an extended psychological counselling session. Such a process can last up to six months. This survey resulted in a satisfaction rate of 97%. The validity of this result may be limited since a parent is asked to rate a treatment while their child is still in the program. There may be a tendency for parents receiving a vital and free service not to criticize the program.

2. CHILD PROGRESS INDICATORS

CIDAI employs a variety of instruments to monitor the health and development of the children in care. These indicators are of a general nature and are not quantitative but provide staff with a good sense of whether a child is developing in many areas in a healthy manner and at a reasonable pace. These are outlined below.

a. Mathematics and Spanish Language Proficiency Profile

Most children in the program receive instruction in proper Spanish and mathematics. This profile is filled out by the two teachers, and it indicates the progress of students. The profile is filled out for every student from three years old and up every six months. No specific grades are given but there are other progress measures employed.

b. General Behaviour Indicator

This is a form that shows how very small children are conducting themselves within the basic routines of the program. These routines include the following.

- Forming a circle when asked (for group sessions)
- Making a line when asked
- Cleanliness
- Courtesy
- Respect
- Naps/meditates
- Participates in sports
- Listening skills

Staff fill out this form for all children every six months.

c. Nursery Diagnostic

This indicator deals with children 2 and 3 years old. It is six-page listing of skills important to early child development that is completed by staff twice a year. The skills include the follow areas.

- Social development
- Personal identity
- Hygiene
- Courtesy
- Neatness
- Language
- Motor skills

d. Preschool Diagnostic

This indicator deals with children 4 to 6 years old. It is completed by staff twice a year. This is a 13-page analysis of a variety of skill areas. These include the following.

- Social development
- Home life
- Language skills
- Motor skills
- Math skills
- Comprehension

e. Growth and Development Data

This indicator records the physical development of the child. The form includes information such as the following.

- Height
- Weight
- Vision
- Hearing
- Mobility

This information is collected for every child twice a year.

f. Behaviour Evaluation Scale

This is a test of a child in psychological therapy. It is completed by the parents at the beginning of the therapy and again at its conclusion. A test given by your psychologist called "Escalas de Evaluacion del Comportamiento" (Behavior Evaluation Scale) is one that covers behaviour, self confidence, schoolwork, and emotions. It is given before and after therapy.

3. Disposition of children who have been in the program 2018-2022

Since the beginning of CIDAI 221 children of various ages have spent at least some time in the program. Of these children 27 are in High School. These are children who have "aged out" of the program. When a child enters high school, they attend school all day long and no longer need the services of CIDAI. Another 111 are still in CIDAI. Two have graduated high school and are waiting to be accepted into university. One is in a trade school. There are 25 who have moved away from the CIDAI service area for a variety of reasons. Another 55 are no longer in the program but remain in the area. These children leave the program when their mothers have another family member, or another adult become available for childcare. CIDAI confirms that there is an adult caregiver present before the child is removed from the program. CIDAI will remove children from the program if the family obtains this source of childcare. CIDAI wants to focus on families with no viable option for childcare. Staff report that another reason for leaving is that the children lack discipline in many families and if they decide they do not want to attend the program they are not obliged to go by their parents. The government program that funds a part of CIDAI requires attendance records and if the child does not attend CIDAI 8 times a month in a three month span they are removed from the program. An Average of 14 children per year leave the program for these reasons.

4. Policy and procedures

The organization has well documented policies and procedures covering all aspects of the operation. These are outline below.

a. CEPIA rules of procedure

CIDAI uses the CEPIA rules of procedures manual that covers the conduct of all staff and volunteers. A copy of this document is signed by new staff and volunteers to indicate their willingness to follow the guidelines. This document includes:

- Vision and general mission
- Pedagogical vision and mission
- General rules for volunteers, staff, and members
- Activity restrictions

- Confidentiality
- Hygiene and health
- Transportation uses
- Communications with parents
- Communications with children

b. CIDAI Model of Care

CIDAI has developed its own policy and procedure manual with its own mission, vision, and goals. This 72-page document also describes the model of care used by CIDAI for each age group. Areas covered include

- Health standards
- Human rights promotion
- Gender rights promotion
- Program Values
- Self esteem development
- Education approach
- Promotion of a holistic approach

C. PROGRAM FINANCES

The table below illustrates the cost of operating the CIDAI program during the five years of its operation. The program operates 5 days a week and only closes for a very few national holidays. Normally the program operates for 260 days per year.

The cost figures are only operating costs. The program enjoys the use of facilities financed by CEPIA and no capital or utility costs are reflected in the figures below. (The land was donated by the town where the facility is located.) However matching operating costs with the services delivered listed after this table is still an indication of the cost benefit of the services.

CIDAI

OPERATING COST PER CHILD PER YEAR IN US DOLLARS

BASED ON 260 DAYS OF OPERATION

Year of operation	Total expenses In US dollars	Average number of children in the program	Estimated cost per child per year	Estimated cost per child per day
2018	\$172,186	80	2152	8.3
2019	\$229,017	90	2544	9.8
2020	\$227,350	112	2029	7.8
2021	\$294,994	112	2633	10.1

2022 projection	\$330,184	111	2974	11.44
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For the modest price per day indicated above, a child receives the following.

- Supervised daycare
- Two meals a day for the morning group
- One meal a day for the afternoon group
- Transportation to and from the program
- School supplies
- School Uniforms
- Day trips
- Snacks
- Tutoring
- Health care/medicine
- Psychological services
- Family social work counselling
- A child development study curriculum with professional staff

The increase in expenses in 2021 is directly attributable to the pandemic. The program was closed for a period during which the food relied on by the children had to be delivered rather than provided in a central place. Also, the program decided, given the level of need during the pandemic, that it was unreasonable to only provide food assistance to those children in the program. Instead, it was decided to increase expenditures to cover the costs of providing substance for whole families.

It should be noted that Costa Rica is not a particularly inexpensive country. The World Population Review²⁴ ranks Costa Rican cost of living to be like countries such as Portugal, Lithuania, and Slovakia. Costa Rica is more expensive than every other Latin country except Cuba, Panama, and Uruguay. This makes the low level of expense per child more significant.

D. RESULTS OF THE INTERVIEW PROGRAM

The interviews were conducted in person and with a single individual interviewed at a time. This was true for all interviews except the public-school teachers who preferred to be interviewed in groups. Interviews were of a conversational nature and there was no attempt to obtain valid statistically data.

²⁴ <https://worldpopulationreview.com/country-rankings/cost-of-living-by-country>

1. STAFF

The main results of staff interviews are as follows.

- The staff are a highly motivated group with a great deal of concern for the children under their care.
- Four of the professional staff reported that they had accepted a significantly lower salary to work with CIDAI than they could earn in another organization given their qualifications. They were willing to do this because they believed in the work and that the program was making a difference in many lives.
- Staff have training sessions initially to introduce them to the holistic approach as they come from traditional training that emphasises control rather than development. Their director commends them for being open to new ideas.
- All staff report seeing positive changes in many children. Behavioural changes are the most common. It is a slow process, and it can take one to three years for a socially challenged child to reach an acceptable behavioural level.
- The development of the children depends also on the level of support and encouragement they receive from their family.
- Staff report that most preschool children that come to the program are undisciplined, destructive and lack emotional self control. This is attributed to the lack of parental control observed in poor and single-family households where most of the children in the program are being raised. It can take many months to modify this behaviour.

2. OLDER CHILDREN IN THE PROGRAM AND GRADUATES

Sixteen parents and children were interviewed to determine the impact of being in the CIDAI program has had on their lives. In some cases, children and parents were interviewed separately. The two sources reported very similar results for the child.

As stated earlier no statistical analysis of the results were attempted. This was in part due to the low level of interviews undertaken. It was difficult to locate some individuals and others were disinclined to be interviewed due to other commitments. Staff suggested that in the demographic involved a degree of timidity made some people hesitant to come forward. Instead of a statistical analysis of limited value it was decided to present short case studies of the children in bullet form. The case studies are presented below

i. Female child 16 years old. Time in program: 1.5 years.

- The child reported having had trouble learning.
- She received good support from the staff and her school attendance, and her marks went up.

- She didn't think she could learn but now she really enjoys school.
- She has increased self confidence and is more comfortable around other people.
- She used to fight a lot but not anymore.

ii. Male Child 16 years old. Time in program: 2 years.

- When his parents separated, he went to Nicaragua with his father.
- He didn't go to school and lost 5 years of schooling.
- He is now working on a special accelerated program to get into high school.
- He says he is getting a lot of support from CIDAI staff.
- He arrived very timid but now he is more vocal and confident. He is a lot more positive about the future than before.

iii. Male child 17 years old. Time in program: 2 years.

- He used to fight all the time and CIDAI taught him self control.
- The key was keeping him busy, he got in trouble if not busy.
- He attends school more often, is more interested in school and is getting better grades.
- CIDAI taught him what bad behaviour is.
- His self confidence has improved.
- His relationship with his mother has improved.
- CIDAI showed him how to improve himself.

iv. Male child 18 years old. Time in program: 2 years.

- He learned to get along better with his family and other people
- His marks went up
- He got more confident and more outgoing after being timid.
- He learned to respect women and not abuse other people.
- He is getting on better with his mother.
Learned to look after himself.

v. Male child 15 years old. Time in program: 2 years.

- The child's behaviour improved
- He is more focussed on school
- He has increased self esteem
- He is helping out a lot more at home
- His mother appreciates the emphasis on avoiding drugs as it is a big problem in her neighborhood.

vi. Female child 10 years old. Time in program: 4 years.

- The child's parent died in an accident when the child was 4 and she is being raised by her grandmother.
- CIDAI psychologist helped her with her grief
- She couldn't concentrate on her studies and the staff tutored her and she has greatly improved.
- She gradually began to be able to make friends
- She took a long time to change.

vii. Male child 13 years old. Time in program: 3 years.

- The child had mental problems from birth
- The mother could not control him
- He received psychological help from the program and
- Eventually received medication that calmed him down
- He remains in a special educational program but remains at a kindergarten level of development.

viii. Male child 9 years old. Time in program: 4 years.

- When he arrived, he was very timid but now is more open especially with his family.
- He has friends now.
- His confidence has improved a lot.
- His grades are up thanks to the staff support.
- He expects to get into high school

ix. Male child 16 years old. Time in program: 2 years.

- He was not a good student
- He was disrespectful at home. He was aggressive and would throw things.
- The program taught him self control.
- He now attends school regularly and his marks have improved.
- His confidence has improved.
- He now has more hope for his future.

x. Female child nine years old. Time in program: 2 years.

- She had comprehension problems
- She learned to read at CIDAI
- She still is not comfortable in school but is doing better within the program with her schoolwork

- She really enjoys the English lessons.

xi. Male child 15 years old. Time in program: 2 years.

- He didn't want to study
- Wasn't greatly socialized but he learned to interact positively with other people because he was forced to
- He got more confident
- His grades went up
- He has a more positive view of his future
- He wants to be a boat captain

xii. Male child 10 years old. Time in program: 2 years.

- He became more responsible
- His grades went up due to staff assistance
- Began attending school more regularly and worked harder
- He has more hope for his future than previously
- He helps out at home more.

xiii. Female child 13 years old. Time in program: 4 years.

- The child was sad about her parents' divorce
- Overcame the sadness
- No real behaviour problems
- Her grades improved
- Her mother emphasized how grateful she was to the program for keeping her child safe.

xiv. Female child 15 years old. Time in program: 5 years.

- She was aggressive because she was bullied due to her small size
- Was not very communicative with family or others
- Now talks a lot more especially to her mother and the rest of her family
- She is more dedicated to working on her future
- She is more dedicated to her schoolwork and credits the staff with helping her with this
- She wants to be a policewoman
- She has more respect for other people and her mother

xv. Male child 17 years old. Time in program: 1 year.

- His marks went up
- His self esteem went up
- He learned how to share

- He is more aware of his rights than before

3. PARENTS WITH CHILDREN ON THE WAITING LIST

Two single mothers with children on the waiting list were interviewed. As expected, their chief concern was the safety of their children who they were forced to leave at home in vulnerable situations. They had heard positive things about the program from friends who had enrolled their children in CIDAI and experienced behaviour improvements in their children.

4. PUBLIC SCHOOL TEACHERS

Two types of public-school teachers were interviewed. Teachers with children in the first grade were asked to compare first grade children from CIDAI (who had been in the program prior to entering school) against other first graders in the same socioeconomic situation who had not had the advantage of the CIDAI program. An effort was made to match a CIDAI first grader with one who is on the CIDAI waiting list and likely to be in the same socioeconomic situation to help ensure a valid comparison. Other teachers with older children (aged 7 to 12) in their class who had been in CIDAI for two years or more were asked to compare these children with similar aged children in their class from similar socioeconomic conditions. The results of these interviews by school are summarised below.

PORTEGOLPE

Four teachers were interviewed. Two had four 1st grade students from CIDAI and two had three older children from CIDAI

a. First Grade Teachers

- The teacher with two first graders indicated that does not appear to be any significant difference between the CIDAI and non CIDAI children in their level of preparedness to enter the first level of school.
- The behaviour and academic performance of CIDAI children is often inferior to the other poor children.
- The CIDAI children who go to CIDAI in the morning are often tired when they arrive in the afternoon for class, and this affects their attention span.
- There are different levels of discipline expectations between the school and CIDAI and this confuses the children.

b. Teachers of the older children

- The psychological services the children receive at CIDAI are very effective.
- Many older CIDAI children are better socialized than other poor children

- Some behaviour improvements have been seen with the older CIDAI children as they attend the program.
- The grades of the CIDAI children are no worse or better than others.
- When children receive homework in the morning class and then go to CIDAI they are less likely to complete it.
- There is very little communication with CIDAI

HUACAS

Four teachers were interviewed. Two had three 1st grade students from CIDAI and two had four older children from CIDAI

a. First Grade Teachers

- There does not appear to be any significant difference between the CIDAI and non CIDAI children in their level of preparedness to enter the first level of school.
- The behaviour and academic performance of CIDAI can often be worse than the other poor children.
- Two students from CIDAI show totally different levels of concentration, behaviour, and achievement from each other. The teacher felt the development levels depend more on the child's capacity and the family support than the type of day care.

b. Teachers of older children

- CIDAI children are often better behaved but their marks are not very different.
- There have been positive changes in some CIDAI children observed over time.
- The teachers do not know who is in CIDAI and who isn't. They would like more communication with CIDAI.
- The work CIDAI does to keep children safe is respected.
- The CIDAI children who go to CIDAI in the morning are often tired when they arrive in the afternoon for class, and this affects their attention span.
- The teachers wish CIDAI would put more of an emphasis on academic achievement.

VILLAREAL

a. First Grade Teacher

- Only one teacher was interviewed about a first grader from CIDAI. The First grader had only been in the program for only 6 months.
- The child has difficulty with reading and math. He doesn't complete his homework and is frequently absent.
- The teacher hopes CIDAI will help him adjust to school.

b. Teacher of the older children

The other teacher interviewed had the sister of the first grader in her class. The child had only been with the program for only 6 months.

- The child has behaviour problems, lacks concentration, misses a lot of school and doesn't complete her homework.
- The child misses her mother who has abandoned the family.

SANTA ROSA

One first grade teacher was interviewed.

- The teacher has a child from CIDAI who had been in the CIDAI for 2.5 years before entering school.
- The teacher saw no difference in the level of academic performance or attention span between the CIDAI child and other poor children in her grade.
- The child was better behaved than many other children in her class.
- The teacher would like to know more about how CIDAI works.

LA GARITA VIEJA

One teacher was interviewed about a first grader and a second grader.

a. First Grader

- The first grader is a happy well-adjusted child who has better grades than other children from similar backgrounds.
- His behaviour has been improving over time.
- He gets along better with his friend than the other children.
- His comprehension levels are superior to other children from similar backgrounds.

b. Second Grader

- The second grader is better behaved than others from similar circumstances
- His attendance levels are not good.
- He has similar marks and ability to concentrate as the others.
- He is better at math than the others.
- The teacher is appreciative of the work of CIDAI and believes the children in the program are better behaved and respectful than other poor children.
- The teacher believes CIDAI should increase the involvement of the parents in the program.

The CDAl children received mixed reviews from the schoolteachers. This can in part be attributed to the small sample. Another factor could be the age of the children. It might be that the impact of CDAl is only realized or intensifies as the child ages. This idea is supported by the improvement

levels reported by program graduates and their parents. It is a complicated area that would benefit from more comprehensive analysis.

V. CONCLUSIONS

1. The children in the CIDAI program receive high quality care.

CIDAI has similar childcare standards to those required by governments in more developed countries. There is a great deal of attention paid to safety and health including dental and vaccines. The children are supervised and instructed by highly qualified, experienced, and motivated staff. Records are kept of the health and development of each child on a regular basis to ensure a high level of care is maintained.

2. The care is tailored to the needs of the children.

CIDAI administers a number of tests when a child enters the program that are intended to indicate if the child has special needs either mental or physical. The program uses internationally recognized psychological tests for the psychological testing. These tests allow the program to address specific needs of individual children.

3. The program participants and others report positive impacts.

Interviews that were conducted with program participants, their parents, and program staff indicated the following positive impacts on the children in the program.

- Significant behavioral improvements
- Increased self confidence
- Improved relations with family and others
- Improved academic performance
- Increased respect for other people
- A greater sense of morality
- A more positive view of the future

The impacts reported were not at the same level for every child. Not every child exhibited every listed impact. Also, not every child had significant issues that needed to be dealt with. Factors such as family support,

individual child personalities, intelligence levels and the extent of the level of difficulties the child was experiencing when they entered the program had an impact on the extent and pace of development of children in the program.

The conclusion that there were positive impacts was reached using a variety of information sources including program documentation, activity observation, and a series of stakeholder interviews.

4. The program benefits go beyond health and safety.

As described, CIDAI is taking a holistic approach to its childcare programming. This is a recognized process for optimizing child development. It also requires more time and effort than a traditional approach as well as a staff committed to this more sophisticated methodology. CIDAI has been able to obtain the funds and recruit and train staff and volunteers to support this proven approach.

5. There has been a significant impact on the lives of the single mothers with children in the program.

The program has rescued single mothers (and some fathers) from the lamentable situation of having to leave preschool and school aged children in unsafe conditions for long periods of time. It is not over stating the situation to say that this assistance has changed the lives of the women and their families.

6. CIDAI has been successful in recruiting and maintaining supporters. To maintain its programming CIDAI has attracted significant funding and other support from the Cost Rican government, private donors as well as local businesses. And has done so consistently for the life of the program. The supporters include a network of foreign and local volunteers who supplement the personal resources of the program.

7. The program maintains an integrated support system

The children are not treated and supported in isolation. The program works to ensure that the family receives support when necessary. Social work and

psychological services are offered when required to ensure that the home environment of the child is healthy and safe. Support for the children and their families continues past the time they are in the program.

8. Significant results are achieved with a moderate level of expenses.

The price of service delivery by CIDAI is very modest. To supply the range and amount of services at a cost per child between 7 and 10 dollars per day is a significant achievement. This has been accomplished due to the willingness of staff to accept modest salaries, volunteer recruitment, attention to economies and local assistance from sympathetic businesses.

VI. RECOMMENDATIONS

1. There should be more of an effort to communicate and coordinate with local public elementary schools.

The public school system has CIDAI school aged children for half a day and CIDAI has them for the other half. The two institutions have similar objectives in child development. However, there seems to be little formal or informal communication about the children and their issues. It is recommended that CIDAI undertake the following.

- CIDAI should report to the schoolteachers which of their students are in the program
- CIDAI should share, as much as possible, what difficulties have been uncovered through psychological and other tests.
- The program psychologist should liaise with the public-school psychologists to coordinate testing and reduce redundancies.
- School grades of CIDAI children should be made available to CIDAI so academic progress or lack of progress can be monitored
- The schoolteachers should be encouraged to alert CIDAI when a child has homework, so it is not avoided by reluctant students.
- The two organizations should coordinate as much as possible behaviour rules in common areas. For example, it was reported that the school system had required masks during the pandemic but CIDAI did not. This

created difficulties for the schools as the wearing of masks was resisted by children from CIDAI.

- A tour and presentation about CDAI for public school teachers would be beneficial for establishing good relations.

2. More short course trades training would be beneficial

A number of children in the program aged 13 to 18 have not gone on to high school but remain involved with CIDAI during the opening hours of the program. (There are 20 of these at the moment.) Learning a trade is a viable alternative. However, for a variety of reasons trade training opportunities at CEPIA are not utilized by the adolescents. One reason is that the courses available are longer than the adolescents are willing to commit to. It was also reported during this study that it is difficult to recruit volunteer trade instructors for short courses like barber or beauty aide due to their resistance to working with adolescents. It is recommended that an effort be made to match those adolescents who indicate a desire to learn a practical skill with shorter skills training courses whether from paid or volunteer instructors. Internships could be considered where a teen spends part of the day working in a business to learn skills and create a resume.

3. There should be more rigorous monitoring and reporting of progress of the younger children while in care.

The program has a system of tests for young children involving behaviour, obedience, motor skills and language skills. These are highly subjective and the teacher doing the assessment assigns very general ratings that give minimal development information. The children are tested on Spanish and math progress but again no real objective rating or grading is attempted, and the results have limited value.

The program should be able to present objective measures to parents and public-school teachers on a regular basis to facilitate a collaborative approach to a child's developmental progress.

4. The development changes of older children should be more closely monitored.

In addition to providing security and academic assistance, CIDAI works to promote the mental, social and emotional health of the child. This is a difficult aspect to evaluate but some objective measure of individual changes would be useful. There are instruments that have been developed that could be adopted and modified for use in the program. One test used by the program psychologist; the “Behaviour Evaluation Scale” appears to be one such test that could be adapted for wider use in the program.

- 4. Children from the program who enter grade one after a significant time in the program should be evaluated against a control group after some months in the school room.**

A child who has completed a period in the program from age 2 to 6 should be better prepared to enter the school system than a child in similar social-economic circumstances who has no such advantage. These two types can be compared either through an ability checklist or through public school teacher interview.

- 5. It may be beneficial to repeat the psychological testing a child receives on entering the program at a later date.**

When a child enters CIDAI and mental problems are observed by staff or pointed out by schoolteachers or parents, the child undergoes a battery of psychological tests. These tests are analysed by the program psychologist and a report written. A development plan is then developed. These tests are never repeated at any time while the child is in care. It may be beneficial to repeat this testing after a few months or a year to determine if treatment is having an impact. It would be an objective way to test the treatment methodology and provide guidance for further treatment.

- 6. Various monitoring instruments used by the program should be in digital form.**

Instruments that monitor a child’s progress are of little value if comparing results over time is made difficult or impossible due to the lack of access to

digitized records. Comparing test results in paper files is not practical given the volume of them in the program and the time available for this exercise. This is a barrier to maintaining current objective measures of a child's progress.

APPENDIX A: CHILD CARE FACILITY CHECKLIST

CHILDCARE AWARE OF AMERICA

HEALTH

- Does the childcare program have records proving that the other children enrolled are up-to-date on all of the required immunizations?
- Is hand-washing a regular part of the program's practices for both staff and children, especially before eating and after using the bathroom?
- If the program serves food, does it meet nutritional standards?
- How does the program handle if a child has food allergies or dietary restrictions?

***Eco-healthy tip:** If the childcare program is housed in an older building, it may still have lead pipes or solder. Warm water is more likely to leach lead out of old pipes and puts children at higher risk for lead poisoning. Ask if the program uses **only** cold water for drinking, cooking, and mixing infant formula.

Questions for Infants and Toddlers

- Are infants fed on demand?
- Is breast milk stored appropriately?
- Is there a place where mothers can comfortably breastfeed their child?
- How are new foods introduced to toddlers?
- Is the place where diapers are changed clean?
- Do caregivers always keep a hand on the child while diapering?
- Do caregivers remove the soiled diaper without dirtying any surface not already in contact with stool or urine?

- Do caregivers clean and sanitize the surface after finishing the changing process? Hands should be scrubbed with soap and warm running water for at least 20 seconds and then rinsed and dried. The water faucet should be turned off with a paper towel.

SUPERVISION

- How many children are cared for in the classroom?
- How many caregivers are in the classroom?
- Does the center follow best practices regarding ratio and group size? Or, does the center follow the state licensing standards for ratio and group size?
 - Best practice recommendations:
 - 0-12 months: 3-4 children per caregiver, max group size of 8 children
 - 13-23 months: 4 children per caregiver, max group size of 8 children
 - 2-year-olds: 4-6 children per caregiver, max group size of 12 children
 - 3-year-olds: 7-9 children per caregiver, max group size of 18 children
 - 4- and 5-year-olds: 8-10 children per caregiver, max group size of 20 children
 - 6- to 8-year-olds: 10 children per caregiver, max group size of 20 children
 - 9- to 12-year-olds: 12 children per caregiver, max group size of 24 children

SUPERVISION OF CHILDREN

- Are children supervised at all times, both indoors and outdoors, even when they are sleeping?
- Can caregivers be seen by others at all times so that a child is never alone with one caregiver?
- Have all caregivers undergone comprehensive background checks?
- Have the caregivers been trained on how to prevent, recognize, and report signs of child abuse?

SAFETY

- Are indoor and outdoor environments clear of broken equipment, chipped or peeling paint and tripping hazards?
- Have the building and property been inspected for radon, lead and asbestos? If these hazards are present, how does the program minimize children's risk of exposure?
- Are cleaning supplies and other chemicals locked away and out of reach of children?
- Are toys clean, safe, and within reach of children?
- Is smoking prohibited indoors and outdoors, including vaping, during work hours? If the program allows providers to take smoke breaks during the day, what measures do they take to prevent second- and third-hand smoke exposure?

Questions for Infants and Toddlers

- Are caregivers trained in infant CPR and is their certification current?
- Are infants and toddlers within sight and sound at all times?
- Are outlets covered/protected?

EMERGENCY PLANS AND DRILLS

- Does the program have a plan in place in case of a disaster, like a fire, tornado, flood, blizzard, earthquake or active shooter?
- Does the program practice drills once every month?
- Does the program have an emergency plan in case a child is injured, sick, or lost?
- Does the child care program have information about who to contact in an emergency?

• FIRST AID AND MEDICATION

- Have caregivers been trained on CPR and First Aid, and are those certifications current?
- Does the program have first aid kits?
- Are medications kept out of the reach of children?

- Are the caregivers trained on medication administration, and are medications labeled to make sure the right child receives the right amount of medication?
-

INDOORS

- Is there enough room in the environment for children and providers to move around?
- Are there different areas for resting, quiet play, and active play?
- Is the atmosphere pleasant?
- Is the environment clean? What measures have been taken to keep outside contaminants from coming into the classrooms?
- Are there enough toys and learning materials for the number of children?
- Do the classroom materials change based on what children are interested in?
- Does the program use TV, computers, or other types of technology with the children? If so, how often are these materials used?

OUTSIDE

- Is there a space for outdoor play?
- Is the outdoor play area fenced in?
- Is the outdoor play area regularly inspected?
- Is the outdoor area clean?
- Is the equipment the right size and type for the age of children who use it?
- Are children taken outside on a regular basis?
- Do caregivers actively supervise (play with) children outdoors?

CAREGIVER INTERACTION

- Are children comforted when needed?
- Do caregivers and children enjoy being together?
- Are children warmly greeted when they arrive?

- Do caregivers talk to children and seem genuinely interested in what the children are doing?
- Do caregivers get down on children's level and speak with them?
- How do caregivers help children solve their own problems?
- How do caregivers react to children's behavior?
- How do caregivers encourage peer interactions?

PROGRAM STRUCTURE

- Is there a daily balance of play time, story time, activity time, and nap time?
- Do children play for a significant part of their day?
- Do children get to choose who they want to play with?
- Do caregivers play with children to help facilitate their learning?

Parents role

- Do caregivers share and talk to parents about their child's daily activities, either at drop-off or pick-up?
- Does the program incorporate technology as a communication tool? If so, is information shared with parents on how to access it and how the information is kept secured?
- Are parents encouraged to visit at any time?
- Are there ways for parents to be involved in the program? How are parent ideas incorporated into the program?
- Are there regular opportunities (at least twice per year) where parents can meet with the staff and share their child's strengths and hear how their child is developing skills?
- How often do caregivers share observations and ongoing assessment information with parents?
- How do caregivers work with parents to incorporate the family's culture and values into the classroom?
- How are transitions from classroom to classroom handled? What type of support does the program offer to both the parents and the child during this time?

STAFF

- Does the lead caregiver/teacher have a bachelor's degree in a child-related field?

- Has the teacher worked in child care for at least one year?
- Does the teacher plan lessons and experiences for the children that help them learn and grow?
- Does the director have a bachelor's degree in a child-related field?
- Has the director worked in child care for at least two years?
- Does the director understand what children need to learn and grow?
- Are the caregivers/teachers and director involved in ongoing training or continuing education programs?

POLICIES

- Does the program provide a written contract before you enroll your child?
- Does the program provide a copy of the parent handbook prior to enrollment?
- Does the program clearly outline the cost of care, field trip or special program fees, and any other fees?
- Does the program have a policy regarding drop-off and pick-up times, including who can pick up your child? Are there fees for late pick-up?
- Does the program have a policy for times when it may close, such as for certain holidays, inclement weather, or in case of emergencies?
- Does the program have a policy regarding when your child and other children should stay home because of illness?
- Does the program have a policy regarding termination of your child care agreement?
- Does the program have a written policy for when the provider is allowed to give medications?
- Does the program have a written supervision policy or plan that ensures children are supervised at all times?
- Does the program provide a written guidance and discipline policy?
- Does the program follow a certain teaching philosophy or use a curriculum?

APPENDIX B: INTERVIEW QUESTIONS

The interview questions were a guideline for a conversational approach to gathering information. The questions were not intended to produce statistically valid data.

A. PARENTS OF CHILDREN ON THE WAITING LIST

1. Why have you applied to the program to accept your child?
2. What have you heard about the program?
3. Do you know other people who have children in the program?
4. How has the program affected their children?

B. PARENTS OF PROGRAM GRADUATES AND OLDER CHILDREN STILL IN THE PROGRAM

1. Have you noted many changes in your child in the time that he/she has been in the program?
2. What type of changes?
3. What impact has there been for you having a child in the program?
4. Have there been other changes the lives of other family members?

C. PROGRAM GRADUATES

1. How did the program help you?
2. How do you think you changed from the time you started until you graduated?
3. What is the most important thing you have learned from the program?

D. OLDER STUDENTS STILL IN THE PROGRAM

1. How the program helped you?
2. Have you changed during your time in the program?
3. What type of changes have you noticed?
4. What is the most important thing you have learned from the program?

E. FIRST GRADE PUBLIC SCHOOL TEACHERS THAT HAVE CHILDREN IN THEIR CLASS THAT HAVE BEEN IN THE PROGRAM FOR TWO YEARS OR MORE.

1. Are you aware of which of your students have been in the CIDAI program?

2. The students in the program come from very poor families. Do you notice the difference between the poor students who have been in the program and the poor students who have not?
3. Are there other differences between the two groups?
4. The teacher is then given a list of possible differences and asked to comment.

F. CHILDREN WHO HAVE LEFT THE PROGRAM

1. How long were you in the program? From what age to what age?
2. Did you want to join the program or was it just an idea from your parents?
3. What did you like about the program?
4. What didn't you like?
5. Why did you stop going?
6. Would you like to go back to the program?

G. PROGRAM STAFF

1. How long have you worked at CDAI?
2. What is your role?
3. What ages do you work with?
4. Do you enjoy the work?
5. In the group you work with what are the most significant changes have you seen over your time here?
6. How long does it take for a new child to begin to change, develop, and improve?
7. What do you like the most about CDAI?
8. Is there anything you would change about CDAI?

H. Public school teachers with children in their class who have been in the program for at least two years.

1. Are you aware of who in your class are in the CDAI program?
2. The CDAI student in the class is identified.
3. The students in the program come from very poor families. Do you notice the difference between the poor student who has been in the program and the poor student who has not?
4. Are there other differences between the two groups?
5. The teacher is then given a list of possible differences and asked to comment.

APPENDIC C: DOCUMENTATION REVIEWED TO DETERMINE INTERNATIONALLY ACCEPTED BEST PRACTICES IN CHILDCARE

- Early Childhood Program Evaluations: A Decision-Maker’s Guide, National Forum on Early Childhood Program Evaluation
- Decades of Evidence Demonstrate That Early Childhood Programs Can Benefit Children and Provide Economic Returns. Jill S. Cannon, M. Rebecca Kilburn, Lynn A. Karoly, Teryn Mattox, Ashley N. Muchow, Maya Buenaventura
- An Early Learning Framework, province of British Columbi Canada.
- Early Childhood Profiles. National Centre for Children in Poverty
- How early childhood education and daycare quality regulations work in British Columbia. Rainforest learning centre
- Childcare – Early Childhood Education and Care. Encyclopedia on Early Child Development
- Early Childhood Program Evaluations: A Decision-Maker’s Guide National Forum on Early Childhood Program Evaluation A collaborative project involving Harvard University, Columbia University, Georgetown University, Johns Hopkins University, Northwestern University, University of Nebraska, and University of Wisconsin
- 13 Key Indicators of Child Care Quality Child Care Quality Indicators, Richard Fiene, Ph.D. Barbara Carl, Ph.D., Pennesylvania University
- Child Care Licensing Regulation, 2002. Province of British Columbia, Canada

- Quality matters in early childhood education and care: Norway 2013. A profile of policies in Norway related to the design and implementation of curricula and standards in early childhood education and care, and a comparison of Norway's policies to those of New Zealand and Sweden., OECD.
- Early Childhood Education Program Evaluation. Rand Corporation. <https://www.rand.org/education-and-labor/research/early-childhood-education.html>

APPENDIX D: INDIVIDUALS INTERVIEWED FOR THE PROJECT

A. CIDAI PROGRAM STAFF

1. Maria Jose Cappa, Executive Director
2. Ana Laura Zelaya, Program Coordinador
3. Eleana Alcocer Ramirez, Program Psychologist
4. Karla Marin Roriguez, Youth Instructor
5. Cesar Abarca Angulo, Finance administrador
6. Juan Carlos Gomez, Social Worker

B. PARENTS OF CHILDREN IN THE PROGRAM

1. Jazmina JArquin
2. Rosenda Arrietta

C. PARENTS OF CHILDREN WHO GRADUATED FROM THE PROGRAM

1. Yuliet Rodrig
2. Damaris Rojas
3. Mayra Cerbas Bustos
4. Eveling Silva
5. Hellen Ramirez Guzman
6. Mileudi Pizaro
7. Leidy García

D. PUBLIC SCHOOL TEACHERS WITH CIDIA CHILDREN IN CLASS

PORTEGOLPE

1. Elvia Rodríguez Ríos
2. Jacqueline Mèndez Contreras
3. Ericka Moreno Gutierrez
4. Luis Alberto Marín Baltodano

HUACAS

1. Patricia Angulo Angulo

2. Erika Nunez Prendas
3. Marietta Calderon Arenas
4. Ana Julia Ruiz

VILLAREAL

1. Maricela Aguilar
2. Yesenia Cubillo Villavicencio

SANTA ROSA

1. Jenifer Ruíz Rodríguez

GARITA VIEJA

1. Luvia Alvarez Lara

E. PROGRAM GRADUATES

1. Justin Silva
2. Daniel Orozco

F. PARENTS WITH CHILDREN ON THE WAITING LIST

1. Darling Rios
2. Wendy Gutiérrez Dinarteisa

G. COMMUNITY LEADERS

1. Xiomara Antonieta Cruz Jimenez, Feeding Hearts Association
2. Simon Preston, owner Conchal Hotel

H. CHILDREN 13-18 IN THE PROGRAM FOR AT LEAST TWO YEARS

- 1. Siles Gonzalez Fatima
- 2. Jan Alberth Acosta.

