



SUBSTANTIVE DIFFERENCES BETWEEN CRISIS NURSERY MODEL AND TRADITIONAL CHILD CARE



Crisis Nursery

Child Care Center

1. The overall Crisis Nursery goal is to reduce risk, increase child safety and strengthen family functioning by providing respite, stress reduction, social support and basic resource to families in crisis.
 2. Open for child care 24/7, 365 days per year.
 3. Family enhancement services provided to make a positive impact on reduced parental stress and increased parenting skills and knowledge.
 4. Follow-up outreach worker visits to families using Crisis Nursery services, to address the crisis causing the need for the services.
 5. Crisis Counseling available 24/7, 365 days per year on a wide variety of issues; i.e., parent stress, domestic violence, substance abuse, homelessness, employment.
 6. Donated goods available for distribution to families in crisis (diapers, food, clothing).
 7. Service referrals/linkages made with parents to address underlying family problems such as homelessness, domestic violence and substance abuse.
 8. Staff are trained in crisis intervention as well as child care and child development.
 9. Transportation is available for families needing access to Crisis Nursery services.
 10. Parent Education and Parent Support Groups offered.
 11. Standardized outcome measures survey instrument completed on all parents using Crisis Nursery services with accompanying data aggregated.
 12. Developmental and social emotional screenings completed on children.
 13. Aggregate service delivery data outcomes available for all Illinois Crisis Nurseries.
1. Child care goal is to provide quality child care.
 2. Open for childcare M-F, usually 10 hours approx. 7-5:30.
 3. Focus is on physical care of enrolled children. Services unavailable for parents.
 4. No social work component is available to families.
 5. Limited information available to parents; focus is on other daycare service providers and only available during hours of operation.
 6. No donated goods available.
 7. Service referrals usually only to other child care providers. No assessment done of underlying family problems.
 8. Staff are trained in child care and child development.
 9. Some child care centers offer transportation to/ from school for school age participants.
 10. No groups provided; some informational brochures are usually available.
 11. Standardized outcome and research Instruments utilized.
 12. Screenings usually not completed. When done, they address developmental milestones as related to class placement. No Social/emotional assessments.
 13. Provides aggregate service delivery data outcomes.