Chapter Two

IDENTIFYING AFTER-SCHOOL CARE PRACTICES

APPROACHES TO IDENTIFYING PRACTICES

In designing our approach to identifying practices, we turned first to the business literature in which methods for deriving the concept originated. “Best practices,” in business terminology, refer to documented strategies and tactics used by better-performing companies.1 A small industry consisting of organizations and consultants has emerged to help business executives identify and implement practices that can improve their own organizations.2 The approaches taken vary across practitioners but generally consist of identifying a list of organizations that are top performers in their class and approaching these top performers about participating in the study. Site visits are then made to organizations that agree to participate, and data on factors or enablers that are perceived as contributing to an organization’s success are collected and analyzed. These results are summarized across participating organizations, and a list of best practices is distilled. Experts in the area or industry are integral to each step of this process, from the identification of top-performing organizations to the collection and analysis of best practices.

In the public policy arena as it applies to educational programs, government agencies and other groups rely on expert panels consisting of subject matter experts. Depending on the issue at hand, expert panels may be charged with identifying “exemplary programs” or

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1See, for example, http://www.best-in-class.com/site_tools/faq.htm#best_practice.
2An example is the American Productivity & Quality Center.
“effective innovations” and must therefore be familiar with the programs being assessed. Sometimes, less formal workshops consisting of subject matter experts are convened to review the current knowledge base in a particular area. A recent example was a workshop convened by the Board on Children, Youth, and Families to review the state of the knowledge base on after-school programs for children and adolescents aged five to fourteen and the implications for the next generation of after-school programs (National Research Council and Institute of Medicine, 2000). Experts participating in these panels and workshops are a mix of academics and practitioners in the field.

For this project, we adapted a different approach to identifying practices: meta-analysis. Meta-analysis is the systematic collection, assessment, and presentation of all relevant and quality evidence on a particular subject. A meta-analysis is a “specific methodologic and statistical technique for combining quantitative data” that produces a statistical inferential statement such as a confidence interval or a statistical test (Mulrow, Cook, and Davidoff, 1998). As such, a meta-analysis is a final step one may take in a systematic review if appropriate. Technically, we are not using meta-analysis in this process because the evidence (or publications) we identified in this small substantive field has too few quality studies that meet the standards for being included in a traditional meta-analysis. Thus, we are not able to draw formal inferences to a larger population. Instead, we quantitatively synthesize all the relevant literature in a way that is based on traditional meta-analysis. We will use the term meta-analysis for our quantitative synthesis throughout this document.

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3We use the term practices rather than best practices because, as will be seen, the quality and quantity of evidence vary substantially with respect to different practices and because one of the chief tasks we are undertaking is to assess the evidence behind a particular practice—not all practices meet the criteria of “best practice.” Indeed, given the paucity of solid empirical studies examining particular practices in the literature today, we are uncomfortable applying the term best practice to any of the practices considered in the meta-analysis and thus apply a different set of labels, as explained later in this chapter.

4To our knowledge, we are the first to construct the meta-analysis algorithm used in this publication. As we state in the text, all the examples of meta-analysis we have encountered are restricted to literatures that contain a moderate body of empirical work of greater statistical rigor than currently exists in the after-school care literature.
Because our method relies solely on publications rather than on subject matter experts, it is less prone to real or perceived subjectivity on the part of the individuals making recommendations.\(^5\) The reasons for this selection were twofold. First, in our initial reading of the literature, we observed that a large percentage of the literature was based on proceedings from workshops or expert panels brought together to identify practices or characteristics of quality programs. What was missing was a systematic assessment and integration of these reports with the small empirical literature, which meta-analysis permits. Second, our scan of the literature indicated that the limited number of studies that evaluate the effectiveness of after-school program characteristics precludes a confident identification of what works and what does not. Rather, the best we can do is identify program features for which there is strong, moderate, or limited support of their effectiveness. This evidence is a combination of expert panel reports and empirical research. By adapting the meta-analysis approach, we were able to derive weights reflecting the consistency of evidence in support of a particular practice.

**OUR META-ANALYTIC APPROACH**

Meta-analysis involves four principal steps (Shekelle and Morton, 2000):

1. Identification of studies/reports
2. Assessment of studies/reports for quality
3. Organizing studies/reports into sensible groups
4. Summarizing the results

Our first task was to locate the relevant major studies and reports. We scanned the major library databases and indices, including the Educational Resources Information Center (ERIC), JSTOR, and the Social Science Index, for published articles and books. We also reviewed the references in major articles pertaining to after-school

\(^5\)However, the published manuscripts that are being evaluated may not always be free of charges of subjectivity, particularly when these manuscripts are themselves based on expert opinions rather than on empirical research.
care. In addition, we searched the database of RAND publications and resources (including the Promising Practices Network) as well as those of government agencies (e.g., the National Research Council, the National Institute of Child Health and Development, and the U.S. Departments of Education and Justice), professional associations of educators and child care workers (e.g., the National Association of Elementary School Principals, the National Child Care Association, and the National Association for the Education of Young Children [NAEYC]), and other relevant nonprofit foundations, organizations, and associations (e.g., the Carnegie Corporation of New York, the David and Lucile Packard Foundation, the National Institute on Out-of-School Time, the National Network for Child Care, and Fight Crime: Invest in Kids). Results from this literature search produced a combination of empirical research studies (studies attempting to link characteristics of after-school programs or staff with child/parent/program outcomes) and reports produced by professional organizations or by expert panels.

Next, we scanned the resources gathered in the first stage to identify further potentially relevant reports or research articles. In a number of reports we scanned, the authors cited sources to back their recommendations for practices. When possible, we tried to obtain these cited articles so as to be able to assess a practice based on the original sources. Our approach is conservative in that we restricted the studies and reports in our review to published manuscripts that in the case of the research studies have undergone peer review. Unlike traditional meta-analysis, which includes only those studies that meet a minimum quality threshold, we included in our literature assessment all publications that relate to after-school care practices.

The second step was to read and assess the quality of each paper or report to determine its weight in the meta-analysis. To do so, we derived a classification rule that assigns papers and reports to one of four categories. The category of publications in which we have the
greatest confidence are Tier 1 publications. Tier 1 publications are generally journal articles that present original empirical research attempting to establish relationships between one or more program features and one or more child/parent/program outcomes. If a statistically significant and positive association is found, the program features are for our purposes considered a practice. Tier 1 publications use a formal study design and employ a control of some type to adjust for the unobserved processes by which children were selected into a program.

Tier 2 publications refer to reports produced by formal expert panels or by workshops convened to identify exemplary after-school programs or practices as well as reports produced by professional organizations. Recommendations produced in these reports are distinguished by the use of multiple subject matter experts (in contrast to a single expert), who presumably bring a greater breadth and depth of knowledge to the task of making recommendations than can a single expert or author. We included two literature reviews in this category because implicit in any review is the compilation of expertise and findings based on multiple experts or authors who wrote the papers and reports being reviewed. A major limitation of publications in Tier 2 is that it is impossible to assess whether a recommendation is based on experience and knowledge or if it represents advocacy, as is the case for calls to increase staff salaries in the broader education literature.

Tier 3 publications are empirical studies in that they involve original data collection (which may consist of an in-depth interview with a child participant or with program staff). On the basis of these data, the researcher attempts to draw some type of conclusion about the association between a practice and program or child outcomes, but the statistical rigor of this analysis is substantially weaker than

7In the literature reviews and in some of the expert panel reports, there are explicit references to some of the Tier 1 and Tier 3 publications we reviewed, thus causing us to overweight such publications. In other expert panel reports, the text suggests that some of the publications we consider are being referred to, but attribution is not made. Because we opted to be overly inclusive, we took the naïve approach of treating recommendations made in all literature reviews and expert panel reports equally.

8We thank Laura Hamilton for drawing our attention to this parallel in the more general education literature.
that for Tier 1 articles. For example, there may not be sufficient variation across programs in a practice to permit statistical testing for a practice-outcome association. In essence, these “studies” draw conclusions about which practices are associated with better care without presenting supporting statistics. We assume this “evidence” is based on the experience of the author and assign less weight than is assigned to Tier 2 publications, which are based on the experience and knowledge of the literature of an expert panel.

Tier 4 publications present the assumptions or experiences of a single expert or practitioner (versus the perspectives of multiple experts or authors). These publications are assigned the least weight because of the ambiguity surrounding whether the recommendation is based on experience or is an assumption of the writer.

The breakdown by tier of the publications included in the meta-analysis is provided in Table 2.1. We also reviewed other papers that are not included in the meta-analysis because they (1) were based on early child care, or (2) evaluated the benefits of participating in after-school care vis-à-vis other forms of care. The meta-analysis includes only studies or reports that consider specific practices or characteristics of after-school care programs.

In traditional meta-analysis, one summarizes the magnitude of an effect of an intervention or practice. This is undesirable in our case, as both the quantity and the quality of the after-school care empirical research are markedly less than that normally analyzed using meta-analysis, restricting us to only a few studies (i.e., the two Tier 1 publications).9 For example, a typical meta-analysis in the social sciences initially examined over 300 articles addressing the question of whether patient education in chronic illness helped therapeutically

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9Although we attempted to replicate the meta-analysis based on those papers which reported “failure to find” effects as well as significant program features’ effects on student and parent outcomes, we were stymied by the very small number of studies and the inconsistent predictor variables used in these few papers. When we did a meta-analysis, none of the program features emerged as a practice. We considered incorporating information on failure to find results in our meta-analysis, but because by definition none of the Tier 2–4 publications discuss practices that are not considered important, incorporating these results would have resulted in a double standard of what information is allowed in each tier. A more traditional meta-analytic approach on after-school care practices will have to await more empirical research on the topic.
Table 2.1

Papers by Category Included in the Meta-Analysis

<table>
<thead>
<tr>
<th>Category</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of papers</td>
<td>2</td>
<td>14</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

(Mazzuca, 1982, cited in Wolf, 1986). The first step in this meta-analysis involved subsetting down to the 30 empirical studies that used a true experimental design (i.e., those designs that randomly assigned subjects to a treatment or control group). In contrast, our review of the literature identified a total of 25 articles or reports on after-school care practices, 10 of which are empirical and none of which employed a true experimental design. Of the empirical studies, two met the Tier 1 criteria. Given the limitations of the literature on after-school care, rather than summarize the magnitude of the effects of a practice, we loosened the criteria of reports to be assessed to include all reports addressing specific characteristics of after-school care programs.

For our third step, we organized studies according to the practice being evaluated or recommended. This resulted in 20 specific practices that we further classified into three broad categories: staff characteristics, program characteristics, and community contacts. A practice had to be referred to in at least three publications to make it into our list of potential practices.

Our last step consisted of empirically summarizing the results of the meta-analysis. Our approach involved several stages. First, for each study we assigned binary indicators of whether an effect of a practice is found or a practice is recommended. A critical component of how we identified this measure was that the absence of a mention of a particular practice constituted a failure to “find” an effect. This is sensible with Tier 2 publications, which include literature reviews. It may not be as reasonable for Tier 1 and Tier 3 studies because they may not address a particular topic. On the positive side, the strict criterion that we are applying to Tier 1 and Tier 3 studies will downwardly bias the level of support to counteract the level of support provided by the well-recognized phenomenon of publication bias.
Publication bias refers to the fact that there is a strong tendency for academic journals to publish empirical research that finds an effect but not to publish research that fails to do so. In other words, the Tier 1 and Tier 3 studies we identified in all likelihood underrepresent empirical work that fails to find a relationship between a practice and an outcome.

Second, we assigned weights in order to combine this information. The weights reflect the relative importance we assigned to an effect based on the tier of the publication. Traditionally, meta-analysis assigns greater weight to studies with less variance, which generally means that studies with larger sample sizes receive greater weight or, alternatively, that more accurate studies receive more weight. Meta-analysts also commonly use study quality scores to stratify on, excluding, for example, lower-quality studies, or conducting sensitivity analyses to determine whether quality affects the conclusions. Sample size is available only for Tier 1 and Tier 3 studies, not for Tier 2 and Tier 4 reports. Thus, we assigned weights to the different tiers that reflected our intuition about their relative accuracy. We started with a weighting scheme that assigned the greatest weight (0.45) to Tier 1 publications, the next-greatest weight to Tier 2 (0.35) followed by Tier 3 studies (0.15), and the least weight to the single-authored Tier 4 recommendations (0.05). The sum of the weights equals 1.0.

For each practice, we multiplied the percentage of publications within a tier by the weight. For example, 50 percent (1 of 2) of Tier 1 publications, 21 percent (3 of 14) of Tier 2, 13 percent (1 of 8) of Tier 3, and 0 percent (0 of 1) of Tier 4 publications support higher education level as a practice, yielding a combined score of \((0.50 \times 0.45) + (0.21 \times 0.35) + (0.13 \times 0.15) + (0 \times 0.05) = 0.32\). We obtained crude scores for each practice by this method. The unstandardized mean score derived from this method was 0.28 with a standard deviation of 0.20. Those practices that stood out from other practices having substantially stronger or substantially weaker support were identified by the standard statistical convention of standard deviations. Thus, practices with a score one standard deviation below the mean were classified as having limited support in the literature; practices with a score within one standard deviation of the mean were considered as having moderate support; and practices with a score at least one standard deviation above the mean were considered as having strong support.
Next, we looked at the contribution to the scores by tier to assess whether one tier exerted undue influence on the final rankings. We determined that this was the case with Tier 2 publications. This is because each Tier 2 report (which presents recommendations produced by expert panels or summarizes literature reviews) on average supports more practices than any other type of publication.\textsuperscript{10} In other words, our criterion of binary yes/no support is not necessarily equivalent across criteria.\textsuperscript{11} In order to adjust scoring so that each criterion contributed equally to the final weight, we restandardized the scores.\textsuperscript{12} The final scores and resulting classification of practices by whether they had strong, moderate, or limited support were consistent with the unstandardized ranks indicating that our approach is robust. The final score column in Table 2.2 shows the standardized final scores. The standardized mean score is 0.28 (0.22 standard deviation).

We performed a final sensitivity check to test the robustness of our results to alternative sets of weights. In particular, we were interested in examining how sensitive our final recommended practices were to assigning greater weight to Tier 1 publications and to narrowing the gap between the tiers. Our results are generally robust. Under the most extreme scenario we examined (Tier 1 weight = 0.60; Tier 2 weight = 0.30; Tier 3 weight = 0.07; and Tier 4 weight = 0.03), the list of strongly supported, moderately supported, and weakly supported practices are the same as those presented in Table 2.2; only when Tier 1 weights are 0.70 or higher do changes result. In particular, more practices drop from moderately supported to weakly supported. Under no scenario we tried did the list of strongly supported practices change. What this means is that our results are not highly dependent on the relative weights we assign to each tier until the weights are extremely tilted in favor of the two Tier 1 studies.

\textsuperscript{10}This is not surprising given that the purpose of the expert panels and literature reviews, in contrast to association studies, is to scan a large array of practices.

\textsuperscript{11}The average percentage of Tier 2 publications consistent with a practice across all practices was 0.47, compared with an average level of support of 0.20, 0.21, and 0.20 for Tiers 1, 3, and 4, respectively.

\textsuperscript{12}We divided the initial scores by the average level of support provided by a class of publications across all practices.
Table 2.2
Results of the Meta-Analysis

<table>
<thead>
<tr>
<th>Practice</th>
<th>Tier</th>
<th>Final Score</th>
<th>Final Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training staff</td>
<td>0</td>
<td>0.23</td>
<td>Moderate</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
<td>0.40</td>
<td>Moderate</td>
</tr>
<tr>
<td>Compensation</td>
<td>0</td>
<td>0.09</td>
<td>Moderate</td>
</tr>
<tr>
<td>Turnover rate</td>
<td>0</td>
<td>0.05</td>
<td>Limited</td>
</tr>
<tr>
<td>Experience</td>
<td>0</td>
<td>0.06</td>
<td>Limited</td>
</tr>
<tr>
<td><strong>Program characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variety of activities</td>
<td>1</td>
<td>0.61</td>
<td>Strong</td>
</tr>
<tr>
<td>Flexibility of programming</td>
<td>1</td>
<td>0.50</td>
<td>Strong</td>
</tr>
<tr>
<td>Emotional climate</td>
<td>2</td>
<td>0.92</td>
<td>Strong</td>
</tr>
<tr>
<td>Child-to-staff ratio</td>
<td>1</td>
<td>0.49</td>
<td>Moderate</td>
</tr>
<tr>
<td>Total enrollment</td>
<td>1</td>
<td>0.42</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mixing of age groups</td>
<td>1</td>
<td>0.39</td>
<td>Moderate</td>
</tr>
<tr>
<td>Age-appropriate activities</td>
<td>0</td>
<td>0.13</td>
<td>Moderate</td>
</tr>
<tr>
<td>Space availability</td>
<td>0</td>
<td>0.17</td>
<td>Moderate</td>
</tr>
<tr>
<td>Continuity and complementarity with day school programs</td>
<td>0</td>
<td>0.28</td>
<td>Moderate</td>
</tr>
<tr>
<td>Clear goals and evaluation of program</td>
<td>0</td>
<td>0.17</td>
<td>Moderate</td>
</tr>
<tr>
<td>Materials</td>
<td>0</td>
<td>0.16</td>
<td>Moderate</td>
</tr>
<tr>
<td>Attention to safety and health</td>
<td>0</td>
<td>0.20</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>Community contacts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement of families</td>
<td>0</td>
<td>0.19</td>
<td>Moderate</td>
</tr>
<tr>
<td>Use of volunteers</td>
<td>0</td>
<td>0.10</td>
<td>Moderate</td>
</tr>
<tr>
<td>Partnerships with community-based organizations, etc.</td>
<td>0</td>
<td>0.13</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>Total number of studies</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.28</td>
<td></td>
</tr>
<tr>
<td><strong>Standardized mean score</strong></td>
<td></td>
<td>0.28</td>
<td></td>
</tr>
<tr>
<td><strong>Standard deviation</strong></td>
<td></td>
<td>0.28</td>
<td></td>
</tr>
</tbody>
</table>

aNumbers signify the total number of studies in a given category supporting a practice (e.g., 0 of 2 Tier 1 publications support training staff as a practice).
bSee the text for a discussion of how this score is calculated.
cStrong support is assigned to final scores that are at least one standard deviation above the grand mean; moderate support is defined as a final score within one standard deviation of the grand mean; and limited support is defined as a final score that falls below one standard deviation of the grand mean.
Research on after-school care practices is lagging behind the growing interest in and public resources devoted to after-school care programs. This means that most of what are commonly accepted as good management practices in after-school care literature are based on assumptions and experiences of practitioners rather than solid research. The modified meta-analytic approach presented in this chapter allows for a systematic quantitative synthesis of a social services literature in which only 2 of 25 relevant publications met the threshold for inclusion in a standard meta-analysis.

THE PRACTICES

The after-school care practices examined are divided into three primary categories: staff characteristics, program characteristics, and community contacts. Examples of staff characteristics include staff experience, education, and training staff. Program characteristics refer to those elements that reflect the program’s environment, including total enrollment, space, and adequacy of materials. Community contacts refer to interactions between the program and the community, such as the use of volunteers. The practices examined in our meta-analysis are those most often referred to in the after-school care literature and therefore those about which the most is known or assumed by experts in the field. In addition, we discuss a fourth category, labeled “other,” that includes practices that have been identified as possibly important but about which much less is known. These present possible future practices that may emerge when the field of knowledge about after-school care programs is further developed.

Each summary below assesses the level of confidence in each practice as indicated by the results of the meta-analysis; describes what, if anything, is known about the current status of a practice across programs; and discusses what the literature has to say based on empirical evidence or the experience of experts in the field.

Staff Management Characteristics

Training Staff. Training staff refers to providing staff with additional skills to improve outcomes for program participants. This may in-
clude “in-house” training, where the expertise of staff members is shared among colleagues, or external training, which could include classes at community colleges and training partnerships with the affiliated school or other after-school care centers (Walter, Caplan, and McElvain, 2000). The training regimen may include both formal classroom instruction and instruction in areas such as child development and learning, teaching methods, conflict resolution, multicultural awareness, child observation, assessment, and adapting to the needs of children of different ages and those with disabilities (Halpern, 1991; Walter, Caplan, and McElvain, 2000; U.S. Departments of Education and Justice, 2000). Training staff is thought to be associated with several positive results: It may increase the staff’s ability to develop and implement developmentally appropriate curriculum; may provide staff with the skills to support and encourage curiosity and exploration (without dominating or interfering), to foster a healthy self-image, and to support the function of staff as role models (Alexander, 1986); and may attract and retain high-quality staff (Fashola, 1998; National Research Council and Institute of Medicine, 2000; U.S. Departments of Education and Justice, 2000).

Most after-school programs (about 90 percent) had provided some of their paid staff training in the past year (RMC Corporation, 1993). Eleven Tier 2 studies, two Tier 3 reports, and one Tier 4 publication recommend training staff as a practice, yielding a moderate level of support for this practice. Although the literature shows a moderate level of support for training staff, the particulars about staff training recommended vary considerably, ranging from very general to specific. Some studies recognize that the type of training required depends on the characteristics and circumstances of the program. Consideration thus needs to be given to what training is required by an organizational authority, such as the school district or licensing agency, staff training requests, skill set requirements given program goals, and what internal and external training options are available (Walter, Caplan, and McElvain, 2000). At a minimum, it is recommended that programs provide orientation and ongoing training for new staff and volunteers (National Institute on Out-of-School Time, 2000; National Association of Elementary School Principals, 1999; National School-Age Care Alliance, 1998). As part of a formal training program, at least one Tier 3 study concludes that implementation of
a mentoring system that matches experienced workers with new staff is an important aspect of training (Halpern, 1991).

**Staff Education.** Much of the research reviewed refers to the benefits of having a “well-prepared” staff; education plays a large role in preparation. Formal education is thought to increase caregivers’ breadth of knowledge, cognitive sophistication, internalization of child-oriented values and beliefs, and professionalism (Austin, 1981; Berk and Berson, 1981). In a recent national survey of before- and after-school programs, over half of program directors (62 percent) and about one-third of other senior staff with the most years of formal education had at least a bachelor’s degree (RMC Corporation, 1993).

The meta-analysis yields a moderate level of support for the employment of more educated staff as a practice (one Tier 1 publication, three Tier 2 studies, and one Tier 3 publication). In the one Tier 1 study that examines the relationship between program features and observations of children’s experiences and perceptions of the program, researchers observed significantly more frequent negative interactions between staff and children in programs with less educated staff (Rosenthal and Vandell, 1996). In this study, staff education varied from a high school diploma to a bachelor’s degree. Tier 2 publications suggest that a qualified staff is an essential element of a successful after-school program (U.S. Departments of Education and Justice, 2000; National School-Age Care Alliance, 1998) and, in particular, that staff should meet requirements that are both specific to school-age child care and relevant to their particular jobs (National School-Age Care Alliance, 1998). In this report, “qualified” is a term that encompasses staff education, training, and compensation.

**Staff Compensation.** Low compensation is widely considered to be a factor in high turnover rates (RMC Corporation, 1993) as well as a negative influence on the morale and motivation of staff. The meta-analysis yields moderate evidence in support of staff compensation as a practice, although it should be noted that with a score of 0.09, this practice just barely made the “moderate” threshold. We suspect that the reason compensation was mentioned in only four Tier 2 reports (Walter, Caplan, and McElvain, 2000; National Research Council and Institute of Medicine, 2000; National School-Age Care Alliance, 1998; U.S. Departments of Education and Justice, 2000) and
in none of the empirical studies is that the broader education literature has not linked compensation with any quality outcomes (including retention or turnover). In some cases, calls for greater staff compensation may be a form of advocacy. In light of this fact, we recommend that the inclusion of compensation as a practice be done cautiously.

Staff Turnover Rate. The meta-analysis indicates limited support for low staff turnover as a practice. This practice is often referred to as a beneficial outcome of alternative practices, such as increased compensation or training staff, rather than as a policy lever in itself. Results based on a Tier 3 study suggest that staff turnover rates can influence the eventual decision by child and parent to remove a child from the after-school program (Belle, 1997). Staff turnover rates in after-school care centers are high (RMC Corporation, 1993) and can result in understaffing. Program directors participating in the National Study of Before- and After-School Programs (RMC Corporation, 1993) report that it took 23 days on average to replace staff members who had resigned. Several factors are believed to contribute to high staff turnover, including low compensation, long hours of service, few career development opportunities, and a limited sense of professionalism owing to the relative newness of the school-age child care career field (National Association of Elementary School Principals, 1999).

There are several reasons staff turnover rates did not emerge as a strong or moderately supported practice for after-school care. First, neither of the Tier 1 studies examined staff turnover as a predictor. Second, many of the Tier 2 publications we reviewed treat staff turnover as an outcome that may be influenced (i.e., reduced) by other factors, such as staff training and compensation. We concur that staff turnover is more likely to be thought of as an undesirable organizational outcome that raises the recruiting and training staff costs of a program and may be detrimental to children’s experiences. Nonetheless, staff turnover is only indirectly under the control of a program (operating through other practices that are not yet well explicated).

Staff Experience. The meta-analysis provides limited support for hiring experienced staff as a practice. Experienced staff are those who have worked with school-age or younger children in a paid or
unpaid capacity and who presumably bring at least some of the skills or knowledge of child development that training is believed to confer. The National School-Age Care Alliance defines “related experience” as work with school-age children in recreation, fine arts, camping, or academic settings. None of the empirical studies addressed the benefits associated with hiring experienced staff. Nonetheless, three Tier 2 studies advocate hiring and maintaining experienced staff; in particular, the National School-Age Care Alliance (1998) recommends that all staff be professionally qualified to work with children and youth, including experience with school-age children in recreational settings.

Program Management Characteristics

**Variety of Activities.** Providing a variety of activities that are age-appropriate and interesting is a strongly supported practice that is cited in one Tier 1, ten Tier 2, five Tier 3, and one Tier 4 publication. The most frequently offered activities (on a daily basis) in a national survey of before- and after-school programs were socializing (97 percent of programs), free time (95 percent), games (89 percent), reading (86 percent), time for homework (81 percent), physically active play (81 percent), and arts and crafts (61 percent) (RMC Corporation, 1993). Some authors believe that offering an array of activities yields several benefits, including the fostering of decisionmaking skills and creativity (Alexander, 1986); time and space for physical play such as running, jumping, and climbing as well as time for the emotional release that art, dramatic play, and sand and water play provide (Alexander, 1986); and the capturing of participants’ interests and subsequent increased retention rates (Belle, 1997), particularly at older ages.

There is some empirical support for the asserted benefits derived from a variety of activities. In one Tier 1 study, Rosenthal and Vandell (1996) conclude that in programs where directors reported a larger number of different activities offered in a week, researchers more frequently observed positive or neutral staff-child interactions, and children’s perceptions of the overall climate of the pro-

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13In this study, staff-child interactions are treated as an outcome. It should be noted that this outcome is also a practice.
program and emotional support received from staff were higher. In the *National Study of Before-and After-School Programs* (RMC Corporation, 1993), the authors found that the choices available for recreational and leisure time appear to be more limited among programs that received the poorest overall quality ratings. Programs that received the highest-quality ratings were more likely to provide creative arts and crafts, science activities, dramatic play, storytelling, role playing, and music on a daily basis. They were also more likely to provide cooking and food preparation by children on a weekly basis (RMC Corporation, 1993). The reader should keep in mind, however, that the quality ratings calculated in this study are based on the factors that were related to quality, including the number of activities provided. In other words, on average, higher-quality programs by definition provide a greater variety of activities than do programs rated lower quality in this study.\(^{14}\) Finally, one of the Tier 3 studies is consistent with the assumption that the number of available activities is a crucial factor in the child’s decision to exit the after-school care system (Belle, 1997).

**Flexibility of Programming.** Flexibility of programming, referring to the freedom of children to choose among an array of interesting activities (or to select being alone if desired), is strongly supported as a practice. Alexander (1986) argues that programs should ensure that they are not extensions of the tightly scheduled workday and that children do not spend the majority of their out-of-school time in highly structured environments. Another report recommends that at least some of the after-school programming provide time for children to be on their own, away from adult direction as long as clear rules and supervision are provided (Miller and Marx, 1990). Fashola (1998) cautions, however, that if after-school programs aim to enhance academic achievement, structure is essential. Fashola’s review of successful academic programs illustrates that these programs had clear goals as well as structured materials and training procedures.

One Tier 1 study, eight Tier 2 reports, two Tier 3 publications, and one Tier 4 study support this practice. In the first of the Tier 1 studies, Pierce, Hamm, and Vandell (1999) found that greater

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\(^{14}\)This definitional problem is why the *National Study of Before- and After-School Programs* is classified among the Tier 3 studies.
program flexibility is associated with improved social skills among boys (but not girls). In the *National Study of Before- and After-School Programs* (RMC Corporation, 1993), programs that were assessed as lower-quality tended to be more rigid and less likely to provide children the choice to follow their own interests or curiosity, explore other cultures, or develop hobbies. Children in these lower-quality programs were not encouraged to try new activities, think for themselves, ask questions, or test new ideas.

**Emotional Climate (Staff Positivity/Negativity).** The meta-analysis strongly supports a positive emotional climate as a practice; this includes fostering a warm relationship between staff and students and between staff and parents as well as positive staff-staff relations (RMC Corporation, 1993; National School-Age Care Alliance, 1998). A positive emotional climate also entails encouraging and respecting students; making children feel welcome, relaxed, and safe (National Research Council and Institute of Medicine, 2000; National Association of Elementary School Principals, 1999; National School-Age Care Alliance, 1998); and fostering mutual respect among staff and volunteers (National Institute on Out-of-School Time, 2000). A positive emotional climate may be especially important for those children without support, guidance, or stable relationships with adults at home (U.S. Departments of Education and Justice, 2000). Finally, several reports advise that a program can establish a positive emotional climate by hiring staff that are warm and caring toward students and that take the time to establish a relationship (Miller and Marx, 1990; National School-Age Care Alliance, 1998; Newman et al., 2000) or by providing training (National Association of Elementary School Principals, 1999).

Eleven Tier 2 publications emphasize the importance of emotional climate, and two Tier 1 and four Tier 3 publications lend some empirical support to the advantages of a positive emotional climate. In one Tier 1 study, the number of negative staff-child interactions observed in programs was positively correlated with children’s perceptions of overall climate and emotional support.\(^{15}\) Further, researcher-observed positive or neutral staff-child interactions were

\(^{15}\)This study is an example of the use of emotional support (as reported from different perspectives) as both a practice and an outcome within the same study.
positively correlated with the autonomy/privacy that children experienced in a program (Rosenthal and Vandell, 1996). In the second Tier 1 study, staff “positivity” (i.e., the extent to which staff appeared to enjoy the children) reduced the internalizing and externalizing of problems for boys, while staff negativity was associated with poor grades in reading and math for boys (Pierce, Hamm, and Vandell, 1999). No significant effects were found for girls. In a separate Tier 3 study, programs that were assessed by outside observers to be of higher quality also scored consistently high in the area of staff-child relations (RMC Corporation, 1993). The authors of this study observed that staff-child interactions set the tone of the program by providing children with role models as well as techniques for making decisions, resolving conflicts, solving problems, accepting their own and others’ feelings, and developing a sense of control over their own environment.

**Child-to-Staff Ratio.** A low child-to-staff ratio may increase the likelihood that children have one-on-one time with an adult and develop a personal relationship with an adult in the center. According to the *National Study of Before- and After-School Programs* (RMC Corporation, 1993), the national average child-to-staff ratio is 8.9:1. Private for-profit programs have the lowest average ratio (6.9:1), whereas public and private nonprofit programs have higher average ratios of 11.4:1 and 9.0:1, respectively.

One Tier 1, seven Tier 2, and two Tier 3 publications emphasize the importance of child-to-staff ratio, yielding a moderate level of support for this practice. A 15:1 ratio for children over six years of age emerges as the most commonly recommended maximum ratio (National Association of Elementary School Principals, 1999; National Institute on Out-of-School Time, 2000; U.S. Departments of Education and Justice, 2000; National School-Age Care Alliance, 1998).

Rosenthal and Vandell (1996) reported that classes with more staff per child had less observed negative staff-child interaction and better parental ratings of the quality of the programs. The *National Study of Before- and After-School Programs* (RMC Corporation, 1993) found that all programs appear to have sufficient staff to supervise children, at a minimum knowing where and what the children are doing. However, none of the “higher-quality” programs routinely exceeded
a child-to-staff ratio of 15:1 whereas three of the five poorest-quality programs reported 20:1 ratios. It was observed that lower-quality programs may not have had enough staff at all times to provide a choice of activities, respond to individual children’s concerns, and engage in activities and conversation with small groups or individual children.

**Total Enrollment.** Lower total enrollment is believed to allow more one-on-one time between children and staff and hence foster a more positive emotional climate and a better educational environment (if education is an objective of the program) (U.S. Departments of Education and Justice, 2000). If total enrollments are too large and supervision sporadic, safety may be an issue if staff size is not correspondingly large. Also, after-school programs (particularly school-based programs) usually rely on a single indoor space donated by another organization; under this circumstance, total enrollment influences crowding and noise indoors. There appears to be a general consensus among reports that total enrollment should be restricted to 30 children aged six and older (National Association of Elementary School Principals, 1999; U.S. Departments of Education and Justice, 2000; National School-Age Care Alliance, 1998).

The meta-analysis yields moderate support for limiting total enrollment as a practice. One Tier 1 study, four Tier 2 reports, and one Tier 3 publication suggest that total enrollment should be a practice. In one Tier 1 study, total enrollment in a program was negatively correlated with children’s perceptions of the overall climate, emotional support, and autonomy/privacy of a program (Rosenthal and Vandell, 1996), consistent with the interpretation that limiting total enrollment results in better child outcomes. In a national sample of before- and after-school programs (RMC Corporation, 1993), programs with lower-quality ratings were perceived by outside observers to have unmanageable total enrollments, which gave the impression that children were crowded and precluded from developing a relationship with an adult staff member.

**Mixing of Age Groups.** Schools provide little opportunity for interaction with other age groups—a shortcoming that after-school programs can address (Alexander, 1986). Mixing of different age groups within after-school programs is thought to benefit older children by fostering initiative, responsibility, nurturing, cooperation, and re-
spect for others through mentoring (Alexander, 1986; National Research Council and Institute of Medicine, 2000). In addition, younger children and adolescents may be provided with an opportunity to master a range of different skills and abilities (National Research Council and Institute of Medicine, 2000).

The meta-analysis yields moderate support for age-group mixing as a practice. One Tier 1 and one Tier 3 study find a positive relationship between mixing of age groups and the quality of an after-school program. In the Tier 1 study, programs with a smaller proportion of older children (and hence less age-group mixing) had a greater frequency of observed negative staff-child interactions (Rosenthal and Vandell, 1996). In the Tier 3 study (involving an evaluation of two pilot programs), principals and staff perceived that mixing age groups in before- and after-school care led to improved relationships among students of different ages and aided the children’s personal growth and social development by teaching them how to work in groups. Older children gained a sense of responsibility while acting as positive role models for the younger children (Finn-Stevenson, Desimone, and Chung, 1998). This practice is further supported by two Tier 2 and one Tier 4 study.

**Age-Appropriate Activities.** The lack of age-appropriate activities is believed to contribute to higher student dropout rates, particularly of older children (in fourth grade and higher) in after-school programs (RMC Corporation, 1993). Examples of age-appropriate activities for older children, which many after-school programs lack, include participation in community activities, opportunities to perform community service, and career exploration (RMC Corporation, 1993). Several Tier 2 publications recommend that after-school care activities, in addition to being age-appropriate, be challenging, reflect the different interests of children, and represent a range of choices (National Research Council and Institute of Medicine, 2000; U.S. Departments of Education and Justice, 2000; National School-Age Care Alliance, 1998). Only 51 percent of the programs that serve children in fourth grade and above provide activities for these older children that differ from the activities for the younger children (RMC Corporation, 1993).

The meta-analysis provides moderate support for the provision of age-appropriate activities as a practice. A Tier 3 national study of
before- and after-school programs (RMC Corporation, 1993) concluded that programs that were assessed as high quality are more likely to provide age-appropriate activities for older children than lower-quality programs. In addition, six Tier 2 publications recommend age-appropriate activities.

**Space and Furnishings Available.** A commonly mentioned practice is the provision of sufficient indoor and outdoor space for activities. Sufficient space can lead to a wider array of activities (including physically active games), room for expansion, storage space for equipment and supplies, and less crowding of children. One factor frequently mentioned as a potentially negative influence on space availability is whether a program must share space.

The meta-analysis yields moderate support of space availability as a practice, with seven Tier 2 publications providing recommendations regarding space. Panels suggested not only that there should be ample space for both indoor and outdoor activities (U.S. Departments of Education and Justice, 2000; National Association of Elementary School Principals, 1999) but that the physical space available should be used effectively (National Research Council and Institute of Medicine, 2000) and be safe and designed to meet the physical, emotional, and social needs of the children (Miller and Marx, 1990). Two Tier 3 studies also support this practice. In a Tier 3 study, programs with higher-quality rankings were more likely to have access to dedicated primary program space (usually a classroom) and arranged their quiet and interest-area activity spaces to be inviting and homelike. Programs with lower assessed quality tended to have insufficient room for children to pursue activities without crowding, and children were less likely to be engaged in helping keep their space clean or involved in decorating their space (RMC Corporation, 1993).

**Continuity and Complementarity with Day School Programs.** Continuity and complementarity with day school teachers (referring specifically to collaboration on curriculum and sharing information about student progress) is moderately supported as a practice. Continuity and complementarity are most relevant for school-based after-school programs, particularly those with a focus on improving academic achievement. The notion behind this practice is to integrate after-school time with the traditional school day and to forge
sound relationships between the school and after-school care center (Walter, Caplan, and McElvain, 2000) in an effort to keep children interested in learning. The National Association of Elementary School Principals (1999) recommends that programs appoint a program director responsible for maintaining coordination with the day school and with facilitating the sharing of information on day-school curriculum, homework assignments, assessment results, and instructional strategies (National Association of Elementary School Principals, 1999).

Eight Tier 2 studies support this practice. An emphasis of the Tier 2 publications is on supporting a true partnership between the day school and after-school care programs (U.S. Departments of Education and Justice, 2000). Advantages to this are multiple; for example, it may increase staff morale (Baden et al., 1982) thereby decreasing turnover and improving the emotional climate, and it may build in a mechanism for staff to receive informal training from teachers. This training can be built in by setting aside time for staff and teachers to communicate on a regular basis (Baden et al., 1982), including having after-school care staff attend faculty meetings and coordinate their work with classroom teachers.

Four Tier 3 studies also support the importance of continuity and complementarity with day school programs. In one study, staff in two pilot programs observed that day school teachers did not support the programs and that the program and classrooms were viewed as two separate entities unable to work together. Observers remarked that this might have been due to teachers’ exclusion from the initial planning process for the pilot programs. During the next two years of the evaluation, efforts were made to improve communication with teachers and to increase teacher involvement in the program. As a result, relations between staff and teachers greatly improved. Staff reported that they discussed particular students with teachers and collaborated to meet the needs of these children, which the staff viewed as productive and helpful (Finn-Stevenson, Desimone, and Chung, 1998).

Clear Goals and Evaluation of Program Progress and Effectiveness. A practice that receives much attention in the literature is establishing clear goals and continuous evaluation of program progress and effectiveness. Although this practice has its roots in the accreditation
process, setting goals and performing ongoing evaluations is widely believed to be a practice that quality programs follow even when accreditation is not an issue. Most before- and after-school programs (83 percent) nationally undertake a formal review or evaluation at least annually (RMC Corporation, 1993).

The meta-analysis provides moderate support for clear goals and evaluations as a practice. Nine Tier 2 studies and one Tier 3 publication recommend goal setting and ongoing program evaluation as an indicator of center quality, with at least two of these reports noting that continuous program evaluation and improvement are crucial to effective program implementation (National Association of Elementary School Principals, 1999; Fashola, 1998). To effectively evaluate a program’s success, it is recommended that programs clearly state their intended goals and desired outcomes (National Research Council and Institute of Medicine, 2000; U.S. Departments of Education and Justice, 2000).

Most studies agree that program goals should be jointly established by community leaders, program staff, parents (and youth), and community members (National School-Age Care Alliance, 1998; National Institute on Out-of-School Time, 2000). Recommendations about continuous evaluations are more complex. One of the more basic approaches to assessing the degree to which a program is achieving some measure of success is to poll young people, families, and staff to see if their needs are adequately served (National Research Council and Institute of Medicine, 2000). At least one expert questions whether these informal methodologies are designed well enough to determine if the programs achieve desired outcomes (Fashola, 1998). One of the more effective approaches involves a stronger research design, such as assessing the performance of students in an after-school program compared to a control group or comparison group in the district (Fashola, 1998; U.S. Departments of Education and Justice, 2000). The more comprehensive approaches focus on data collection efforts that allow measurement of progress toward meeting program goals (U.S. Departments of Education and Justice, 2000).

**Materials.** An ample supply of materials and well-maintained equipment receives moderate support as a practice in the meta-analysis. An adequate supply of materials and equipment ensures
choice of activities (National School-Age Care Alliance, 1998) and decreases the chance of conflict both among participants and between the program and other programs or institutions (if a program is operating in a shared environment). One of the most common complaints about after-school programs is the lack of coordination regarding equipment such as sports supplies and computers (U.S. Departments of Education and Justice, 2000).

Six Tier 2 publications and two Tier 3 studies emphasize the importance of maintaining an adequate supply of materials. Two reports emphasize that materials should be in good repair to decrease the risk of accidents (National Association of Elementary School Principals, 1999; National School-Age Care Alliance, 1998). In the RMC Corporation (1993) study, lower-quality programs reported insufficient supplies, equipment, and materials and observed that children were more likely to argue over the use of the equipment.

Attention to Safety and Health. Attention to safety and health receives moderate support in the meta-analysis. This practice generally refers to the safety of the physical environment, personal hygiene, and the nutritional needs of children while in the program. The provision of nutritious snacks and other meals, when appropriate, promotes relaxation, socializing, and sound nutrition (U.S. Departments of Education and Justice, 2000; Carnegie Council on Adolescent Development, 1994).

Nine Tier 2 publications and two Tier 3 studies encourage attention to safety and health and to the general assurance that program environments foster a sense of safety and security among children (National Research Council and Institute of Medicine, 2000; U.S. Departments of Education and Justice, 2000; National School-Age Care Alliance, 1998; Miller and Marx, 1990; National Association of Elementary School Principals, 1999). One Tier 2 study suggests the placement of systems to monitor and ensure the safety of the facility and equipment (National Association of Elementary School Principals, 1999). More specific recommendations related to safety include requiring children to sign into and out of centers and providing first aid training to staff (National Institute on Out-of-School Time, 2000; National Association of Elementary School Principals, 1999; National School-Age Care Alliance, 1998).
Recommendations about attention to the health of students focus on
the provision of nutritious snacks or meals (U.S. Departments of Ed-
ucation and Justice, 2000; Miller and Marx, 1990; National Associa-
tion of Elementary School Principals, 1999; National Institute on
Out-of-School Time, 2000; Carnegie Council on Adolescent Devel-
opment, 1994; National School-Age Care Alliance, 1998), particularly
foods that are low in fat and sugar (National Association of Elemen-
tary School Principals, 1999).

In some states, health and safety considerations are the only re-
quirements state child care licensing agencies have for program li-
censure. This could partially explain its inclusion in a relatively high
number of Tier 2 publications.

Community Contacts

Involvement of Families. The meta-analysis provides a moderate
level of support for the involvement of families in programs as a
practice. Family involvement can increase the pool of volunteers
available to assist staff and improve fundraising. Family involvement
also ensures that parents’ and children’s program expectations are
incorporated into objective formulation and that their perceptions
are considered in the evaluation process (Fashola, 1998). In a na-
tional sample of before- and after-school programs, 11 percent of
programs interviewed required that parents become involved in
some aspect of the program, and 36 percent reported that parents
serve on the board of directors or some other advisory group. More
than half (62 percent) of the programs indicated that parents are in-
volved in planning activities and evaluation, with a large proportion
of programs involving parents in other ways, such as volunteering,
fundraising, and attending parent meetings (RMC Corporation,
1993).

Ten Tier 2 publications and one Tier 3 study emphasize the benefits
derived from family involvement in after-school care programs, in-
cluding maintenance of strong lines of communication between par-
ents and programs (National Research Council and Institute of
Medicine, 2000; National Association of Elementary School Principals,
1999; National School-Age Care Alliance, 1998; Miller and Marx,
1990); parent input regarding program policies and procedures
(National Association of Elementary School Principals, 1999), and
child and parent involvement to ensure that the program captures children’s interests and ultimately produces lower dropout rates (Fashola, 1998; U.S. Departments of Education and Justice, 2000).

In the RMC Corporation (1993) study, programs that were ranked as being of lower quality reported fewer staff-parent conversations regarding the children; on the other hand, better-quality programs reported more such conversations than the average program and were more likely to invite parents to serve on advisory councils and the board of directors.

**Use of Volunteers.** The use of volunteers in programs is a practice that is moderately supported by the meta-analysis, particularly if volunteers are trained and effectively managed. Among the benefits of enlisting volunteers is the reduction in child-to-staff ratios while reducing the price of the program (U.S. Departments of Education and Justice, 2000). Four Tier 2 publications and one Tier 3 study promote the use of volunteers, who can be family members or other members of the community. One study recommends that volunteers be recruited through links with local colleges and universities and that efforts be made to seek supplementary financial or material support from parents, businesses, civic organizations, and government agencies to bolster the programs in place (National Association of Elementary School Principals, 1999). The U.S. Departments of Education and Justice (2000) recommend that volunteers receive orientation and ongoing training, much like paid staff.

**Partnerships with Community-Based Organizations, Juvenile Justice Agencies, Law Enforcement, and Youth Groups.** A commonly mentioned practice is partnering with community-based organizations such as youth groups and law enforcement agencies. This practice receives a moderate level of support from eight Tier 2 publications. Among the cited advantages of partnerships are student opportunities to obtain educational experience in their localities and additional resources (National Research Council and Institute of Medicine, 2000; National School-Age Care Alliance, 1998; Miller and Marx, 1990; Carnegie Council on Adolescent Development, 1994; National Institute on Out-of-School Time, 2000). The National Institute on Out-of-School Time (2000) urges programs to invite community volunteers to host field trips to community organizations and to participate in regular celebrations of students’ activities and ac-
complishments. The institute argues that higher-quality programs should be solidly supported by community residents and agencies and recommends that this support be built through collaboration with law enforcement agencies, service providers, community-based and civic organizations, colleges, employers, arts and cultural institutions, museums, park and recreation services, and public officials (U.S. Departments of Education and Justice, 2000). Collaboration may also lead to access to additional resources, such as funding, facilities, mentors, tutors, learning experiences, and job observation experiences (U.S. Departments of Education and Justice, 2000).

Other Practices

For completeness, this category includes a sampling of practices that have been mentioned in the after-school care literature but have not received much attention. Consequently, none of these practices are rated. Some of these practices are likely to receive greater attention in the near future (e.g., culturally competent staff, outreach to diverse groups) and are worth heeding as the body of literature on after-school programs develops. They are as follows:

- Tutoring (Morris, Shaw, and Perney, 1990)
- Self-help skills, which include skills necessary for daily living, such as sewing a button, scrambling an egg, and other tasks that busy working parents may not have the time, energy, or patience to do (Alexander, 1986)
- A nonsexist approach (Alexander, 1986)
- Limiting and supervising use of television (Alexander, 1986)
- Emphasizing cooperation, not competition (Alexander, 1986)
- A solid organizational structure, which includes hands-on, site-based management with regular oversight and accountability to all partners (U.S. Departments of Education and Justice, 2000)
- Effective management and sustainability (U.S. Departments of Education and Justice, 2000)
- Compliance with legal requirements (U.S. Departments of Education and Justice, 2000)
• Effective program administration (U.S. Departments of Education and Justice, 2000)

• A culturally competent staff (National Research Council and Institute of Medicine, 2000)

• Outreach to diverse groups of children and adolescents (National Research Council and Institute of Medicine, 2000)

• The conduct of background checks on all staff and volunteers (National Institute on Out-of-School Time, 2000)

• Individual assessment and “tracking” of children’s participation and progress (Halpern, 1991)

• Use of recognition strategies that focus on the achievements of children, e.g., publishing a quarterly newsletter that focuses on the achievements of children in school and at the after-school program (Halpern, 1991)

• Establishing the legal status of the organization (nonprofit, for-profit) (Kisker et al., 1991)

• Establishment of an advisory board (Fashola, 1998)

• Accreditation (Whitebrook, Howes, and Phillips, 1989; Whitebrook, Phillips, and Howes, 1993; Cost, Quality, and Outcomes Study Team, 1995).

SUMMARY OF LITERATURE REVIEW

Our meta-analysis of after-school care literature initially identified 20 indicators of quality after-school care or practices based on our assessment of a composite of published empirical research, evaluations of individual after-school programs, reports produced by expert panels or professional organizations, and other single-authored articles or reports. In order to evaluate the quality of this literature, we classified publications by type of publication or author, assessed the quality of each type, and then derived an empirical measure of the strength of support for a particular practice across the publication types.

We identified three levels of support for each practice. Three practices (variety of activities, flexibility of programming, and emotional
climate) received strong support based on our meta-analysis; fifteen practices were moderately supported by the literature; and two practices (turnover rate and staff experience) received limited support. Because of the limited support provided by the literature for turnover rate and staff experience, our final list of recommended practices based on the meta-analysis excludes these two indicators, leaving a final tally of 18 indicators. As the after-school care literature develops in the coming years, one or both of the practices that received limited support may emerge as moderately (or even strongly) supported in the literature; however, given the current state of knowledge, we are least confident in these practices as indicators of quality after-school care.

Chapter Three summarizes our approach toward measuring the adherence of a sample of after-school programs to each of these 18 practices.