



# FIRST 5 SACRAMENTO 2024 SPECIAL STUDY

## Sacramento Children's Home Crisis Nursery

### Introduction

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First 5 Sacramento funds the Sacramento Crisis Nursery, a safe space for parents to drop off their children for emergency daytime and 24-hour overnight care. This special study aims to gather a deeper understanding of participant and usage characteristics, the nature of the Crisis Nursery case management component, as well as overall strengths and opportunities for this program. This special study highlights:

- ▶ Characteristics of participants receiving services in FY 2023-24
- ▶ Input from Crisis Nursery Staff
- ▶ Input from Crisis Nursery Participants

### ABOUT THE CRISIS NURSERY

The Sacramento Children's Home operates the only two Crisis Nursery locations in Sacramento County (North and South). Crisis Nursery's mission is to prevent child abuse and neglect by providing support to families in times of crisis. Crisis Nursery aims to reduce the number of children entering the child welfare system and foster care. When a family is facing a crisis, Crisis Nursery provides children ages 0-5 with a safe place to stay, providing all essentials, as well as homemade meals, and age-appropriate learning and playtime activities. Participating families receive respite care and case management services, such as referrals to other community services and a crisis resolution plan customized to each participant's crises and personal goals.

"Our goal is to ... serve as a bridge in between to find a solution."

– Crisis Nursery Staff

"I was just going through my own postpartum and depression, and just being in debt, not wanting to lose my home, and trying to figure out [some legal matters] ... and in order to do that, it's like, **it takes time, and it's hard when you got the two little ones. ... they're more high maintenance and they can't watch themselves...**" – Crisis Nursery Parent

### FY 2023-24 Participant Characteristics

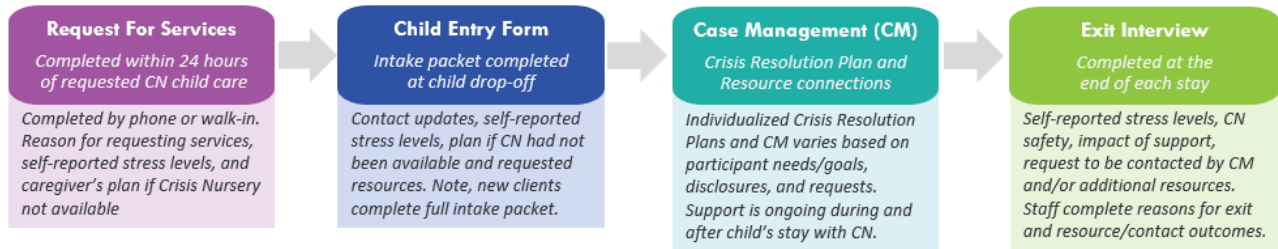
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In FY 2023-24, Crisis Nursery served 234 families, including 238 caregivers and 344 children ages 0-5. Caregivers primarily identified as female (94%) and ages ranged from 17 to 69 (average age 32). Forty-one percent of caregivers were Black/African American, followed by Hispanic/Latino (25%), White (14%), and Multiracial (11%). Additionally, 14% of caregivers identified a language other than English as their primary language.

Crisis Nursery staff log participant data in two places. Service counts and participant characteristics are entered in the First 5 database (Persimmony). Details of each stay are logged using an internal Excel database (managed by each site) and shared annually with ASR and First 5.

Each Crisis Nursery stay begins with a **Request for Services**. Families can call to request CN services up to 24 hours before the requested drop-off time. Once a spot is confirmed for their child(ren), families complete an **Entry Form** and other applicable intake paperwork at drop-off. They will also meet with a Case Manager to complete an individualized **Crisis Resolution Plan**. Lastly, participants complete an **Exit Interview** at pick-up. At each stage, participants are asked about their stress levels and resources needed.

**Figure 1. Primary Crisis Nursery Points of Data Collection, by unique stay**



**Most Crisis Nursery participants were existing/returning clients.**

In FY 2023-24, there were 2,027 unique Requests for Services from new and returning participants. Among them, less than 1% did not result in a child entry, and 26 (1%) were entering at one site in continuation from services at the other site (e.g., transitioning due to site capacity). Most Requests for Services (95%, 1,917/2,027) were from existing/returning clients. However, only 57% of participants (136/239) described themselves as returning clients during their *first* stay of the fiscal year.

“[The Crisis Nursery] makes me feel like it’s home.” – Crisis Nursery Parent

This shows that a large portion of participants (43%) were new to Crisis Nursery during the fiscal year, even though most participants used Crisis Nursery services multiple times throughout the FY. For example, if a parent completed their first Request for Services after learning about Crisis Nursery from a social worker, but then requested services multiple times throughout the fiscal year, their “first” (unduplicated) referral source would be their social worker, but subsequently they would be viewed as a “returning client.”

**Figure 2. Referral Source into Crisis Nursery**

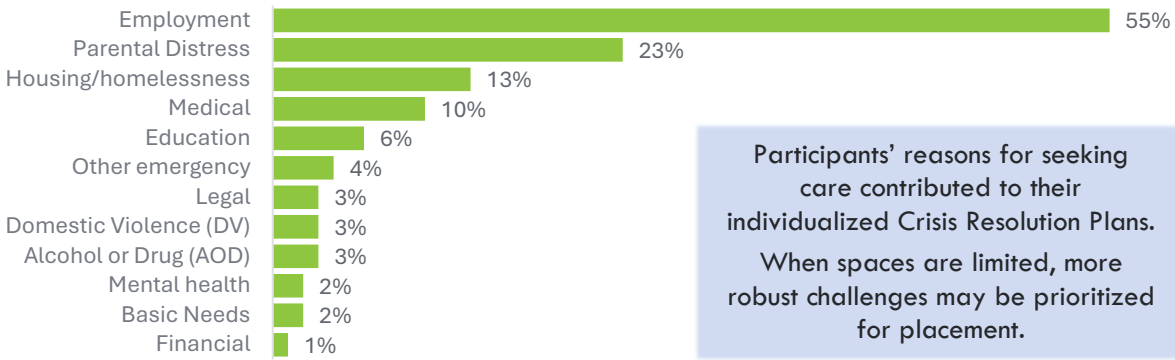
	Unique Stays N = 2,027		Unduplicated Participants N = 239	
Existing/Returning client	1,917	95%	136	57%
Birth & Beyond/FRC	6	<1%	6	3%
CPS	6	<1%	6	3%
Friend/family/neighbor	18	1%	18	8%
Healthcare provider	2	<1%	2	1%
Online/social media/newsletters	9	<1%	9	4%
Another agency/social worker	22	1%	20	8%
Missing/Not Provided	47	2%	42	18%

Source: Crisis Nursery FY 2023-24 data, Request for Services – “How did you hear about the Crisis Nursery”. Unduplicated counts reflect first in FY 2023-24 unduplicated by parent name.

**The most common reasons for seeking care were related to employment, parental distress, housing/homelessness, and medical needs.**

The most common reasons for seeking CN services in FY 2023-24, were employment (55%), parental distress (23%), housing and/or homelessness (13%), and medical (10%).<sup>1</sup>

**Figure 3. Reasons for Seeking Crisis Nursery Services**



Source: Crisis Nursery FY 2023-24 data, Request for Services. Counts may not equal 100% as participants can select multiple reasons at each stay.

Participants seeking care due to employment reasons commonly said they would have to miss work if the Crisis Nursery could not watch their child(ren), with some concerned about losing their job. Others said they would have to take the child(ren) to work with them, continue trying to reach other family/friends, or that they simply had nowhere else to turn. Similarly, participants experiencing parental distress said they would keep the child with them, attempt to reach other family/friends, or miss work/appointments.

Several participants said they had no backup plan or that they did not know what they would do, including one who reported that she was experiencing a mental breakdown, and another who said they would “just have to push through the stress and try my best.” Even though homeless participants comprised a small portion of requests for services, nearly all of them said they had no backup plan, would have to sleep in their car with their child(ren), drop off their children with someone else, or pursue foster care to keep their children safe.

**Participants most commonly requested child care, housing, and food/clothing resources at child’s entry into Crisis Nursery.**

At each entry, participants have an opportunity to request additional resources from CN. In FY 2023-24, 14% (276/2,027) of participants requested one or more additional resources. Among them, more than one-third requested child care/preschool/Head Start (37%), housing (37%), and food/clothing closet (35%) resources.

<sup>1</sup> Based on 2,027 unique stays. Percentages will exceed 100% as participants can select multiple reasons at each stay.

At the time of exit, CN staff documented providing resources to 87 of the 276 (31%) participants requesting resources at intake. Participants who did not request resources at entry may have also received resources during their stay, however, the data tracker may not provide a complete profile of the resources available and/or provided to participants which may be available in individual case notes. A deeper look at case management procedures or a transition to a more formal resource and referral database may provide better insights about the number, type, and “closed loop” connections.



At exit, participants can also request resources if a new need emerged, or if they wished to disclose an additional concern. Ten percent (186/1,842) of parents requested additional resources or services at exit. Additional details were not provided about post-exit follow-up for these families.

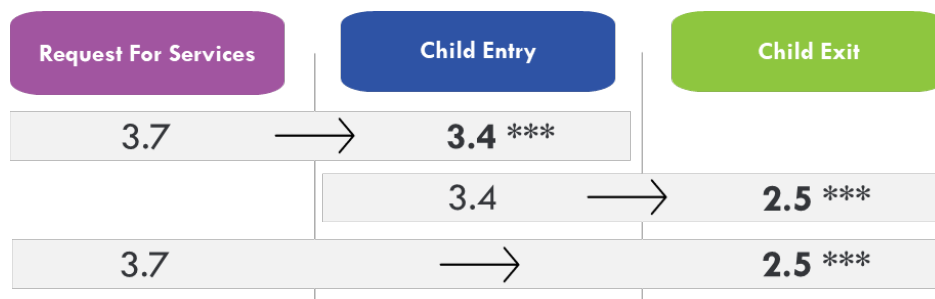
### Participants reported significantly reduced stress levels after using Crisis Nursery.

At each exit, participants can share the perceived impact of CN on their stress levels, ability to work on their crisis situations, and whether CN kept their child safe and secure.

- ▶ **99%** (1,817/1,803) felt Crisis Nursery kept their child(ren) safe and secure.
- ▶ **99%** (1,778/1,792) felt better able to solve their crisis situation because of Crisis Nursery.
- ▶ **97%** (1,715/1,772) felt Crisis Nursery helped reduce their stress level.

Further, participants were asked to rate their stress on a scale of 1 (not at all) to 5 (greatly) while completing a Request for Services, Entry Form, and during their Exit Interview. Sixty percent of participants (1054/1764) decreased their stress level between their Request for Service and their Exit Interview. As a group, participants showed significantly reduced stress levels at each stage of Crisis Nursery support, with average stress levels (3.7) highest at the initial request(s) for services and lowest at child exit (2.5).

**Figure 4. FY 2023-24 Crisis Nursery Participant Average Reduction in Stress Levels, Matched Sets**



Source: FY 2023-24 Crisis Nursery data: Request for Services (RFS), Child Entry, and Child Exit forms. Matched Sets (RFS to Entry N = 1,844, Entry to Exit N = 1,757, RFS to Exit N = 1,764). Contains duplicate individuals as data collected at each stay. Statistical significance reported as \*\*\*  $p < 0.001$ . Stress scale ranges from 1 (not at all) to 5 (greatly).

“It helped me calm down and realize that, **even if I’m struggling** to get things done personally or physically, like if I have an interview or I have to go to work or an appointment - **I have an opportunity to take that break**. So that gave me the space to be able to see things and fix them if I needed. Like when I’m having a really tough time, and I’m just crying and really overwhelmed, **it gets me to calm down and say, okay, what can I do next.**”

- Crisis Nursery Parent

### More than half of CN participants engaged in other First 5 Funded program(s).

Crisis Nursery entered FY 2023-24 services for 234 unique families into the First 5 database (Persimmony). Other programs receiving First 5 funding also use this database to log services. More than half (55%) of these families received services from at least one other program in the same, or prior, fiscal year (FY 2022-23 and/or FY 2023-24).<sup>2</sup>

**Figure 5. Crisis Nursery Participants Engaging in Multiple First 5 Funded Programs**

	CN Participants
<b>Total # Families Served in FY 2023-24</b>	<b>234</b>
<b># Programs Engaged (FY 2022-23 and/or FY 2023-24)</b>	
1 (CN Only)	107 (46%)
2 (e.g., CN + Her Health First)	74 (32%)
3 (e.g., CN + Safe Sleep Baby + School District Activities)	36 (15%)
4+ (e.g., CN + Birth & Beyond + WIC + Help Me Grow)	18 (8%)
<b>Other Programs Engaged (FY 2022-23 and/or FY 2023-24)</b>	<b>128 (55%)</b>
Birth & Beyond	107 (84%)
Infant Safe Sleep (Safe Sleep Baby)	38 (30%)
Help Me Grow	23 (18%)
WIC Breastfeeding Support	19 (15%)
Her Health First (Black Mothers United)	8 (6%)
School District Activities	8 (6%)

Source: FY 2022-23 and FY 2023-24 Persimmony Service Records.

### Input from Crisis Nursery Staff

ASR interviewed five Crisis Nursery (CN) staff including leadership, program and site managers, and direct service staff (i.e., case manager, child care worker). Participating staff were asked about their experiences working with CN, including insights about families and circumstances most likely to lead to more

“Our number one goal is that children are safe and that we are a safe haven.”

- Crisis Nursery Staff

<sup>2</sup> May include participants receiving services with a non-First 5 funding source. Not limited to participants whose first ever services were in FY 2023-24. May include participants who learned about programs through Crisis Nursery, who learned about Crisis Nursery through another program, and/or who received services from multiple programs without a direct referral/connection. Limited to participants receiving services from other programs in FY 2022-23 and/or FY 2023-24 and may not represent participants who have used community resources for several years or received services after July 1, 2024. Does not intend to represent all community support services, only those who enter data into the First 5 data platform (Persimmony). Lastly, counts only represent the overarching program and not the depth of services received within each (e.g., Birth & Beyond, rather than Home Visiting, Crisis Intervention, Parenting Education...)

frequent stays, characteristics of the case management component of the program, and overall strengths and challenges.

### **Families were most likely to utilize Crisis Nursery more frequently due to chronic challenges such as homelessness, substance use, or domestic violence.**

According to program staff, families typically used CN services for employment-related needs, medical/legal appointments, and respite care, especially when affordable or flexible child care options were unavailable.<sup>3</sup> For instance, employment-related needs may include families who cannot find coverage due to non-traditional working hours (i.e., weekends, overnights) or during holidays or school/daycare closures. Some participants may also need coverage when looking for work, attending appointments during the day, or for medical procedures/recovery. One participant also described instances where families may have child care which ends up not being a “good fit” for their family so they use Crisis Nursery while working to find a more permanent solution. Families may also lack a support network for last-minute or intermittent needs. Participants may be “single parents with the lack of support and their ability to trust those around them.” Also, Crisis Nursery may be preferable “to avoid burning a bridge with a family member” by asking for support or to give an older sibling “a break [from watching their sibling(s)], because they are teenagers.”

While employment needs may be more intermittent, program staff indicated that families who use CN services more frequently often have higher needs or chronic challenges such as homelessness, substance use, mental health needs, or domestic violence. These children are more likely to return to the Crisis Nursery more often or stay longer (e.g., overnights, multiple days).

“I see returning clients as [a] success. It means the first initial stay was a success, and they felt we provided them with a safe space for their child to be. **When clients return, it means we continue to provide a safe place for them.**” - Crisis Nursery Staff

While some participants use CN services more frequently, especially due to chronic or recurring challenges, staff report that they do “make our boundaries very clear.” According to staff, they share clear expectations “about what we can and cannot do” due to licensing regulations and capacity. Crisis Nursery staff will set expectations early on, and keep families informed that there are limits to how often they can use CN (30 stays in a six-month period). Staff will remind families of their remaining time and work with them to support a plan to spread out their uses or find alternate plans before they reach their time limit. For longer stays, the case manager will also “follow-up every other day to [check-in and] provide reminders of our expectations for using our... services.” In most cases, families are also expected to show “proof” of the circumstances for which they are using the Crisis Nursery (e.g., work/school schedule, appointment card) to support accountability and progress toward their goals.

Unfortunately, staff find themselves limited in how much they can help participants find long-term, permanent child care due to external systems’ capacity/ waiting lists, odd-hour scheduling needs, and affordability. As one staff member noted, “We try as many applications as possible ... Child Action, Head Start. But ... there is no other way to help them. We have been struggling. We try to

<sup>3</sup> Staff descriptions are comparable to FY 2023-24 Requests for Services data.

strategize how they are using their days to prolong it more.” Staff will encourage families to create a list of support networks and coverage availability to try to save their Crisis Nursery days.

**“It just takes a lot of time to work through... [an] ongoing crisis takes work, time, and effort ... at their own pace. ... I like to think of the example, we do not go to therapy just once, but instead you go back a few times.”** - Crisis Nursery Staff

### **Crisis Nursery’s Crisis Resolution Plans are individualized to client need and rapport with program staff.**

Crisis Nursery offers case management to all CN families. Each location has a case manager, although staffing challenges (e.g., turnover, scheduling) can impact a case manager’s workload. Case managers aim to help families with whatever is going on in their individual circumstances, and work with the caregiver(s) to resolve crises and move toward stabilization. Crisis Nursery does not set a minimum number or type of contact with participants. Participants described the case management process as “collaborative,” “client driven,” and “family-led.” Follow-up will vary based on the severity of the need, duration and frequency of children’s stay(s), as well as the parent’s comfort level and motivation.

**“We have to go above and beyond to prove that we’re a safe place ... for them to truly say ‘this is what’s happening.’”**

– Crisis Nursery Staff

According to program staff, families complete paperwork and receive a tour of the nursery with the Case Manager during, or prior to, intake. If it is a middle-of-the-night crisis, or if the parent is distressed or in a hurry, staff will follow up

as soon as possible. During this process, families will share information about their circumstances. The case manager will work with the parent to develop an individualized Crisis Resolution Plan (CRP) specific to their needs and goals. The case manager will try to encourage “immediate and focused” goals based on what makes sense for them at the time. Some families who use CN for “one time” or sporadic circumstances may not develop a CRP beyond their initial stay. For instance, if a participant needs a safe place for their other children while in labor, the case manager will work with the family to identify backup plans and other relevant medical/discharge information. But they may not request support beyond that event.

Time spent building relationships with participants can result in greater trusts and disclosures of circumstances for which they need support, although some needs may be out of the control of Case Management support due to systems-level challenges (e.g., waitlists for longer-term support).

Participants who use Crisis Nursery more frequently are more likely to build rapport with their case manager and may disclose larger needs. For instance, families who have had negative experiences with “systems” (e.g., CPS involvement, former foster youth) may need additional time to build trust and share the broader context of their experiences. Other families may not feel comfortable disclosing vulnerable circumstances. One staff member shared a story about a parent who had used CN services about once a month. One time she called very stressed out, requesting overnight care for her child(ren). After the stay, she disclosed on her exit paperwork that she had been considering suicide when she requested the care and that access to Crisis Nursery saved her life. The Crisis Nursery staff shared that it helped them realize “there’s so much that we don’t know” and understanding the importance of “treating every client as if that may be what’s happening

behind the scenes, and they're not ready to tell us...." This is important to keep in mind considering that while most participants cite employment-related reasons when requesting care, for some families, there may be underlying correlates to their broader circumstances or support network which may impact their ability to seek support elsewhere.

Case managers also provide resources and referrals to other services, housing vouchers, transportation, tangible items (e.g., clothing, diapers), and hands-on support (e.g., translation, direct contact with community agencies). However, Crisis Nursery may face challenges connecting participants to services due to factors outside of their control. For instance, "you can't control the waitlists ... [accessing] programs sometimes takes a long time."

### **Program strengths included staff characteristics, the program mission and physical environment, impact on families, and continuous improvement.**

When asked about the strengths of the Crisis Nursery program, interview participants highlighted the program's staff, physical space, mission and procedures, interactions with families, and internal continuous improvement efforts. **Staff** were described as dedicated to families, diverse and bilingual, and educated in relevant fields. Participants also described staff as adaptable and "passionate about the children here." For instance, when working with a child who was having a difficult time regulating and showing challenging behaviors, staff continuously tried new strategies to support positive improvements and "[took] turns to prevent burnout." In this instance, the staff knew "this is the place he needs to be because it is safe..." and worked together to support the safety and well-being of the children and staff.

"[Crisis Nursery is] helping build strong families within the community. We're trying to prevent the cycle of child abuse ... that's what we're here for. We don't want anyone to fall in the system."

– Crisis Nursery Staff

Participants also highlighted the **program mission and environment**, such as how the "house setting ambiance and vibe help make the children feel safe," and that it "feels like a happy place when you walk in and see the kids playing games...." The Crisis Nursery works to accommodate families as much as possible, working diligently to "strive to not say no" or turn anyone away. They are "thoughtful in scheduling and [adjusting] times to accommodate families," while adhering to licensure requirements such as staff-to-child ratios. As one participant described, "We can make it work for

most families by being able to offer odd hours," as well as working cohesively between the two sites to ensure adequate coverage and support across the County. Organizational protocols and licensure requirements also ensure the safety of the children within the care of the Crisis Nursery, and "confidential services provide a sense of safety for parents and builds a village of support." Participating staff also said that they value "everything the program stands for," such as the program's mission and use of holistic and compassionate care to address basic needs and build a safe and inclusive environment for underserved families.

Program staff also highlighted the way their **interactions with participants** and participant successes show the program's value. In addition to providing safe stays/respite care for children, Crisis Nursery also helps connect families in crisis to ongoing support through client-driven case management. Crisis Nursery aims to build rapport and trust with participating families, and staff reported that this is shown by "the kids and families that come back." Participants pointed to success stories of families who may have initially reached out to Crisis Nursery while experiencing domestic violence and/or homelessness, but over time had major improvements to their



circumstances to where they now only return for infrequent school closures or holidays. Additionally, one staff member highlighted a long-term success story for a family:

“...another family that has used us for years... it's been a long, long journey with her. She started out being very quiet... not being very transparent. As soon as we built that rapport we were able to start talking about resources and referrals. [After] two years... she was finally ready and finally able to focus on getting ... things done and she was able to get her child into Head Start. She was also in a shelter. She was able to leave that shelter and get her own housing... Seeing that progress, although it took a few years, is definitely nice to see. We want to make sure we're following our parents at their own pace... making sure they don't feel forced to do things that they're not ready for... reflecting back on that, it just goes to show that it takes time... Meeting our parents where they're at and following their pace gives us more of an understanding of 'eventually they're going to get there' and we can only help as much as they're willing to let us help and as much as they're willing to help themselves...”

Large and small successes are shared at weekly staff meetings to celebrate families and staff efforts and motivate staff. In addition, participants described several **continuous improvement** efforts. For instance, Crisis Nursery has a retention committee focused on retaining staff and opening opportunities for “stepping stone” career pathways. Representatives actively talk to staff of all levels to identify challenges and opportunities. They also make paper slips available to staff at all levels to provide suggestions for improvements. The slips are reviewed at monthly program quality improvement (PQI) meetings and changes are implemented wherever possible. For instance, Crisis Nursery recently revised one of the intake forms following a suggestion to revise wording to be more welcoming/approachable and less “transactional.”

“When you celebrate those little things, it propels you further. It's very motivating.”

– Crisis Nursery Staff

### **Crisis Nursery most commonly faced challenges related to funding, retention, staffing, and program capacity.**

The Crisis Nursery is a unique service in Sacramento County, with only two locations serving the entire county. When paired with structural/systems challenges outside of the control of the organization (e.g., long waitlists, limited affordable, quality child care), the Crisis Nursery's Requests for Services exceed their daily capacity. Additionally, families are limited to 30 days of care within a six-month period, which may not be enough time to resolve a crisis like homelessness or domestic violence. Not only does this potentially leave a family with nowhere to turn, but it can also have an emotional toll on the staff:

“...seeing the families succeed but then they fall into the patterns again... it's just heartbreaking... you see them succeed and then they take a step back. ... Sometimes we have the kiddos for 30 days. You want to make sure their family succeeds... you want to send them back in a good environment. When things like that happen, it's sad.”

Despite this ongoing need in the community, Crisis Nursery also faces challenges with limited space and staffing, especially due to funding limitations. Licensure and safety requirements include things like staff-to-child ratios and site capacity limits. This means any time a site is closed, or staff are limited, fewer families can be served, oftentimes with nowhere else to turn. Participants mentioned that, ideally, the Crisis Nursery would be able to either acquire a third location in the

County or get a larger facility for the smaller, South location to accommodate more children. However, this raises questions about funding to maintain an additional (or larger site) as well as challenges related to hiring and retaining staff.

The Crisis Nursery often serves families whose circumstances can “pull on your heartstrings.” These unique challenges can lead to secondary trauma and staff burnout which can affect retention if staff move to non-crisis child care options. Additionally, many positions are entry level, and some staff eventually find that it’s time to “move on to bigger and better things.” When paired with limited funding for staff wages, it can be difficult to retain staff who might otherwise be very passionate about the work but find themselves unable to maintain their circumstances.

Structural/systemic issues, family circumstances, organizational funding, capacity limitations each impose challenges on the Crisis Nursery, despite their adaptability and passion for the work.

While staff are adaptable and collaborative in modifying drop-off/pick-up times and moving families between sites to be able to serve as many families as possible, they experience waitlists for families, as well as caseload/scheduling challenges for staff. For instance, with only one case manager per site (and sometimes one serving both sites), case managers are unable to offer as in-depth services as families may need. At times, they also need to fill in for direct services due to staffing shortages, to maintain capacity and staff-to-child ratios. Large caseloads and many priorities can result in follow-ups falling through the cracks or fewer opportunities for time-intensive “warm handoffs” for families. Participants also mentioned a need to improve adequate training for staff, especially in the areas of developmental/behavioral/mental health needs.

“My personal goal is to make sure that we’re **not just fully staffed but we have the right people** ... [that] does affect the care that we can provide. ... We do our best to try to find that right fit. There are people who love, LOVE their jobs but it’s time for them to move on to something bigger and better. But they come back to something part time or volunteer... that’s how much the job resonated with them.” - Crisis Nursery Staff

## Input from Crisis Nursery Participants

Crisis Nursery participants were invited to participate in a brief interview for in-depth insights about their experiences with Crisis Nursery. A flyer which included a QR code to sign up and information about the \$30 gift card incentive was posted at each site. A Crisis Nursery Case Manager also shared the sign-up link via email, and ASR sent another email invitation to participants who used the Crisis Nursery between January and June 2024. ASR aimed to reach 10% of the 214 participants served between January and June 2024, although due to the voluntary sign-up process, participants represent a convenience sample and may include families who used the Crisis Nursery for the first time after June 30, 2024.

In total, 23 participants completed an interview. All participants described themselves as mothers of the children who stayed at the Crisis Nursery. According to client records in the Persimmony database, two out of five (39%) were Hispanic/Latino, 35% were Black/African American, 17% were White, and 8% were Multiracial or some other race/ethnicity. Participants represented 15 distinct zip codes, and more than half (57%) lived in one of the RAACD/BCLC focal zip codes.

Interview participants were asked how they learned about the Crisis Nursery, the reasons/frequency in which they used the Crisis Nursery, how the Crisis Nursery helped them, and any challenges experienced/suggestions for improvement for the Crisis Nursery.

### Participants primarily learned about the Crisis Nursery while receiving other services or actively searching for emergency child care options.

Most participants (70%) learned about the Crisis Nursery through some other program, resource, or provider. For instance, some participants learned about the Nursery through a transitional housing program, a CPS case worker, or while receiving resources at a community program such as Birth & Beyond, WEAVE, or other resource-focused agencies. Five participants learned about Crisis Nursery through a family, friend, or neighbor ranging from family members who had also used the Crisis Nursery to a recommendation by a member of a social media group related to nannies/daycare in Sacramento County. Two participants found the Crisis Nursery by doing an internet search for resources, including one who learned about Crisis Nursery while researching how to voluntarily give her child(ren) to foster care due to the hardships she was experiencing.

“Asking questions on Google like ‘can kids go to foster care for a temporary time voluntarily’... I was just at my wits end with my situation. ... I’m homeless... I lost my job... I have Child Action but I’m only approved for certain days... I’ve been staying place to place [but sometimes that doesn’t work out] ... so I took my kids to Crisis Nursery and stayed in my car by myself.” - Crisis Nursery Parent

Participants’ frequency of use ranged from occasional (a few times a year) to daily or weekly during periods of need. Some parents have used the Crisis Nursery “on and off” over several years for multiple children. For instance, one participant described, “being a single parent or ... needing a day for myself or for an appointment. They’ve always been there... it’s been helpful throughout the years...”

### Participants’ often used the Crisis Nursery to navigate gaps in regular child care, limited support networks, or otherwise unsafe conditions for their children.

Participant interviews revealed that families primarily used the Crisis Nursery when reliable or safe alternatives were unavailable. Several of the participants described the Crisis Nursery as a “life saver,” a “safe haven,” or a “backbone,” especially during personal crises. Participants commonly described using Crisis Nursery due to their work or school schedules conflicting with their regular child care options (e.g., nights, weekends, holidays, school/daycare closures). Some participants needed care during appointments (e.g., medical, dental, legal) or while recovering from an illness or injury. Participants also described challenges due to an inconsistent or limited support network, as well as chronic crises or other unsafe environments for their child(ren) (e.g., finding mold in their apartment, moving on a particularly hot summer day, living in a car/couch surfing, or even a sick babysitter). However, it is important to note that **participants’ challenges/reasons were also multifaceted and often overlapping**. For instance:

“I’m actually a domestic violence survivor. I was hesitant to leave my abuser for a long time because of finances, and then I just went for it and pretty much immediately was impacted [financially]. ... I had to get to work one day, and my daughter’s school break did not line up with my work break so I needed someplace for her to go because she was so young and I didn’t have the funds to pay for a babysitter or daycare.”

Another participant described how she had a limited support network due to substance use and needed child care to avoid falling behind on requirements in a residential treatment program:

“... I would be getting behind on working my program and I didn’t want to get kicked out, and so I needed the help. ... I am in recovery and when you’re in active addiction you sort of burn out all of your resources within your family... and so no one really wanted to help me anymore, so I had to figure it out on my own. So, at first, I was using [Crisis Nursery] to be able to maintain my program, and then now ... I work... and sometimes have shifts on the weekend... my children are already in regular child care during the week... but they help me while I work [non-traditional hours].”

Participants also used the Crisis Nursery for respite care to take a mental health break during a stressful time. These participants often referenced how the respite care was beneficial to them *and their children*. In one instance, the family was couch surfing with a family friend who was an alcoholic and would lash out while drinking and scare the children, so their mom brought them to Crisis Nursery where they would feel safer. In another instance, a participant who used the services when she needed a break added, “they needed the break [too], whether they realized it or not. ... to be able to play around and ... just have a space to breathe. ... at home and it could be tight, or parents could be overwhelmed or overstimulated and you’re just like ‘Oh my

“I was like, ‘Hey, I know you’re stressed, I’m stressed, I know you’ll be safe here and I gotta figure some things out’...”

– Crisis Nursery Parent

gosh!” Another mentioned that their typical support network was only willing to watch their children when she went to work, so she used Crisis Nursery when she needs a break or just needs to “clean the house or get stuff done.”

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### Participants felt their children were safe and happy to be at the Crisis Nursery, and highly valued the positive relationships with staff and additional support.

Interview participants described the various ways in which the Crisis Nursery provided them support, such as child care services in times of need, contributions to their larger personal goals, and resources/referrals for other services. First and foremost, the participants expressed their gratitude that this safe, flexible, and free service has been available to them in times of need. Many parents said their **children were excited to go**, happy while there, and even reluctant to leave. One parent shared, “My son loves them... he’s just ecstatic every single time... it’s more alarming if he’s crying to go back.” Parents repeatedly emphasized the “peace of mind” they felt knowing their children were in a safe, caring environment and seeing their “happy faces.” Another stated, “I’m just very grateful to have that resource... I feel safe too, and my daughter is so happy she asks ‘Mom, when are you going to bring me back?!’”

“The only thing I can say is that when I drop my daughter off, **I know that she’s in good hands** and when I come back, she just has a big smile on her face, and that just makes my day ... they help me out ... and my daughter’s healthy and safe... I’m just very grateful to have that resource... **I want to have it for generations to come**, because it has helped my family, and I believe it can help other families as well...” - Crisis Nursery Parent

Parents consistently reported **positive relationships with staff**. Participants described CN staff as friendly, caring, compassionate, and creating a warm, nurturing environment that fosters trust and

safety. One participant highlighted “the love they poured out for my children... it was great for me.” According to interview participants, CN staff go above and beyond to provide care personalized to their needs and ensure both children and parents feel supported, For instance, they will enforce behaviors the parents are trying to teach at home, and also try to share new ideas and strategies based on what works well while the child is in their care. One participant said that the Crisis Nursery helped teach her child things like the ABCs and reinforced the family’s potty-training plan.

“They are just great. We do love our regular day care, but my kids LOVE the Crisis Nursery, and I love them too. ... It’s a very warm, welcoming, and nurturing type of bond that you build with them and I just feel so safe.... They’re very helpful...it’s amazing.” - Crisis Nursery Parent

Parents appreciated the detailed communication from the staff, especially when something happened during the day, like an injury or an allergy issue. One parent praised the staff’s attentiveness by adding, “They call me for anything... that part is good.”

In addition to keeping their children safe, parents also felt as though the Crisis Nursery contributed to their **personal goals**, such as:

- ▶ Help transitioning to a stable living situation
- ▶ College requirements (e.g., time for homework; attendance)
- ▶ Being able to stay consistent with substance use recovery or complete recovery programs.
- ▶ Ability to get or maintain a job (e.g., child care during work interviews, prevented calling out/getting fired)
- ▶ Time to rest, reset, and care for themselves (e.g., mental health, independence)

“They are part of my journey 100%. I **couldn’t do it without them.** Really. I love them.”  
– Crisis Nursery Parent

Crisis Nursery also helped participants with **concrete needs**. Eleven of the 23 participants shared that they received resources such as clothes, diapers, formula, backpacks/supplies, and/or Christmas gifts from the Crisis Nursery. Participants also utilized the Crisis Nursery case management component and/or informational flyers found in the intake room(s) to access additional community resources, such as:

- ▶ Infant Safe Sleep and Car Seat Education
- ▶ Information on affordable child care (e.g., Child Action)
- ▶ Mental health/counseling support
- ▶ Housing resources/Homelessness assistance
- ▶ Food and other concrete needs

Some participants mentioned that they did not receive additional resources or referrals because they did not have additional needs but knew how to request support if they needed it. Some participants also said they learned about new resources by seeing a pamphlet in the intake room. However, several participants described receiving informational pamphlets rather than warm handoffs. One parent described herself as “in limbo.” Because she is navigating physical and mental health issues, active legal cases, and multiple children, she did not find the resources helpful and instead needed more direct support. She said, “The thing is, they give me packets all the time. The packets are great but ever since [my domestic violence-related injuries], I’m not too great on any of it. I’m lagging on everything.” Another said the pamphlets were “sometimes” helpful to learn about services they did not know about but had difficulties getting actual connections.

Additionally, one participant described specific needs and challenges accessing resources and said she did not get a response, so she stopped asking for help. This participant felt the lack of response was due to a language barrier between the form and her responses, or the availability of someone that could help her in her primary language.

### Participants' challenges frequently related to program capacity (e.g., waitlists, last minute procedures, age limits) and other intake processes.

Safety and regulatory capacity limits paired with high need and a wide range of scheduling needs, families may find themselves on a **waitlist or unable to be served**. Interview participants had mixed experiences about whether they were ever unable to get a spot at Crisis Nursery. Twelve (52%) of interviewees recalled at least one time when they were unable to get a spot

when they needed it. In most cases, their circumstances were flexible enough to “figure it out,” which may have contributed to the Crisis Nursery’s prioritization process on those days. However, a small number of interviewees described instances where they were left “in a bind” or “defeated” due to recurring instances where they were turned away. One parent said she was unable to get care at least 6-7 times last year so she got “defeated” and stopped reaching out. Another said she could not focus on work because she had to leave her child with a mentally unstable relative and spent the day stressed about her child’s safety. A third parent said she had to leave her job because no one could accommodate her work schedule. However, it is unclear if this participant reached their total number of days allowed by Crisis Nursery’s licensure requirements, or if staffing was unavailable to meet her needs.

Due to the unique nature of the program’s scheduling, participants also mentioned challenges with the **process to request services**. Multiple participants described the process to request services as stressful and wished they could request services more than one day in advance, or for multiple days in a row. For these families, it was difficult to try to find another safe option for their child(ren), since the process is already so “last minute.”

“I wish it was more seamless ... I don’t have stable child care... I’m really having a hard time mentally, and I just started a full-time job after not working for [more than a year]. It’s a lot.... It would just be easier to put in a request for multiple days at a time ... so I don’t have to call out of work at the last minute. ... My anxiety and stress levels go up... when I call, my stress levels are like a two, but then they go up to a three or four [while I wait to find out if they can watch my child.]”

At least four interviewees also wished the Crisis Nursery could **expand their capacity**, including space/locations to serve more families, more days available per family, and the ability to serve older children. One participant said, “I wish they had more room or another location,” and another wished for more days since their circumstance required more time to work out. Several wished

“[I wish] that they could take all ages... that’s just my wishful thinking.”

– Crisis Nursery Parent

Crisis Nursery could serve children older children (ages 6+). They were either disappointed that their child would soon age out of eligibility or had challenges navigating child care for older siblings. One parent said, “It does pose a little bit of a challenge, sometimes. ... parents need more resources for summertime

#### Most Common Participant Suggestions

1. Improved process to request services
2. Increased capacity and/or age limits
3. Improved medical screening process
4. Digitize paperwork; reduce redundancy

[school closures], especially as parents who work. And you know, we're single parents or our family might not be involved, or whatever the case may be."

Administratively, multiple participants pointed out difficulties with the **intake paperwork**. Participants said it would be nice if the Crisis Nursery could streamline the process. Three participants mentioned a desire for an online or digital process so they could complete the forms electronically or submit via email, without needing to pick up physical papers. One parent said the paperwork was redundant to complete every time and wished it could be streamlined so they did not have to fill out the same information each stay. Another highlighted an important consideration to ensure the Crisis Nursery is engaging in trauma-informed practices. This parent described an instance during intake when Crisis Nursery was training a new staff member. While they were asked if it was okay that a trainee was in the room, the experienced staff member asked this question when the trainee was already standing there, and the participant did not feel comfortable saying no. She said her circumstances and PTSD made her feel too vulnerable and wished that the staff member had given her the ability to consent or decline the training process before the other staff was already present. She mentioned that this issue is *not* unique to Crisis Nursery but wanted Crisis Nursery to keep this in mind considering that they commonly serve people in vulnerable situations.

"[The paperwork] ... felt just a little redundant.... Maybe filing electronically so you have a system."

– Crisis Nursery Parent

"... a lot of people who are using the Nursery are going through crisis... I do have PTSD and really bad anxiety... as soon as the [Crisis Nursery trainee] came in, I felt anxious. When I do have to go [to Crisis Nursery], I'm going through a tough time, and I don't want to have to explain that to multiple people.... she did ask [if I was comfortable with the trainee in the room] but she was already in the room [and it felt rude to say no]. I would have preferred to be asked before going to get the other person." - Crisis Nursery Parent

Several participants described pros and cons of **child health screenings** at intake. Most agreed that the physical screenings and documentation were important for safety reasons and valued the care and attention provided by staff. However, at least four participants mentioned the process was too strict, and one described ways it was too strict *and* not strict enough. Among those stating that the process was too strict, they almost always mentioned that staff could use "more training" on child health topics. Two said they were turned away due to conditions that were already addressed or understood by more seasoned staff during previous visits. Another participant described an inconvenience of having their child sent home in the middle of the night due to an illness, even though there were no symptoms when she arrived, and she felt that the presenting symptom was temporary and due to the sleeping environment. Another parent felt "judged" about her children's hygiene at intake and wished the staff would explain more to parents about the screening process, as she worried normal bruises from outside play would be viewed as marks of abuse. The parent who expressed contradicting concerns about health screenings felt their child was being turned away for a 'non issue' but that the staff were too lax in other areas, especially with COVID or other transmissible issues that could make her children sick. This parent said the COVID screeners are verbal rather than an actual COVID test, which made them concerned that children might transmit COVID even if they are asymptomatic.

Participants also noted **other challenges**. For instance, while some found the transportation services very helpful, others said they were unable to attend when a spot was only open at the other site because they did not have a way to get across town and transportation was not offered. One participant experienced challenges receiving services because Crisis Nursery transportation was not available on the weekends. Another participant wished that parking was clearer as she did not know where she was allowed to park during her first visit, and sometimes struggles to find parking. Also, one participant said the request call line was down recently, and she was under the impression that it happens more than rarely. Another parent also highly valued the services but felt that more marketing was needed as many other families in need may not know about the service. Lastly and importantly, a participant mentioned that she repeatedly requested to be contacted by a case manager but never heard back. This participant said she did not know how long she should expect to have to wait to hear from someone but that she requested a call following multiple stays and was never contacted.

## Recommendations

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In summary, the Crisis Nursery program provides emergency child care, emotional relief, developmental support for children, and helps parents maintain stability in employment and education, all while fostering warm, trusting relationships with its staff. Quantitative data as well as insights from participants and staff indicate that the Crisis Nursery is a **highly valued and impactful service** for Sacramento County families. Input from participants and staff highlighted a number of key recommendations for Crisis Nursery and their funder(s) to consider.

- ▶ **Recommendation 1: Foster caregiver advocacy and opportunities for parent input and peer support.** Several participants said they recommend these services to other families they know and/or wish more people knew about the program. Participants also provided clear input about how their experience could have been improved. Creating a Crisis Nursery Caregiver Advocacy Network may offer opportunities for parent voice and advocacy for the program, as well as continuous improvement. The Crisis Nursery has an effective means of collecting input from staff for administrative and procedural improvements. Leadership, funders, and parent advocates may consider employing similar strategies to collect regular input from families engaged in the program. Caregivers may also benefit from peer support to connect with other families. A peer program could include trained peer leaders, regular group sessions, peer mentor pairing, family events, and workshops. This type of program could foster emotional support, reduce isolation, and empower participants by allowing them to share knowledge, resources, and encouragement.
- ▶ **Recommendation 2: Offer external training opportunities to support the health, safety, and well-being of Crisis Nursery families and program staff.** Families asked that staff receive more training about the various health circumstances that should, or should not, disqualify a child from receiving care on a particular day. Staff also mentioned that program staff are often entry level and navigating family circumstances which “pull on your heartstrings.” Staff may benefit from quality improvement techniques like the [Five Whys](#) and [Fishbone Diagram](#) to identify the root causes of problems. Staff may also benefit from trauma-informed training opportunities such as [Safe Spaces](#), as well as opportunities to learn about healthy and effective [self-care](#) to reduce burnout, compassion fatigue, and secondary traumatic stress.



- ▶ **Recommendation 3: Use data and community insights to pursue sustainable funding from additional sources**, including those whose focal populations are a wider age range but with the same mission of reducing child abuse/neglect/deaths. Participants and staff both recommended additional marketing needed to reach more families, yet both groups also highlighted capacity challenges such as available spots, additional location(s) needed, and challenges with in-depth, quality follow-up due to case manager capacity. Participants also expressed a need to expand the age range for available services for young children who may not be old enough to safely care for themselves. However, each of these challenges requires funding and resources to ensure the available space, staffing, and resources. Insights about the impact of Crisis Nursery on Sacramento County may support ongoing efforts to pursue sustainable funding to expand access and aid in staff retention (e.g., professional development, career advancement, and competitive compensation/benefits). Internship programs for child care workers may also further support capacity and may create a pipeline to train, educate, and cultivate caregivers to become child care workers and case managers for the Crisis Nursery.
- ▶ **Recommendation 4: Address tangible barriers to administrative and family support.** In some instances, participants described challenges with limited transportation, language barriers on forms and in-person, and accessing the request for services phone line. Participants also expressed interest in the capacity for online/virtual forms to reduce the time spent completing paperwork on-site. Crisis Nursery intake and exit forms should be available in multiple languages with the assurance of timely review and follow-up, as needed, by a staff member who has a comprehension of the applicable language. Crisis Nursery may also consider exploring opportunities for an affordable, HIPAA-compliant online communication format to reduce redundant data entry and allow regular reports of families who expressed a need, and enable direct referrals.
- ▶ **Recommendation 5: Continue implementing improvements to the data entry process and consider utilizing a more streamlined, collaborative data system.** The use of paper forms, Excel data trackers, and the Persimmony database can cause data discrepancies, manual data errors, and reduced insights. Examples include inaccurate unduplicated counts (e.g., misspelled names over multiple stays leading to multiple unique client IDs), duplicate data entry across sources, and other challenges with accurate counts due to the unique nature of the program services. Data between sources may be difficult to combine for evaluation analysis. As stated above, clear impact data may support future funding opportunities and access to a system that allows virtual form completion and a referral portal may reduce the burden on families and ensure some direct connections to long-term, ongoing resources. Utilizing a more collaborative data system may reduce errors/duplication and enable broader insights between characteristics of unique stays and the larger First 5 network of funded programs.

“[I wish] there was **a way I could give back**. Really... it's a one-stop shop. You don't have to bring any supplies with you. They provide everything, so I don't have to worry. ... The way even the houses are designed, the staff, the scheduling... it's perfect. I **don't know who is responsible for designing this platform, but they're genius.**”- Crisis Nursery Parent