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STRENGTHENING SOCIAL AND EMOTIONAL HEALTH

# Partners in Family Child Care
# 2008-2009 Year 1 Report

SHIRA M. PETERSON, PH.D.
MELISSA WEBER, M.S.

OCTOBER 2009

Partners In Family Child Care Year 1 Report | October 2009 | Number T09-009

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## Acknowledgments

Partners in Family Child Care could not have been possible without the generous contributions of our funders, partner agencies, group family child care providers, volunteers, and other interested groups. We thank the many individuals who gave their time, ideas, and support to the Partners in Family Child Care project.

**Funders**: Brush Family Fund, Rochester Area Community Foundation, Rochester's Child, First Niagara Bank, JP Morgan Chase, M&T Bank, Gerard and Caryl Wenzke, Gannon Werner Memorial Fund, anonymous donor. Donated children's books were collected by the Rochester Education and Literacy Commission and Byron Bergen Central School District.

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Partners in Family Child Care utilizes the *Supporting Care Providers Through Personal Visits* curriculum (Parents as Teachers National Center, 2002) and the *Program for Infant/Toddler Care* (WestEd, 2003). The program also incorporates materials from the *Early Literacy Project* (Children's Institute, 2003) that were developed through the collaborative efforts of Syracuse University and Children's Institute, with generous support from the United Way of Greater Rochester.

# Executive Summary

Partners in Family Child Care is designed to increase the quality of group family child care in Rochester, in order to improve the early literacy and social-emotional outcomes of children birth to five. Through an intensive, 10-month home visiting program, providers receive individualized professional development services to support them in meeting their goals for making improvements in their child care practices. Children are screened for unmet needs and families are linked with resources. Monthly group meetings provide training in screening, literacy, and child development and allow providers to share strategies as a community of learners to support improvements in child care quality.

During Year 1 of the project (2008-2009), 30 urban group family child care programs were enrolled in the program. The quality of the child care environment was assessed by trained independent observers at the beginning and end of the program. Children were screened on developmental and literacy assessments at both time points.

## Major Findings for Year 1

### *Group Family Child Care Quality*

- Group family child care providers made a statistically significant improvement in the quality of the early literacy environment provided to children.
- Home visitors observed improvements in providers' knowledge of child development and use of developmentally appropriate practices.
- Providers increased their readiness to change, with the mode (most frequent response) increasing from Stage 2 ("contemplating change") to Stage 4 ("actively engaged in change").

### *Child Outcomes*

- Children were screened for unmet needs in overall development, early literacy, and social-emotional well-being.
- Descriptive and qualitative data suggest that children in participating child care homes made gains above developmental expectations in their early literacy development.

# Introduction to Partners in Family Child Care

## Need addressed by the program

The importance of high-quality early care and education is well documented both locally and nationally. Children who attend high quality child care experience lower levels of stress[1] and greater gains in language, literacy, social, and emotional development.[2,3] The effects of child care are especially strong for low-income children, with long-term benefits of high quality child care seen in higher academic achievement through fifth grade.[4] Locally, the Rochester Early Childhood Assessment Partnership has shown that 80% of children in high quality preschool programs grow beyond developmental expectations in cognitive, motor, and social-emotional abilities.[5] High quality early education has long-term social and economic benefits, in that an investment of $1 in early education is estimated to pay back $7 in saved social costs.[6]

Nationally, about 44% of infants and toddlers attend home-based child care, as do 31% of preschool age children.[7] Family child care can offer distinct benefits for young children, including "extended-family"-type relationships, continuity of care from infancy through preschool age, multi-age groupings that may include the child's own siblings, and the security of a familiar and intimate home environment.[8] Nonetheless, a national study shows that up to half of child care homes do not offer a high quality of care or a supportive learning environment.[9] In particular, low-income children tend to experience family child care of lower quality.[10]

Locally, some efforts have been made to improve the quality of family child care. The *Caring for Quality* project, a nationally recognized program implemented by Cornell University and the Family Child Care Satellite Network of Greater Rochester, used a home visiting approach incorporating the Parents as Teachers (PAT) curriculum for family child care providers.[11] The program had a significant effect on raising the quality of care in both registered and informal family child care homes.[12] However, there has been no concerted local effort to improve quality in group family child care (sites with two adults serving up to 12 children). The group provider is the most stable of home-based caregivers and is able to affect 200 – 300 children over her career. In Rochester there are over 175 group family child care homes serving up to 1,500 children. Nearly 100% of the families served qualify for subsidized care from Monroe County. In a 2007 survey, urban group providers expressed an acute need for resources to ensure that children have the literacy, social, and emotional skills to succeed in school and throughout life (see Table 1).

**Table 1. Needs expressed by Rochester's group family child care providers**

| Topic | Percent of providers who mentioned this topic as an important need |
|---|---|
| Child care program improvement | 51% |
| Curriculum and activities | 50% |
| Working with behaviorally challenging children | 47% |
| Supporting children's language development | 47% |

## The Partners in Family Child Care program

Partners in Family Child Care was designed to meet these needs. It builds on the work of *Caring for Quality* by 1) offering services to group family child care providers and 2) expanding the home visiting curriculum to include a greater focus on early literacy. The project is directed by Children's Institute, in partnership with the Family Child Care Satellite Network of Greater Rochester – the Community Place of Greater Rochester (Eastside family child care satellite) and Rochester Childfirst Network (RCN family child care satellite) – and Family Resource Centers at Crestwood Children's Center. Over three years, the project will reach up to 90 providers (30 new providers per year) and their assistants serving about 750 children (250 children per year). This project supports the priorities of the Education Leadership Council, the Early Childhood Development Initiative, Rochester's Child, and the Rochester Education and Literacy Commission.

## The goals of the program are:

- To improve the quality of group family child care
- To improve outcomes for children
- To increase the number of children receiving needed community services

## Components of the program

- Home visits take place twice a month for ten months. The theoretical framework of the home visiting model emphasizes empowerment of providers to identify and achieve their own goals for professional improvement. Home visitors have been trained in the child care provider curriculum by Parents as Teachers, a "best practice" identified by the Office of Juvenile Justice and Delinquency Prevention. Home visits also integrate research-based material from the locally developed *Early Literacy Project* (ELP)[13] and WestEd's *Program for Infant/Toddler Care (PITC).*[14] The content of home visits is tailored to the provider's strengths, needs, and readiness to change.

- Monthly group meetings allow providers to receive training in screening, literacy, and child development, as well as to share strategies and problem-solve as a community of learners to support improvements in child care quality.

- Home visitors assist providers in screening for children's unmet needs using the Ages and Stages Questionnaire (ASQ)[15] and Get Ready To Read! (GRTR![16]; preschool children only). Infants and toddlers are screened for unmet social-emotional needs in the areas of attachment, self-regulation, and initiative, using the Devereux Early Childhood Assessment – Infant/Toddler (DECA-IT).[17] Home visitors work closely with providers to ensure that children with recognized needs receive appropriate supports for their social-emotional well-being, early literacy, and overall development. Children and families are referred to existing community services as needed.

# Start-Up Activities

## Hiring and training home visitors

Three 50% FTE home visitors were hired for the Partners project: one from each of the family child care satellites (RCN and Eastside) and one from the Family Resource Centers. Previously, each home visitor has worked with children for over 10 years and has worked with family child care providers for over three years. Diana Webb, Coordinator of the Family Child Care Satellite Network of Greater Rochester, serves as the PAT supervisor of the home visitors.

Home visitors received 30 hours of training in July-August, 2008 drawn from the research-based curricula Parents as Teachers' *Supporting Care Providers Through Personal Visits*; the locally developed *Early Literacy Project*; and WestEd's *Program for Infant/Toddler Care (PITC)*, as well as additional training on empowerment, adult learning principles, and readiness to change.

## Hiring and training Master Observers

Four Master Observers were hired for the project. All previously had been trained to reliability on the Family Child Care Environment Rating Scale-Revised (FCCERS-R).[18] Children's Institute Master Observers initially receive 15 hours of training to use a measure. In subsequent years an additional 4-5 hours of training are required for refinement of observation skills, inter-rater reliability, logistics of the observation process, observation guidelines and protocol. For the Partners project, Master Observers received a one day booster training session on the FCCERS-R and 15 hours of training on the Child/Home Early Language and Literacy Observation (CHELLO).[19]

Master Observers are trained to attain and maintain a minimal level of inter-rater reliability (a/a+d>.85). Master Observers are recruited from the Rochester area and selected on the basis of their years of experience in early childhood education (> 10 years), skills in program observation, and personal interest.

## Recruiting and enrolling providers

Recruitment and enrollment of group family child care providers began in July, 2008. Our yearly program capacity is 60 caregivers (30 sites with 2 caregivers each) who serve a total of 240 children ages 6 weeks to 5 years (each site serves an average of 8 children). We began the year with 30 sites. We lost six sites to attrition and were able to replace two of them quickly, but later lost another two sites, putting us at a total of 24 sites at the end of the year. In Year 2, recruitment will remain ongoing in order to replace sites that drop out of the program, keeping capacity close to or at 100% throughout the year.

Providers were required to sign participation agreements stating their roles and responsibilities in the project. Providers and parents were asked to sign photo/video release agreement forms to be included in images used in project reports. Parents were asked to sign forms indicating their agreement for their children to be assessed for the purposes of screening and program evaluation.

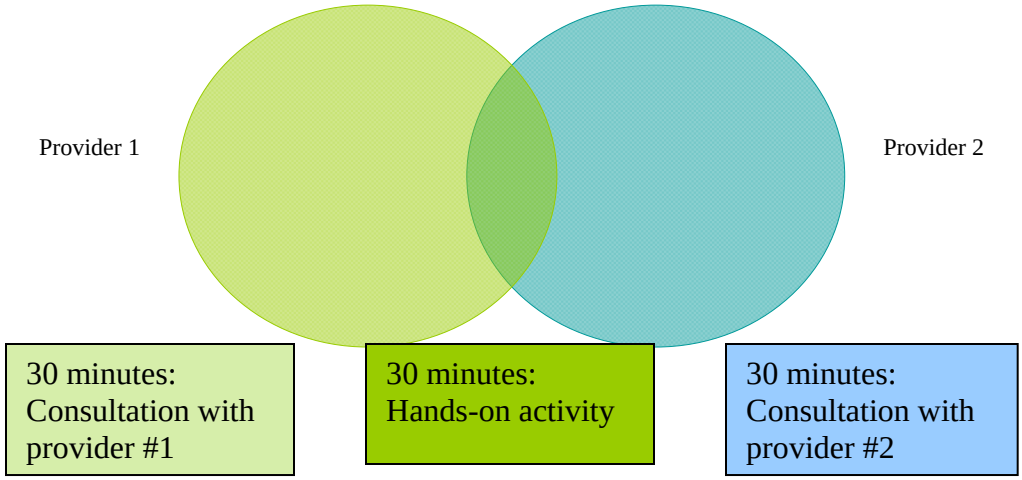
# Services Delivered

## Home visiting services

Services took place from October 2008 through July 2009 (10 months). Home visitors made an average of two visits per month (20 visits total) to each home. At each visit providers received materials and a children's book to accompany the activity, curriculum materials to keep in a curriculum binder, and supplementary materials (e.g., parent handouts, screening information). Home visitors kept home visit logs and turned them in to the Program Coordinator each month.

Home visits follow a structured format: 30 minutes are spent in consultation with one provider, 30 minutes in a hands-on activity with the children and both providers, and 30 minutes in consultation with the second provider. Thus, each provider receives 1 hour of direct services per visit (30 minute consultation + 30 minute activity), resulting in up to 20 hours of professional development, which may be applied toward requirements for state licensing (see Figure 1).

**Figure 1. Structure of home visits**




Throughout the project, home visitors met with the coordinator and project director as a team twice a month to discuss providers' progress and to problem-solve issues as they arose. Ms. Webb conducted a collaborative evaluation with each home visitor, which included an observation of a home visit followed by discussion and collaborative professional goal-setting.

## Provider group meetings

Group meetings for providers were held the first Tuesday of each month at Rochester Childfirst Network. Approximately 10-12 participants were in attendance at each meeting. The content of meetings was developed by home visitors, the program coordinator, and the project director in response to perceived needs and interests of providers.

The Program for Infant/Toddler Care (PITC) training was offered for participating providers on four Saturdays in January-March 2009. There were approximately 8 providers in attendance at each workshop.

## Child screenings

Home visitors assisted providers in screening a sample of children at each site using three developmental assessment tools. Overall development was assessed using the Ages and Stages Questionnaire (ASQ). Early literacy skills of preschool age children were assessed using the Get Ready To Read! (GRTR!). Infants and toddlers were screened for unmet social-emotional needs in the areas of attachment, self-regulation, and initiative, using the Devereux Early Childhood Assessment – Infant/Toddler (DECA-IT). Home visitors discussed findings of screenings with providers and linked providers and families to resources when appropriate.

## Provider perspectives about program services

Providers completed evaluations of each meeting/training as well as an end-of-year survey about their experiences in the program. Overall 100% of providers would recommend the program to another provider.

### Comments about home visits:

"The children are glad to see Maria [the home visitor]. She's become part of the family. One child asks if Maria is coming every Friday and waits for her. She looks forward to seeing her."

"Sally [the home visitor] always gives me new ideas and new ways of doing things. I appreciate this program so much for keeping me fresh."

"With my staff it's a challenge [to get children to listen to a story]. I say to my staff, 'See how she [the home visitor] does it? It's the tone of voice she uses.' Having someone other than myself say it makes a difference. It made my staff see how important it is to get the job done."

### Comments about provider group meetings:

"The best part is listening to other providers discuss their businesses and getting ideas from one another."

"I enjoy coming because I'm taking something back. It makes me a better provider because I'm giving the kids something."

"I learned…"

**"**that literacy starts from within the womb"
"that I need to be consistent with young ones (neurons are at work!!)"
"that not every child learns by sitting still"
"about the importance of nurturing and relationships with kids"
"how to really listen to what your kids are trying to say"

"how to hit a main point in the story"

# Providers' Readiness to Change

## What is readiness to change?

Individuals differ in their readiness to engage in behavior change. Specialists in health behavior counseling programs have developed a theory called the Transtheoretical model of change,[20] which describes five typical stages in the behavior change process (See Table 2 below).

**Table 2. Description of stages of change**

| Stage | Description |
|---|---|
| 1: Precontemplation | Not ready to make a change |
| 2: Contemplation | Not ready to change on their own |
| 3: Preparation | Ready to change |
| 4: Action | Actively engaged in change |
| 5: Maintenance | Maintaining change with vigilance |

With regard to high-risk behaviors, a general rule of thumb is that 40% of the population do not intend to make any changes, 40% are thinking about change but are overwhelmed by obstacles, and only 20% are planning to make a change.[21] The Transtheoretical model describes appropriate strategies that are most effective at each stage.[22] For example, individuals at lower stages benefit from motivational experiences such as role play and values clarification, while individuals at higher stages benefit from generating specific action plans and using self-reinforcement systems.

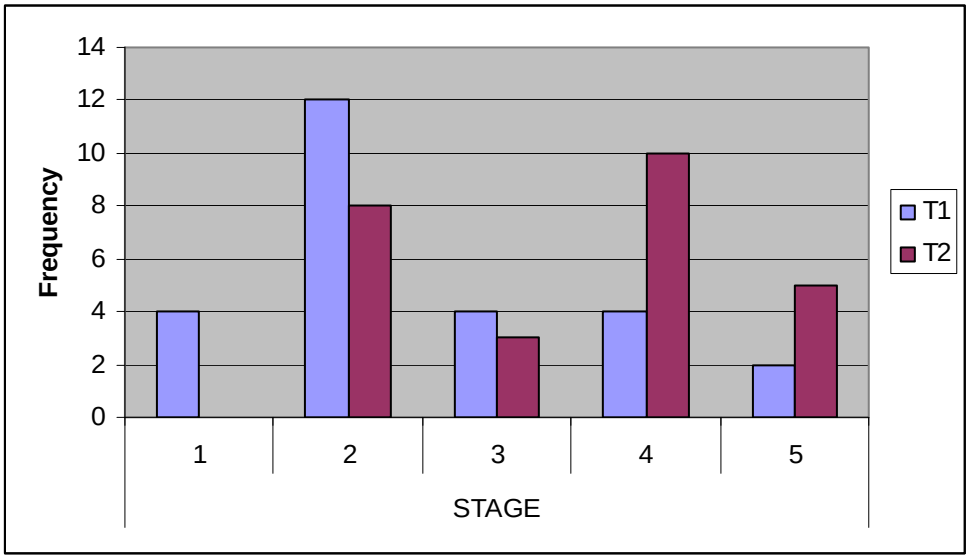
Partners in Family Child Care includes training for home visitors on strategies for working with providers at each stage. Instead of a one-size-fits-all approach, the Partners program uses a tailored approach that identifies and addresses the needs of each individual provider.

## The Stage of Change Scale

In order to assess the readiness of participants in the Partners program, providers were asked to complete a self-report survey called the *Stage of Change Scale*[23] at the beginning and end of the program. Home visitors also completed a parallel form of the survey about each provider. This survey was developed by Children's Institute to assess the readiness to change of early childhood educators. Previous analyses have demonstrated that the instrument has high internal consistency reliability (Cronbach's alpha = .95).

At Time 1, home visitors rated 62% of providers as being in Stage 1 or Stage 2, indicating that they were not yet "ready to change." At Time 2, there were no longer any providers at Stage 1, and only 30% fell into Stage 2. This analysis demonstrates that by the end of the program, 70% of providers were "ready to change." The mode (most frequent response) increased from a Stage 2 ("not ready to change on their own") to Stage 4 ("actively engaged in change"). These results show that the Partners project made a substantial improvement in providers' readiness to change (see Figure 2).

**Figure 2. Distribution of providers at each stage during Time 1 and Time 2**




## Difference between provider self-report and home visitor report

Providers rated themselves on a parallel version of the Stage of Change Scale (see Table 3).

**Table 3. Provider self-report and home visitor report on Stage of Change Scale**

| | **Time 1** | **Time 2** |
|---|---|---|
| Provider | 3.6 | 4.0 |
| Home visitor | 2.6 | 3.2 |
| **Difference** | **1.0** | **0.8** |

This analysis demonstrates that providers consistently rate themselves approximately one stage higher than home visitors rate them.

## Home visitor observations of providers' readiness to change

"One provider became more open to listening about what she may be able to do. She didn't want to do 'any work,' but was enthusiastic to actually see new activities and how kids responded.

"She became more involved with the activities and started using the information she learned."

"Ms. D was a little hesitant to make small changes at first… I started to make some suggestions and Ms. D started to ask questions… One morning I noticed several positive changes. Ms. D had set up a cozy corner with a low shelf displaying books. Samples of children's writing were displayed on the wall at the children's eye level… Ms. D. is enthusiastic as she develops her lessons with the children in her care now… This program has opened up a whole new world for Ms. D. and is directly impacting the development of the children in her care."*

*Excerpt from a success story by Home Visitor Susan Hall. The appendix contains the complete story.

# Group Family Child Care Program Quality

## What is the FCCERS-R?

The Family Child Care Environment Rating Scale-Revised (FCCERS-R)[18] – formerly the Family Day Care Rating Scale (FDCRS) – was developed at the University of North Carolina and revised in 2007. It is the most widely used, objective observational tool of home-based child care quality and environment. The FCCERS-R measures 7 areas of child care quality. Each area contains 5-10 items that represent various elements of that area. The item scale ranges from 1-7. A score of 1 is considered inadequate, 3 is minimal, 5 is good, and 7 indicates excellent quality.

## What is the CHELLO?

The Child/Home Early Language and Literacy Observation (CHELLO)[19] was developed at the University of Michigan as an adaptation of the widely used Early Language and Literacy Classroom Observation (ELLCO). The CHELLO is designed to assess home-based child care serving children six weeks to five years. It has two sections: The Literacy Environment Checklist measures the literacy resources in the environment. The total score is a sum of 22 items in 5 areas. A score below 11 represents poor quality, 11-20 fair, and 21-26 represents excellent quality. The Group/Family Observation measures instructional and social supports for literacy. The total score is a sum of 13 items in 3 areas. A score below 21 represents deficient quality, 22-32 fair, 33-43 basic, 44-54 above average, and 55-65 excellent.

## What is the inter-rater reliability of the FCCERS-R and CHELLO?

Children's Institutes takes great care and devotes resources to ensure reliability in the measures used to assess early childhood program quality. To ensure inter-rater reliability of the measures used in the Partners project, 15% of all observations were conducted by two observers, so that the level of agreement between two different observers could be calculated. When using the formula (a/a+d; a=agreement and d=disagreement), the average inter-rater reliability for exact matches with the consensus score was very high across all measures (see Table 4).

**Table 4. Inter-rater reliability of the measures of program quality**

| Measure | Inter-rater reliability |
|---|---|
| CHELLO: Literacy environment checklist | 0.99 |
| CHELLO: Group/family observation | 0.96 |
| FCCERS-R | 0.94 |

## Data collection procedures

Twenty-three providers were assessed at both Time 1 (fall 2008) and Time 2 (spring 2009). Observers spent approximately 3 hours observing each setting. Afterwards the observer typically spent an additional 30-60 minutes interviewing the provider to answer any questions about child care features that could not be discerned during the observation phase.

## FCCERS-R results

The average baseline score at Time 1 on the FCCERS-R was 3.8 out of 7, which is in the "minimal" quality range. (This score is based on an original sample of providers before program attrition.) The areas with the **lowest** scores were *Personal Care Routines* and *Activities*. The **highest** scores were in *Interaction* and *Parents and Provider Relationships*. These data confirm previous observations and recent research showing that family child care homes provide a high level of emotional support, yet are weaker in the quality of the learning environment.

At Time 2, the average score of the 23 providers who were scored at both time points rose from 4.1 to 4.2, which was not a statistically significant change. Descriptive analyses show that average scores on the subscales of the FCCERS-R fluctuated at or about the same level, well within the margin of error.

## CHELLO results

A major finding of this report is that providers enrolled in the Partners program made a **statistically significant improvement in the quality of the early literacy environment**, as measured by the CHELLO Literacy Environment Checklist. Based on the original sample of providers at Time 1 before attrition, the average baseline score on the CHELLO Literacy Environment Checklist was 16 out of 26, which corresponds to a "fair" level of quality. At Time 2, for the 23 providers scored at both time points, the average rose from 16 to 18 (see Table 5), a change that is statistically significant ($p < .05$). The percentage of providers rated poor or fair decreased from 91% to 69%, and those rated excellent increased dramatically from 9% to 30%.

**Table 5. Changes in CHELLO Literacy Environment Checklist**

| CHELLO LEC | T1 | T2 | Change |
|---|---|---|---|
| | 16 | 18 | 2 |

Providers also made gains in the quality of the instructional and social supports for literacy, as measured by the CHELLO Group/Family Observation, although this was not statistically significant. Based on the original sample before attrition at Time 1, the average baseline score was 39 out of 65, which corresponds to a basic level of quality: 70% were basic or below, 30% were above average. The areas with the **lowest** scores were *Writing Activities* and *Monitoring Children's Progress*. The area with the **highest** score was *Adult-Child Language Interaction*. At Time 2, the average score rose from 40 to 42 (see Table 6). The percentage of providers at basic or below fell from 70% to 61%, while the percentage of providers above average or exemplary rose from 30% to 39%.

**Table 6. Changes in CHELLO Group/Family Observation**

| CHELLO GFO | T1 | T2 | Change |
|---|---|---|---|
| | 40 | 42 | 2 |

## Home visitor observations of improvements in program quality

### Understanding of child development

"When I did the ASQ [screening], I noticed that one 12-month-old girl was walking on her tiptoes. I talked with the provider about it. The child's doctor later recognized there was a problem with the way the child's foot was growing. So the ASQ made the provider aware of something she hadn't seen."

"The providers are beginning to understand that the things they do and say have a huge impact on the children. They are making the connection that letters make words, words make sentences, and sentences can make books and how all of that relates to talking, reading, and understanding literacy."

### Use of developmentally appropriate practices

"One provider was not allowing the children to use scissors, so I showed her how to sit next to the child and use scissors together. I think this is the biggest advantage of the program: showing providers how to interact with children."

"One assistant provider told the children a personal story about seeing ducks in a pond. It was great [use of language]! The children were very engaged and interested."

"This provider uses less rote teaching and is more spontaneous."

"One provider now talks directly to children, makes more eye contact, and is more nurturing"

# Child Outcomes

## What is the ASQ?

The Ages and Stages Questionnaire, 2nd edition (ASQ)[15] is a strength-based screening tool used to identify developmental delays in children age 4 months to 5 ½ years. It measures children's skills in five areas: communication, gross motor, fine motor, problem-solving, and personal-social. The tool consists of a questionnaire that is completed by a parent or caregiver. Items ask whether the child demonstrates a particular skill and are scored on a three point scale: yes, sometimes, or not yet. The total score in each area ranges from 0 to 60.

## What is the GRTR?

Get Ready To Read! (GRTR!)[16] is a screening tool from the National Center of Learning Disabilities designed to assess preschoolers' early literacy skills that predict reading performance in elementary school. The tool consists of 20 items, measuring three areas: print knowledge, emergent writing, and linguistic awareness. For each item, an adult asks a question and asks the child to point to the correct picture (out of four pictures). A total score of 0-6 indicates very weak skills, 6-9 weak, 9-12 average, 12-16 strong, and 16-20 very strong.

## Data collection procedures

A sample of children was selected for assessment, with the goal of assessing two children in each home (one under age 3, one age 3 to 5). Data were collected from children who had parental permission for assessment. Child outcomes were measured at Time 1 (fall 2008) and Time 2 (spring 2009). Home visitors were trained to work with providers to assess the children using the Ages and Stages Questionnaire (ASQ). Home visitors independently assessed preschool-age children using the Get Ready to Read! (GRTR!), which took 5-10 minutes per child to complete.

## ASQ results

Data from a small subsample of children (N=6) who were assessed at Time 1 and Time 2 were analyzed descriptively for change over time. At Time 1, one child was flagged as having an area of need in communication, and one child was flagged as having an area of need in personal-social. At Time 2, none of the children were flagged as having an area of need. On average, changes in raw scores from Time 1 to Time 2 were in a positive direction (see Table 7).

**Table 7. Changes in ASQ**

| ASQ area | T1 | T2 | Change |
|---|---|---|---|
| Gross motor | 53.3 | 56.7 | 3.3 |
| Fine motor | 46.7 | 55.8 | 9.2 |
| Problem-solving | 36.7 | 49.2 | 12.5 |
| Personal-social | 40.8 | 52.5 | 11.7 |
| Communication | 41.7 | 51.7 | 10.0 |
| OVERALL | 43.8 | 53.2 | 9.3 |

## GRTR! results

Data from a small sample of children (N=5) who were assessed at Time 1 and Time 2 were analyzed descriptively for change over time. At Time 1, the average score was in the range "making progress" and at Time 2 the average score rose to "strong skills" (see Table 8).

**Table 8. Changes in GRTR!**

| GRTR! | T1 | T2 | Change |
|---|---|---|---|
| Total score | 10.6 | 18.4 | 7.8 |

The average age of children in this sample was 53 months at Time 1, and 59 months at Time 2. The developers of the Get Ready To Read! measure found that average scores during this age period typically rose only one point, from 9 to 10. Thus, the sample of children in the current analysis made gains that were substantially above developmental expectations.

## Observations of improved outcomes for children

### Home visitor observations

"There is one child who usually doesn't talk much, but he started talking! He'll only say 1-2 words, but he'll take the book and look at the pictures. It's nice to see that kids are beginning to improve…. I get down with the kids and interact with them, and they do talk to me."

"I brought in a receipt, and the children recognized the word 'Wal-Mart' on it. They talked about what happens when we check out of a store."

"One little boy told me he could read Brown Bear, Brown Bear, and he showed me how he could read it. He didn't have all the words, but he turned the pages and knew most of it."

### Provider observations

"The kids know the caterpillar story and the Brown Bear book by heart."

"I have 3-year-olds that can almost write their names."

## Screening Children for Unmet Social-Emotional Needs

### Piloting the DECA-IT

In Year 1, the Partners program piloted the use of a screening tool, the Devereux Early Childhood Assessment–Infant/Toddler[17], which assesses unmet social-emotional needs in the areas of 1) Attachment/Relationships, 2) Initiative, and 3) Self-regulation (toddlers only). Amy Baker received training on the instrument and in turn trained the home visitors, project staff, and providers. In spring 2009, home visitors practiced using the instrument to screen 12 children. None were identified as having an unmet social-emotional need. One of the obstacles to the screening process was the low rate of parent permission to conduct child assessments. Children who may have an unmet need may not able to be screened and consequently identified.

### Plans for future implementation

In Years 2 and 3, a new procedure will be adopted: every provider enrolled in the Partners program will use the DECA-IT (with the assistance of their home visitor) to screen all of their infants and toddlers at the beginning and end of the program year. Because this is done as part of their program, providers are not required to collect parent permission; however, the Partners project evaluation will only collect data from children with parental permission for the assessments. The home visitor will complete a log of every child screening and create an action plan to support children who are identified as having an unmet need.

By introducing the DECA-IT screening tool to the community, the Partners project has taken an important step towards ensuring that infants' and toddlers' social-emotional needs are met before they turn into behavior problems in preschool and beyond. The long-term goal of this effort is to develop a community-wide system for addressing social-emotional needs in order to promote healthy outcomes for Rochester's children.

## Limitations

The results described in this report are subject to a number of limitations, which should be considered when reviewing and interpreting the findings. The within-group design of this evaluation study does not support a conclusive inference about the causal effects of the program on provider or child outcomes. It is possible that the outcomes of this study were impacted by other factors, such as concurrent educational experiences of providers, providers' existing practices, or children's experiences outside of the child care program.

The small sample size for child outcomes made it impossible to apply tests of statistical significance. There are several reasons for the small sample size, including low rates of parental consent, provider attrition, and child attrition from child care. Going forward, we will employ additional measures to account for these factors in order to maximize the number of children assessed. Despite these limitations, the positive outcomes observed across multiple measures do provide evidence of the beneficial impact of the program.

# Conclusion and Future Directions

## Conclusion

After one year of implementation, the evaluation of the Partners in Family Child Care program has demonstrated encouraging findings that provide preliminary evidence of the program's effectiveness in meeting its stated goals. A major finding was that providers enrolled in the program made statistically significant improvements in the quality of early literacy environments as measured by the CHELLO. Descriptive and qualitative data provide preliminary evidence that the program is having a positive impact on children's language and literacy outcomes.

The Partners project has established a pool of well-trained home visitors and a sustainable delivery system that, with the support of continued funding, can continue implementation in the community for years to come.

## Future Directions

- Disseminate information about the Partners in Family Child Care program to community stakeholders as well as policymakers, practitioners, and researchers nationwide.
- Seek additional funding sources to continue implementation of the program in Rochester. We are currently exploring strategies for seeking federal as well as local funding sources.
- Investigate strategies to access funding through the NYS Office of Child and Family Services Individual Training Program (ITP), available through the Educational Incentive Program (EIP).
- Share information with community agencies about using the DECA-Infant/Toddler as part a community-wide effort to meet the social and emotional needs of infants and toddlers in Rochester.
- Expand the parent involvement component of the program.
- Explore options for engaging providers who completed the program in Year 1, such as: including former participants in current provider group meetings, sending former participants materials about accreditation, and linking former participants with other community resources for professional development.
- Using the results of this and other program evaluations, create a comprehensive home visiting model that could effectively raise the quality of care in informal, registered, and group family child care settings.

## Appendix: Success Story by Home Visitor Susan Hall

**Ms. D had a home-based day care that looked like a home.** If someone entered they would not have seen any toys, books, or art work from children. Ms. D. liked to keep her home very clean and tidy. She kept what few toys she had high up on the top of a shelf and told me that the children could have them if they asked for them. She also kept some toys out on her back porch away from the children. The television was on a lot of the time.

**Ms. D was a little hesitant to make small changes at first**. She listened and might have felt a little overwhelmed at first. Of course she loved children and wanted the very best for them. I started to make some suggestions and Ms. D started to ask questions. She not only wanted to know what she could do but also why it was so important.

**One morning I noticed several positive changes.** Ms. D had set up a cozy corner with a low shelf displaying books. Samples of children's writing were displayed on the wall at the children's eye level. Art work that the children had done was also displayed. Ms. D. purchased a few new toys which she now keeps accessible on low shelves for the children to enjoy. She got some musical instruments to use with the CD that was given to her through this project.

**Ms. D. is enthusiastic as she develops her lessons with the children in her care now.** She has had experience observing me in action and Ms. D. is engaging as I have done. She understands that literacy involves not only reading books to her children, but listening to them, talking with them, involving them in writing and other forms of communication. This program has opened up a whole new world for Ms. D. and is directly impacting the development of the children in her care.

**One last note:** on Ms. D's last day in the program she decided to have a luncheon celebration. She cooked many different types of food. She is an African American woman originally from the deep South. She helped the children talk about the different foods, textures, and smells. I was invited and enjoyed this very much. Ms. D. will continue to grow in her own development as she practices the lessons she has been given through this project. She maintains a 3-ring binder with all the papers to keep for years to come.

After the luncheon Ms. D and I exchanged hugs and said to call anytime. I had built such a powerful relationship with this provider that when I got into my car to leave that day, I had a tear in my eye. **Thank you to the funders who allow such a wonderful program to shape the lives of children in Rochester. This is of paramount importance!**

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