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STRENGTHENING SOCIAL AND EMOTIONAL HEALTH

Partners in Family Child Care
2009-2010 Year 2 Report

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

DECEMBER 2010

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Acknowledgments

Partners in Family Child Care is a project of Children's Institute, in partnership with Family Child Care Satellites of Greater Rochester at Rochester Childfirst Network, and Family Resource Centers of Crestwood Children's Center.

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Project Management and Coordination: Shira Peterson, Project Director, Children's Institute; Diana Webb, Program Coordinator, Family Child Care Satellites of Greater Rochester; Amy Baker, Children's Institute; Lori VanAuken, Children's Institute; Lauri Brugger, Children's Institute; Marsha Dumka, Rochester Childfirst Network; Alice McAdam, Family Resource Centers of Crestwood Children's Center

Home Visitors: Susan Hall, Family Resource Centers of Crestwood Children's Center; Sally Taft, Community Place of Greater Rochester (Eastside Family Child Care Satellite); Maria Rodriguez, Rochester Childfirst Network (RCN Family Child Care Satellite)

Master Observers: Susan Hall, Joyce Kostyk, Ida Perez, Jennifer Bement

Project Staff: Melissa Weber, Children's Institute; Tina Irons, Rochester Childfirst Network; Beverly Miller, Children's Institute

Early Literacy Project Consultants: Lois Benedict, Lisa Hiley, and Tawn Feeney, Rochester Hearing and Speech Center

Community Volunteers: Donna DePeters, Mary Rapp

Report Design: Mary Maiolo, Janis Cameron

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, group family child care 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 and allow family child care providers to share strategies as a community of learners to support improvements in child care quality.

During Year 2 (2009-2010), efforts were made to increase family outreach and engagement. Families were invited to attend a group training meeting along with providers. In addition, all of the providers who completed the program in Year 1 or Year 2 were asked to share strategies for increasing family involvement in the program.

Major Findings for Year 2

Group Family Child Care Quality

- Home visitor observations and provider interviews documented qualitative improvements in providers' knowledge of child development and use of developmentally appropriate practices.

- On average, providers enrolled in the program did not show improvements in overall quality or early literacy environment. However, participants who were rated "ready to change" on the Stage of Change Scale showed improvement in the early literacy environment. These results are consistent with the Transtheoretical Model of change and provide evidence in support of tailoring services to the provider's initial readiness to change.

- On average, providers increased their readiness to change over the course of the program. At Time 1, 33% of providers were rated as "not ready to change;" at Time 2, all providers were rated as "ready to change" (stage 3 or higher).

Child Outcomes

- Children of providers enrolled in the program demonstrated growth substantially above developmental expectations in both early literacy and overall development.

- All providers received assistance in screening children for unmet needs in overall development, early literacy, and social-emotional well-being.

- Children and families were supported in connecting with community resources through letters to families and through conversations with their child care provider.

Introduction to Partners in Family Child Care

Need addressed by the program

The importance of high-quality early education and care 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 quality 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, *Caring for Quality*, a nationally recognized program implemented by Rochester Childfirst Network, Cornell University and the Family Child Care Satellites 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]

Partners in Family Child Care is designed 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 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 Satellites 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 of 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 Early Childhood Development Initiative and Rochester's Child.

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]
- 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 with providers to ensure that children and families are referred to existing community services as needed.
- Family engagement efforts were enhanced during Year 2. Families were invited to attend a group training along with providers. In addition, all of the providers who completed the program in Year 1 or Year 2 were interviewed about how they thought families could be involved in the program.

Implementation Activities

Training home visitors

Three 50% FTE home visitors who were hired and trained for the Partners project continued to work on the project during Year 2: one from each of the family child care satellites (RCN and Eastside) and one from the Family Resource Centers. 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. Home visitors received additional support during bi-monthly group meetings with the Program Coordinator and Director.

Hiring and training Master Observers

Three of the four Master Observers who were initially hired for the project in Year 1 continued to work on the project in Year 2. Midway through Year 2, the management team recognized the need to hire a Spanish-speaking Master Observer to work in homes where Spanish was spoken. We recruited, hired, and trained two new Master Observers, one of whom is fluent in Spanish and of Puerto Rican background, which is the background of the Spanish-speaking providers enrolled.

All Master Observers have been trained to reliability on the Family Child Care Environment Rating Scale-Revised (FCCERS-R) and the Child/Home Early Language and Literacy Observation (CHELLO).[18,10] Each year they receive an additional 4-5 hours of training for refinement of observation skills, inter-rater reliability, logistics of the observation process, observation guidelines and protocol.

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

Recruiting and enrolling providers

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 Year 2 with 30 sites. By midyear, we had lost two sites to attrition, resulting in a retention rate of 93%. However, by the end of the year we had lost two additional sites, resulting in 24 out of 30 providers who were retained from the beginning until the end of the year (a retention rate of 87%).

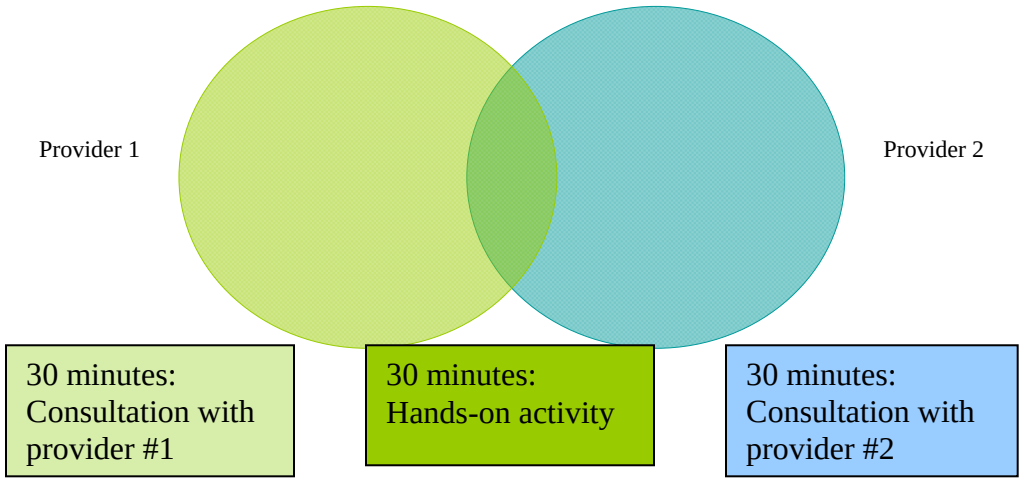
Services Delivered

Home Visiting Services

Services during Year 2 took place from August 2009 through June 2010 (10 months). Home visitors made 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. The Program Coordinator 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 evening of each month at Rochester Childfirst Network. Approximately 8-12 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 not offered during Year 2 owing to a shortage in staff resources.

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 an end-of-year interview about their experiences in the program. Overall, 100% of providers would recommend the program to another provider.

Provider comments about the program

"Every [visit] was interesting, especially when Maria brought a book to relate to the [visits]."

"The children really loved it."

"The program is too short! [I would like the program to be] longer or more often – weekly."

"[I would like to] do it again!"

"I hope there will always be a [program] like this every season. I hope this program will not discontinue. This is very important for children."

Family Engagement

During Year 2, efforts were made to increase family outreach and engagement in the program. Families were invited to attend a group training meeting along with providers. Two parents attended the final group meeting in May – these parents expressed enthusiasm for the program and enjoyed the opportunity to join in the meeting.

At the end of the year, home visitors conducted phone interviews with all the providers who completed the program in Year 1 or Year 2. Home visitors asked providers to share strategies for increasing family involvement in the program. Provider responses are as follows:

Provider responses about suggestions for family engagement

"Send a letter to parents describing the program and activities. Tell parents how it can help their child in school."

"Have handouts for the parents with written instructions and necessary materials."

"Have a meeting for parents [and] discussion of the program with an opportunity for parents to try some of the activities."

"The parents liked to hear reports from me about the program."

Provider responses about obstacles to family engagement

"We have a hard time getting the parents to do anything."

"Many parents have no car or are single parents and don't have time to be involved."

"[Parents need help] finding time to spend with their children since they are always busy."

Provider 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] that 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	Thinking about change, but overwhelmed by obstacles
3: Preparation	Ready to change
4: Action	Actively engaged in change
5: Maintenance	Maintaining change with vigilance

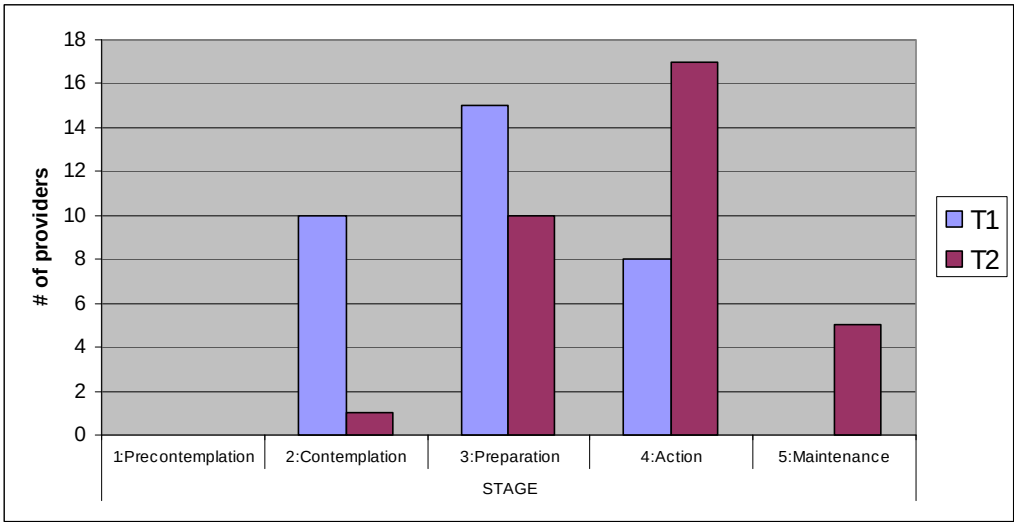
With regard to high-risk behaviors, typically 40% of the population do not intend to make any changes, 40% are thinking about change but are overwhelmed by obstacles, and only 20% are planning to make a change.[21] The Transtheoretical model describes appropriate strategies that are most effective at each stage.[22]

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).

Twenty-four providers were assessed on the scale at two time points. At Time 1, home visitors rated 33% of providers as being in Stage 2, indicating that they were not yet "ready to change." At Time 2, no providers remained at Stage 2, and the remainder scored at Stage 3 or higher. This analysis demonstrates that by the end of the program, 22% of providers were "ready to change," and 78% were either "actively engaged in change" or "maintaining change with vigilance." The mode (most frequent response) increased from Stage 3 ("ready to change") to Stage 4 ("actively engaged in change"). These results show that the Partners project made a substantial improvement in providers' readiness to change.

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. Average of provider self-report and home visitor score on Stage of Change Scale

	Time 1	**Time 2**
Provider	3.8	4.2
Home visitor	2.9	3.8
Difference	**0.8**	**0.4**

Providers rated themselves approximately one stage higher than home visitors rated them at Time 1.

Home visitor observation of increasing readiness to change

"L. paid close attention to what I said and did with the children, she actively took part during the time we did the hands-on project that was part of the lesson…. L. has become more confident and asks questions about how each training lesson relates to literacy and why I did things the way I did. . ."*

*Excerpt from a success story by Home Visitor Sally Taft. 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: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure, Parents and Provider. 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 five-part Literacy Environment Checklist gathers detailed information about the *book area* (including the availability and arrangement of books), *book use* (focusing on the variety and condition of the books and the children's access to them), *writing tools* (the availability of writing tools for children's use), *toys* (quality of toys to enhance play and representational thinking), and *technology* (availability of multimedia supports for learning). The total score is a sum of 22 items in the five areas. A score below 11 represents poor quality, 11-20 fair, and 21-26 represents excellent quality. The three-part Group/Family Observation gathers detailed information about the *physical environment* (including cleanliness, furnishings, and the daily schedule), *support for learning* (such as adult affect and language interactions between care providers and children), and *adult teaching strategies* (including vocabulary building, verbal encouragement, storytelling, and writing activities). The total score is a sum of 13 items in the three 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	0.93
FCCERS-R	0.97

Data collection procedures

Twenty-four providers were assessed at both Time 1 (Fall 2009) and Time 2 (Spring 2010). 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 4.2 out of 7, which is in the "minimal" quality range. (This score is based on an original sample of 30 providers before program attrition.) The areas with the **lowest** average scores were *Activities* and *Personal Care Routines* (2.8 and 3.7, respectively). The **highest** scores were in *Interaction* and *Parents and Provider Relationships* (5.9 and 5.0, respectively). 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 24 providers who were scored at both time points decreased significantly from 4.3 to 3.8, which is still in the "minimal" quality range. In the Caring for Quality study, which used a similar home visiting program for family and informal providers, the comparison group also showed a decrease in overall quality by .4 points. Thus, on average providers in our program experienced a similar decrease in overall quality as did a sample of providers who received no intervention. One possible explanation for this finding is that some providers may have been less motivated to display their best practices during the second observation than during the first.

CHELLO results

Based on the original sample of 30 providers at time 1 before attrition, the average baseline score on the CHELLO Literacy Environment Checklist was 15.6 out of 26, which corresponds to a "fair" level of quality. At Time 2, for the 24 providers scored at both time points, the average score decreased slightly (not significant) from 15.8 to 15.1, which is still in the "fair" range of quality.

In the CHELLO Group Family Observation portion, the average baseline score for the original sample of 30 was 37.5, which corresponds to a "basic" level of quality. At Time 2, for the 24 providers scored at both time points, the average score decreased slightly (not significant) from 37.7 to 36.8, which is still in the "basic" range.

For the 24 providers scored at both time points, the total CHELLO score decreased slightly (not significant) from 54.4 at Time 1 to 51.5 at Time 2.

CHELLO results by Stage of Change at Time 1

Theoretically, providers who are rated at the beginning of the program as "not ready to change" would not be expected to make observable changes in the quality of their child care practices. The following charts provide a picture of how providers' practices changed in terms of their Stage of Change score as rated by a home visitor at Time 1. Providers who were rated as Stage 2 at Time 1 showed losses on their total CHELLO score on average at Time 2. Providers who were rated as Stage 3 or 4 at Time 1 and thus "ready to change" (66%) showed average gains on their CHELLO total score at Time 2.

Table 5. Mean change in CHELLO by Stage of Change at T1 (Home visitor report)

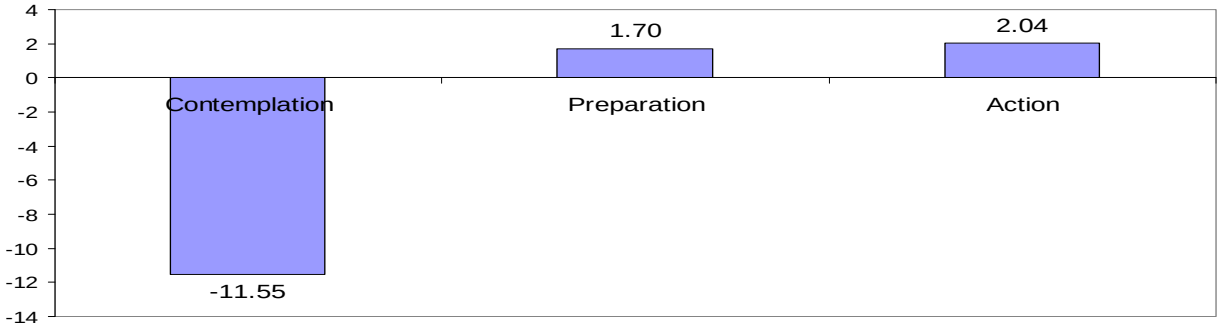
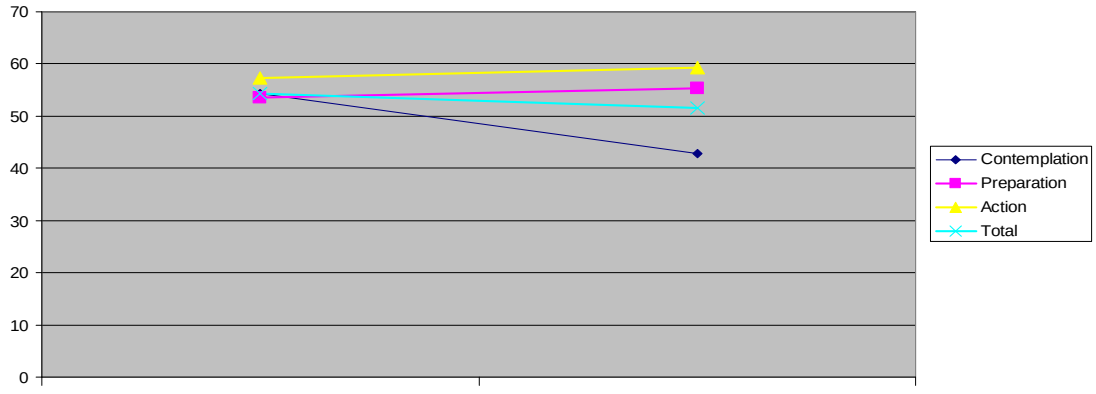


Figure 3 provides a slightly different view, highlighting change over time. The pattern of change from Time 1 to Time 2 varies greatly depending on the provider's initial stage of change.

Figure 3. Mean CHELLO at T1 and T2 by Stage of Change at T1 (Home visitor report)



Contemplation	54.4	42.9
Preparation	53.5	55.2
Action	57.2	59.3
Total	54.4	51.5

Provider responses about changes in child care quality

Provider interviews documented positive changes in providers' knowledge of child development and child care practices (see below).

Changes in provider knowledge of child development

"Making learning fun is the key to learning in young children."

"[I learned] that literacy is far more important than I thought and it starts earlier than I thought. [I gained] an increased awareness of letters and words – we look for words everywhere."

"The lessons gave me new ideas for teaching children using their individual personalities. We try to focus on each child and meet their needs."

Changes in child care practices

"I've become more flexible and less controlling. I encourage the children to make choices in books, activities, and what they want to do."

"[I now use] more games and activities that teach while the children have a good time.

"[I learned] to interact with the children more – conversations and encouragement. I read much more often to the children. I give the children more choices and control."

"More use of sounds of letters and rhyming words."

"[I learned] to be more observant and listen carefully when they talk to me and each other, then I follow their lead. Being aware of print – letters and words – they are everywhere!"

"I make sure I continually offer opportunities for the children to talk, tell stories, sing, write letters-words, and use their imagination and creativity."

Child Outcomes

What is the ASQ?

The Ages and Stages Questionnaire, 2nd edition (ASQ)[15] is a strengths-based screening tool used to identify developmental delays in children age 4 months to 5½ 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.

What is the DECA?

The Devereux Early Childhood Assessment–Infant/Toddler[17] assesses unmet social-emotional needs for children 1 month to 36 months in the areas of 1) Attachment/Relationships, 2) Initiative, and 3) Self-regulation (toddlers only). The Infant form contains 33 items, and the Toddler form contains 36 items. For each item, the adult rates how often the child demonstrates this behavior on a 5-point scale from "never" to "very frequently." For each subscale, scores are converted into descriptions representing whether this area of development is a strength, typical, or an area of need.

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 2009) and Time 2 (Spring 2010). Home visitors were trained to work with providers to assess the children using the ASQ and the DECA. Home visitors independently assessed preschool-age children using the GRTR!, which took 5-10 minutes per child to complete.

ASQ results

The average total score for all 32 children assessed at Time 1 was 44.4 out of 60. The areas with the **lowest** average scores were Problem Solving and Communication (42.2 and 42.3, respectively). The **highest** scores were in Gross Motor and Personal-Social (47.8 and 46.4, respectively). The average age of all children assessed at time 1 was 32 months.

Data from a subsample of children (N=22) who were assessed at Time 1 and Time 2 were analyzed for change over time. Out of 7 children flagged for further evaluation in the area of Communication at Time 1, three were flagged again at Time 2 and four were not. Of the two children flagged in the area of Personal-Social at Time 1, one was flagged at Time 2.

On average, changes in raw scores from Time 1 to Time 2 were in a positive direction. The highest gains were in the areas of Problem Solving and Communication (8.0 and 6.4, respectively).

Figure 4. Counts of children flagged for evaluation on each ASQ subscale

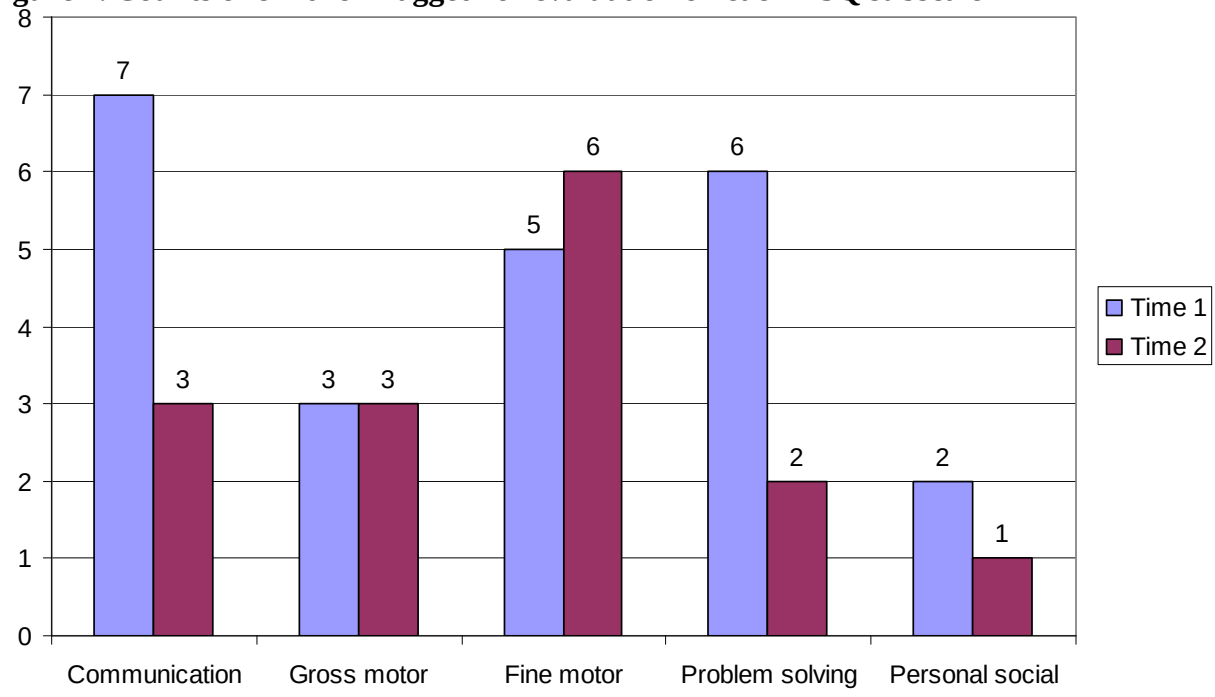


Table 6. Changes in ASQ subscales and total score

ASQ area	T1	T2	Change
Gross motor	44.8	49.6	4.8
Fine motor	40.0	36.6	-3.4
Problem-solving	37.7	45.7	8.0
Personal-social	44.6	50.0	5.4
Communication	37.7	44.1	6.4
TOTAL	41.0	45.2	4.2

A major finding of this report is that children who were assessed at both time points showed significant gains on the Total score (z = -2.64, , p < .01), and in the areas of Communication (z = -1.95 , p < .05), and Problem Solving score (z = -1.96 , p < .05) as measured by the ASQ. These gains reflect improvement in skills *beyond developmental expectations* as the ASQ is designed to adjust for the child's age.

GRTR! results

Data from a small sample of children (N=12) 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 "has mastered many skills."

Table 7. Changes in GRTR!

GRTR!	T1	T2	Change
Total score	9.2	12.9	3.7

The average age of children in this sample was 48 months at Time 1, and 55 months at Time 2. The developers of the Get Ready to Read measure found that average scores during this age period typically rose only two points, from 8 to 10. Thus, the sample of children in the current analysis made gains that were substantially above developmental expectations.

DECA results

In Year 2, a new procedure was adopted: every provider enrolled in the Partners program used the DECA-IT (with the assistance of their home visitor) to screen all of their infants and toddlers at least once during the year. The home visitor completed a log of every child screening and created an action plan to support children who were identified as having an unmet need. In Year 2, 59 children were screened using the DECA.

Connecting families and children with resources

In Year 2, home visitors identified 18 children with one or more areas of need based on the screenings. The Project Coordinator mailed a letter to each of these families describing the screening results and recommending a follow-up course of action. Based on the child's age and the results of the screening, the letters either suggested that families contact the Committee on Preschool Special Education (6), Monroe County Early Intervention (1), or request a follow-up screening in six months (11). Home visitors spoke with each provider about how to support and assist families in contacting the appropriate resource agency, as well as making plans with parents to modify the environment at home and in child care to support children's growth.

Provider observations of improved outcomes for children

"This particular child was very shy, quiet, and to herself. We found out that the child does everything only with her grandma. Now she reacts with all children, young and older, and [is] willing to learn more."

"[One child] paid better attention and would be involved in an activity when Sally was there."

"The children ask more questions about what I am reading."

"[The children have a] longer attention span. During play, the children rhyme and sing more. [They are] learning the letters in their name and other words."

"The children are more interested in words and books. Those that are able have started writing letters and their name."

"They are more creative in what they do and how they think. Some of the children talk more about their ideas."

Conclusions

Summary

After two years of implementation, 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 primary finding is that in both Year 1 and Year 2, children of providers enrolled in the program demonstrated growth substantially above developmental expectations in both early literacy and overall development.

Findings from Year 2 did not replicate the overall gains in the quality of the early literacy environment that were found in Year 1. While on average, providers in Year 2 did not show improvements in overall quality or the early literacy environments, when accounting for initial stage of change, participants who were "ready to change" showed positive changes in the early literacy environment. These results are consistent with the Transtheoretical Model of change and provide evidence in support of tailoring services to the provider's initial readiness to change.

This project continued to support providers to use screening tools to assess children's social-emotional, early literacy, and general developmental growth. By incorporating the DECA-I/T, this 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.

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.

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-level early literacy 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.

Future Directions

- Disseminate information about the Partners in Family Child Care program to community stakeholders as well as policymakers, practitioners, and researchers nationwide.

- Continue to increase parent engagement during Year 3 by sending home activities and books, asking parents to return surveys about their child's development, and inviting parents to group training opportunities.

- Utilize FCCERS-R scores to support improvements in Year 3 program services with new providers.

- Direct future efforts toward supporting gains made by providers who have already completed the Partners in Family Child Care program.

- Explore potential benefits of using the Stage of Change Scale to screen for enrollment and to tailor professional development programs to match providers' readiness to change.

Appendix: Success Story by Home Visitor Sally Taft

When I started the Partners in-home training with L., she was trying very hard to teach the children how to write their letters and numbers. It had become a process that the children did not look forward to and sometimes they refused to do it. L. has a variety of toys and activities for the children but she was spending a lot of time being a referee. Each child desired her undivided attention and the children did not know how to communicate and play well together. One child has special needs and several of the parents expected L. to work through behavior issues without any encouragement or help from them.

L. was open to learning anything that would help improve her child care program and give her new ideas that would support child development and cognitive growth. After I had made a few visits, L. would take the time to prepare for the next lesson. She would review what we were going to do and had already started talking to the children about my next visit. L. paid close attention to what I said and did with the children, she actively took part during the hands-on project that was part of the lesson.

L. has become more confident and asks questions about how each training lesson relates to literacy. I encouraged L. to use her skills and to try new ideas. The visits began to go smoother as L. taught the children to respect each other and to listen when someone was talking to them, and this allowed all the children to participate. L. started going to the library regularly and she encouraged the children to tell me about a book or experience they had since I had last been there. L. has started to extend or repeat some of the lessons I have modeled, including Grocery Store, Germs and Hand Washing, Sounds and Music, and Baking with the children.

L. is now working on teaching the children how to problem solve when differences and anger issues arise. As with all new ideas the children revert to their old ways but L. is determined to help these children learn that communication and compromise often eliminate problems and build good relationships.

I believe L. and her child care children have benefited from the Partners in Family Child Care program because what she needed was someone to work beside her and draw out and encourage her strengths while giving her new ideas and positive reinforcement.

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