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Partners in Family Child Care 2008-2011 Summary Report

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

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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 uses 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 an intensive, 10-month home visiting program 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. 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.

This report summarizes results of the program for the past three years of implementation (2008-2011).

Major Findings Across Three Years of Implementation

Child Outcomes

- ❖ Children cared for by 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.

Group Family Child Care Quality

- ❖ Overall, providers demonstrated growth in the quality of the early literacy environment, although this was not statistically significant.
- ❖ Providers who were rated by their home visitors as “ready to change” showed increases in the quality of the early literacy environment, while providers rated as “not ready to change” actually showed decreases in quality. These results are consistent with the Transtheoretical Model of change and provide evidence in support of targeting services to the provider’s initial readiness to change.
- ❖ On average, providers enrolled in the program increased their readiness to change their program or practices.

Introduction to Partners in Family Child Care

Needs addressed

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 stress¹ 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

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, group providers in the city of Rochester expressed an acute need for resources to ensure that children have the literacy, social, and emotional skills to succeed in school and throughout life.

Partners in Family Child Care 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 enrolled 90 providers and their assistants serving about 720 children. 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

Partners in Family Child Care builds on the work of *Caring for Quality*, a nationally recognized program implemented by Rochester Childfirst Network, Cornell University and the Family Child Care Satellites of Greater Rochester. The theoretical framework of the home visiting model emphasizes empowerment of providers to identify and achieve their own goals for professional improvement.

-
- ❖ Home visits take place twice a month for ten months. 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 were hired and trained for the Partners project: 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 as well as additional support during bi-monthly group meetings with the Program Coordinator and Project Director.

Hiring and training Master Observers

Master Observers, one of whom is fluent in Spanish, were 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, and 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 hired based on their years of experience in early childhood education (> 10 years), skills in program observation, and personal interest.

Recruiting and enrolling providers

Thirty providers and their assistants were enrolled at the beginning of each of the three years. Each year, a number of providers dropped out of the program before completing services, resulting in a total (across all three years) of 72 providers and assistants who received the full 10 months of services. These providers served approximately 576 children age birth through five.

Services

Home Visiting

Providers received two home visits per month for 10 months, as well as materials and a children's book to accompany each visit, curriculum materials, and supplementary materials (e.g., parent handouts, screening information).

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

Home visitors kept home visit logs and turned them in to the Program Coordinator each month. Home visitors met with the coordinator and project director as a team twice a month to discuss providers' progress and to problem-solve issues. The coordinator conducted an observation of each home visitor at least once a year, followed by collaborative professional goal-setting.

Provider group meetings

Provider meetings were held each month at Rochester Childfirst Network. Approximately 8-12 participants attended each meeting. The meetings were developed by home visitors, the coordinator, and the director in response to perceived needs and interests of providers.

Child screenings

Home visitors assisted providers in screening a sample of children at each site. 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 survey and/or interview about their experiences in the program. Overall, 100% of providers would recommend the program to another provider.

Provider comments about the program

Year 1 participant: “Sally always gives me new ideas and new ways of doing things. I appreciate this program so much for keeping me fresh.”

Year 1 participant: “I enjoy coming because I’m taking something back. It makes me a better provider because I’m giving the kids something.”

Year 2 participant: “The program is too short! [I would like the program to be] longer or more often – weekly.”

Year 2 participant: “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.”

Year 3 participant: [I learned that] each child learns differently and if you go with where they are they learn more.”

Year 3 participant: [My home visitor] modeled creativity and resourcefulness, new ways of doing things.

Family Engagement

Throughout the three years of implementation, efforts were made to increase family outreach and engagement in the program. Families were invited to attend a group training meeting along with providers. Providers were asked to describe ways that parents responded to the Partners program, and to offer suggestions about how to engage parents. Provider responses are as follows:

Provider responses about family engagement

Year 2 participant: “The parents liked to hear reports from me about the program.”

Year 3 participant: “Parent made effort to inquire about program and bring their children on time during visit day. [There was] friendly competition: what child arrives first on the day Ms. Susan visits.”

Year 3 participant: “Children talked about the visits to their parents”

Year 3 participant: “Parents are very positive about the program because it helped prepare their children for school.”

Provider responses about obstacles to family engagement

Year 2 participant: “Many parents have no car or are single parents and don’t have time to be involved.”

Year 2 participant: “[Parents need help] finding time to spend with their children since they are always busy.”

Year 3 participant: “Some parents respond better than others.”

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 1 below).

Table 1. 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 This model is now widely used in a variety of domains such as parenting education, organizational change, and health behaviors.

The Stage of Change Scale for Early Education and Care

The *Stage of Change Scale for Early Education and Care: Mentor/Coach Form*²³ is a simple measure for assessing an early childhood educator's readiness to change her child care program or practices. It consists of 7 questions that measure different aspects of readiness to change. Each item is completed by selecting one of five statements that best describe the early educator, corresponding to the five stages of change described by the Transtheoretical Model of change. The Mentor/Coach Form demonstrates adequate internal consistency, concurrent validity, and predictive validity.²⁴

Data Collection Procedures

Home visitors completed the *Stage of Change Scale for Early Education and Care: Mentor/Coach Form* for each provider and assistant at the beginning and end of the program. Providers also completed a parallel self-report form.

Results

Across the three years of the program, fifty-one providers were assessed on the scale at two time points. At time 1, home visitors rated 16% of providers at Stage 2, indicating that they are "not ready to change", and 43% were "ready" but had not yet taken action. At time 2, 78% were either "actively engaged in change" (Stage 3) or "maintaining change with vigilance" (Stage 4). The mode (most frequent response) increased from stage 3 to stage 4.

Figure 1. Distribution of providers at each stage during Time 1 and Time 2 aggregated across 3 program years

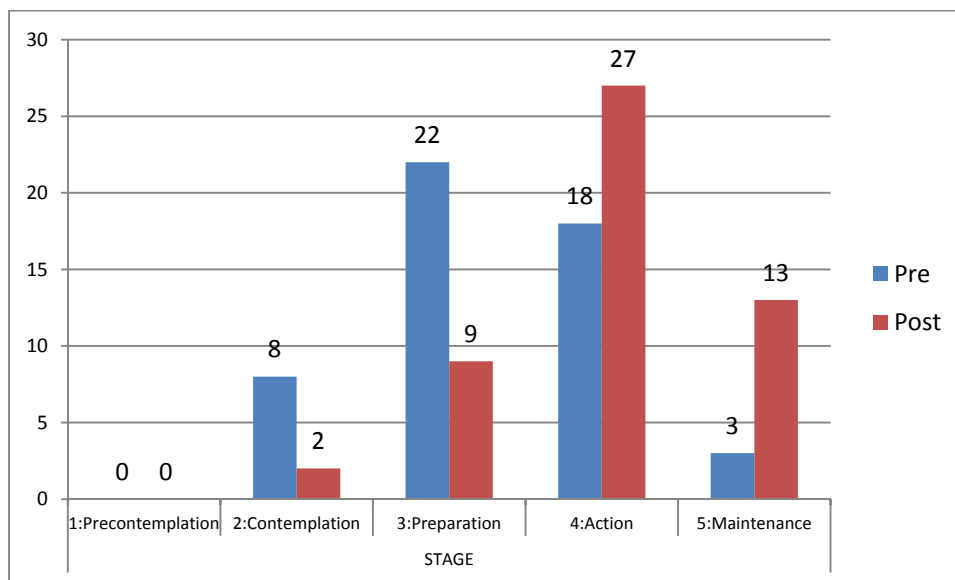


Table 2. Figure 1. Distribution of providers at each stage during Time 1 and Time 2 by program year

	2008-2009		2009-2010		2010-2011		Aggregate	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1:Precontemplation	0	0	0	0	0	0	0	0
2:Contemplation	6	2	1	0	1	0	8	2
3:Preparation	4	3	9	3	9	3	22	9
4:Action	3	6	10	12	5	9	18	27
5:Maintenance	2	4	1	6	0	3	3	13
	15	15	21	21	15	15	51	51

Difference between provider self-report and home visitor report

Providers rated themselves on a parallel version of the Stage of Change Scale (see Table 2).

Table 3. Average of provider self-report and home visitor score on Stage of Change Scale Score

	2008-2009		2009-2010		2010-2011		Aggregate	
	T1	T2	T1	T2	T1	T2	T1	T2
Provider	3.9	4.1	3.9	3.9	3.9	3.9	3.8	4.0
Home visitor	3.0	3.8	3.4	4.1	3.3	3.8	3.3	3.9
Difference	0.9	0.3	0.5	-0.1	0.5	0.1	0.5	0.1

Across the 7 items, providers rated themselves approximately one-half 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.

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

Providers were assessed at the beginning and end of each program year. 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 4.0 out of 7, which is in the “minimal” quality range (this represents time 1 FCCER-R scores 80 across 3 program years before attrition). The areas with the **lowest** average scores were Activities and Personal Care Routines (2.8 and 3.1, respectively). The **highest** average scores were in *Parent and Provider Relationships* (5.5 and 4.8, respectively). This has been a consistent finding across three program years. 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 62 providers across years who were assessed at both time points decreased from 4.0 to 3.8. This decrease was not statistically significant.

CHELLO results

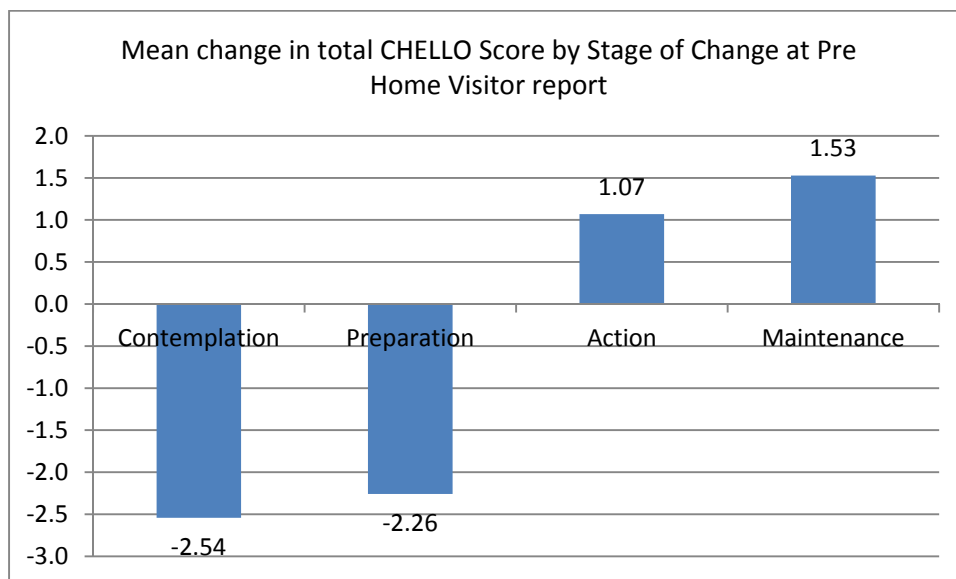
In the Group Family Observation portion of the CHELLO, the average at time 1 was 37.4. At Time 2, the average score was 38.5 (n=65).

The average baseline score on the CHELLO Literacy Environment Checklist was 15.6 out of 26, which corresponds to a “fair” level of quality. The average score at Time 2 was 16.2. These changes were not statistically significant.

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 substantial 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.

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



The pattern of change from Time 1 to Time 2 varies greatly depending on the provider's initial stage of change. The results of a one-way analysis of variance indicate that overall, CHELLO scores at time 2 differ significantly based on Home Visitor reported stage at time 1 ($p < .01$).

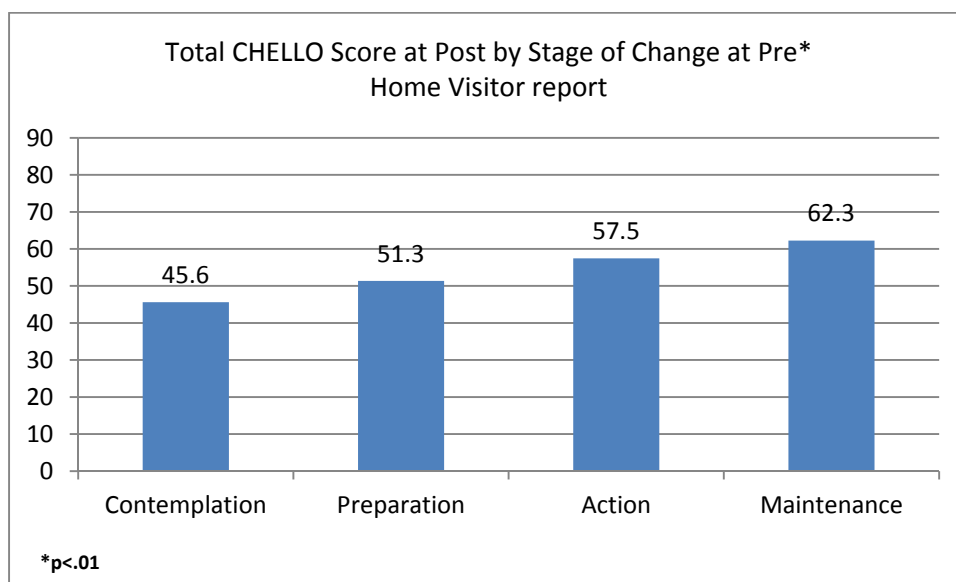
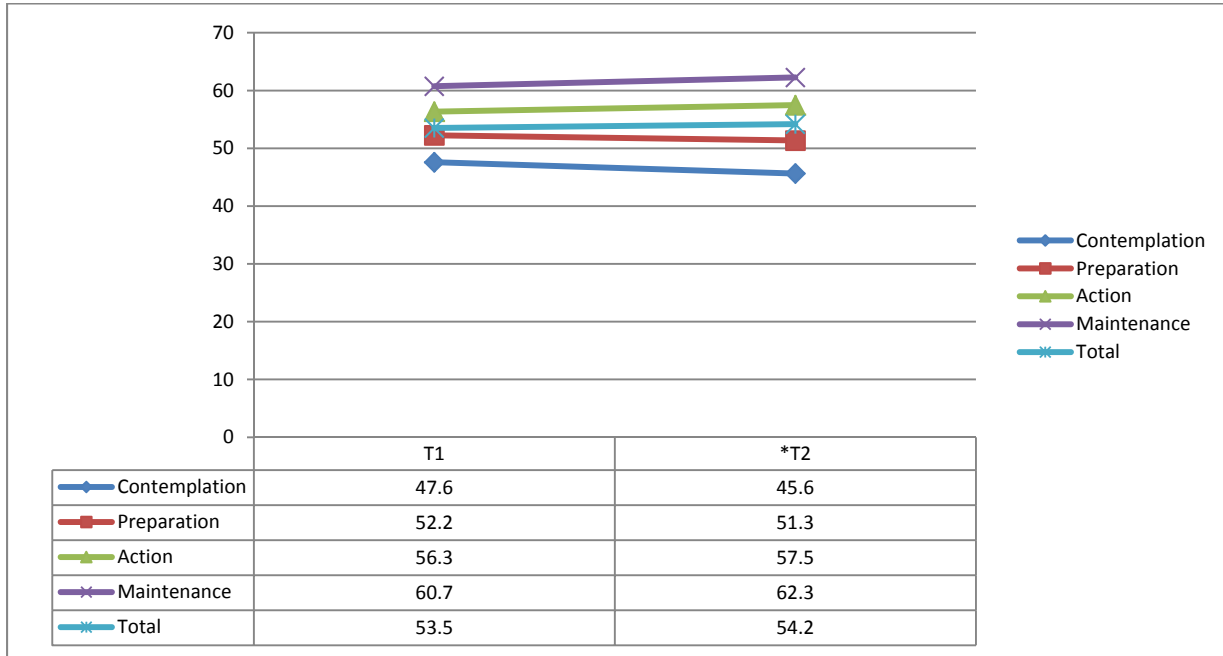


Figure 2 provides a slightly different view, highlighting change over time.

Figure 2. Mean CHELLO at T1 and T2 across 3 program years by Stage of Change at T1 (Home visitor report)



Home Visitor assessment of providers' Stage of Change scale score at Time 1 (the sum of the 7 items) was significantly correlated with their respective CHELLO scores at time 2 ($r=.45$; $p<.001$). This finding lends further support for the validity of the Stage of Change Scale for understanding how stage as assessed by home visitors is associated with changes in the quality of the family child care environment.

Providers' changes in child care practices

Home visitor notes and provider interviews and surveys documented positive changes in providers' knowledge of child development and child care practices (see below).

Home visitor description of Year 1 participant: "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."

Home visitor description of Year 1 participant: "This provider uses less rote teaching and is more spontaneous."

Year 2 participant: "[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."

Year 2 participant: "The lessons gave me new ideas for teaching children using their individual personalities. We try to focus on each child and meet their needs."

Year 2 participant: "I make sure I continually offer opportunities for the children to talk, tell stories, sing, write letters-words, and use their imagination and creativity."

Year 3 participant: "[I learned] how much more they like books. Favorite books are Dr. Seuss and Tony's Bread."

Year 3 participant: "I learned how to make older children get involved and feel like part of a group with many ages."

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/Toddler¹⁷ 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.

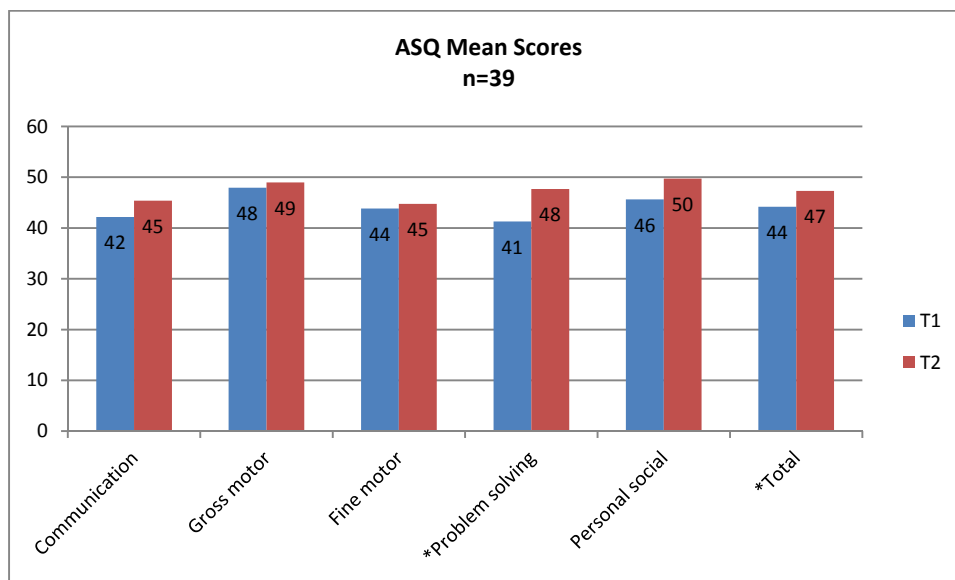
Data collection procedures

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. Assessments were conducted at the beginning and end of the year. 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

Data from a total of 39 children across program years who were assessed at Time 1 and Time 2 were analyzed for change over time. On average, changes in raw scores from Time 1 to Time 2 were in a positive direction. The results of Paired samples t-tests indicated that gains observed from pre to post in the ASQ Problem solving subscale, and total score were statistically significant at $p < .05$.

Table 6. Mean ASQ subscales and total score



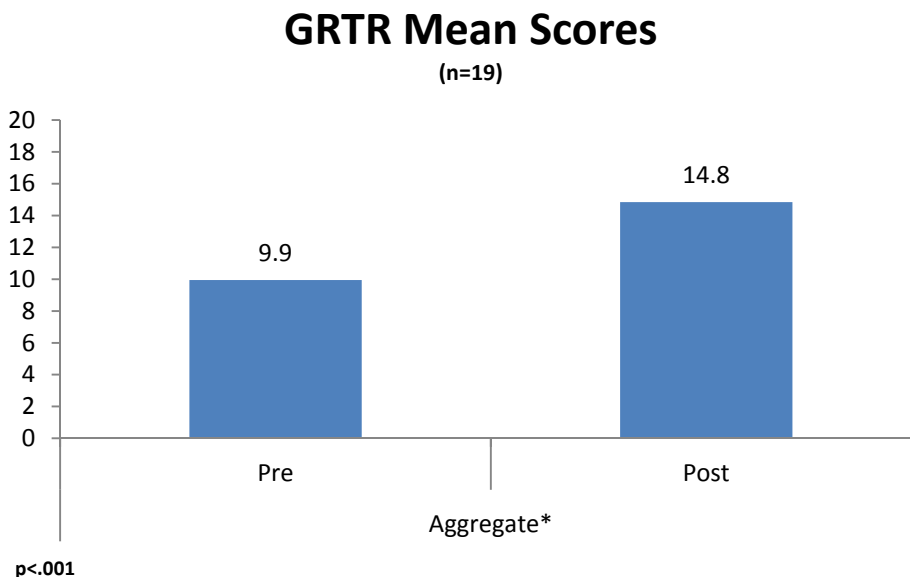
p<.05

GRTR! results

Over three program years, a total of 19 children were assessed on the *Get Ready to Read!* early literacy screening tool at both Time 1 and Time 2. The average age of children who had both pre and post data was 49 months at Time 1, and 56 months at Time 2.

The average score was 9.9 at Time 1, and 14.8 at Time 2. The results of a paired samples t-test indicated that this was a significant increase. 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, across the three program years, the sample of children gains that were substantially above developmental expectations.

Table 7. Changes in GRTR!



DECA results

90 children were screened using the DECA over all three years. 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.

Connecting families and children with resources

Each year, home visitors identified 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, Monroe County Early Intervention, or request a follow-up screening in six months. 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

Year 1 participant: “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.”

Year 1 participant: “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.”

Year 2 participant: “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.”

Year 2 participant: “[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.”

Year 2 participant: “The children are more interested in words and books. Those that are able have started writing letters and their name.”

Year 2 participant: “They are more creative in what they do and how they think. Some of the children talk more about their ideas.”

Year 3 participant: “The children are open to learning. [They] ask to read.”

Conclusions

Summary

After three 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 all three years, children cared for by providers enrolled in the program demonstrated growth substantially above developmental expectations in both early literacy and overall development.

On average, providers showed increases in the quality of the early literacy environment, although this was not statistically significant. 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 supported 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 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.

Year 4: Sustaining the benefits of the program

The project has received funding provide continuing services in Year 4 to participants who already received 10 months of home visiting services, in order to sustain the benefits for children served by these providers in years to come.

Building on our findings from the first three years of implementation, Year 4 services were designed using a targeted service delivery model, such that services are matched to providers' readiness to change their practices:

- ❖ Providers who are interested in individualizing the literacy curriculum to meet the needs of individual children in their care were eligible to receive a second year of home visiting services (10 additional visits). Eligibility was limited to providers who completed an application form and demonstrated sufficient motivation and commitment of time and energy to actively engage in the program.
- ❖ Providers who did not apply for a second year of home visiting services were eligible to participate in a small group intervention focusing on topics that providers would like to learn more about. The group meets once a month for ten months, and utilizes group processes designed to increase motivation and openness to changing practices.

Future Directions

- ❖ Disseminate information about the Partners in Family Child Care program to community stakeholders as well as policymakers, practitioners, and researchers nationwide.
- ❖ Build on the findings in this report to create a systemic approach to professional development for family child care providers, using a targeted model to “meet providers where they are.”
- ❖ Offer training and consultation to agencies that serve family child care providers on the Stage of Change Approach and evidence-based strategies for working with providers who demonstrate resistance or ambivalence about changing their practices.

Appendix: Success Story by Home Visitor Susan Hall

Mrs. J. has been a home-based day care provider for about 10 years. She utilizes her large “finished” basement as her day care space. This space has access to the outside, has a kitchen, bathroom and lots of storage space. It is warm, safe, and brightly decorated with children’s work.

Mrs. J. often participates in active play with her children although seemed a little “burned out” lately. She has gotten tired of doing the same things and was looking for a new fresh start. She decided to participate in the Partners in Family Child Care Program.

Mrs. J. has become so excited with all the new lessons she has learned and participated in., With the help of the children, she has created a cardboard “mailbox” and uses it to encourage writing skills with her children. The children have been writing much more and have access to a small plastic box with pencils, paper, envelopes, stamps etc. They find this activity so exciting.

Mrs. J. started doing more cooking activities with the children. She helps them follow directions by making a chart with pictures and words. She has added more literacy in her day care setting. She has learned that literacy is not just reading books, but involves speaking, listening, writing, understanding, as well as reading for enjoyment.

Mrs. J. realizes that when she speaks face-to-face with an infant she is encouraging the infant to respond back or to talk to her. This is a part of literacy. She has learned that early literacy actually starts at birth—as soon as babies can hear language.

Mrs. J. has learned that repetition is very important for brain development in infants and young children. She is now singing more and speaking to the children at their eye level. She is nurturing relationships and better able to read the children’s cues. She can respond in an emotionally supportive way. Most importantly, Mrs. J. is aware of her strengths and has an increase in her confidence when working with the children.

Mrs. J. very much appreciates all the books that were given to her day care and also to all of the children in her care. These are quality books and the children do not often find themselves at a library with their parents for various reasons. These children are able to enjoy several books of their very own.

We give a huge “Thank You” to the funders who are involved with the Partners in Family Child Care Program. We may have reached about 84 providers in the past three years and this positively impacts approximately over 400 children so far. That’s big! All of these children will be better prepared before their formal schooling starts and this gives them a jump start into a world of literacy and learning.

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Appendix: National Presentations and Publications

- Peterson, S. M. (in press). Assessing and responding to readiness to change. In T. Halle, I. Martinez-Beck, and A. Metz (Eds.) *Applying implementation science to early care and education programs and systems: Exploring a new frontier*. Baltimore, MD: Brookes.
- Peterson, S. M. (in press). Meeting people where they are: Recognizing early educators' readiness to change. *National Head Start Association Dialog*.
- Peterson, S. M. (in press). Understanding early educators' readiness to change. *National Head Start Association Dialog*.
- Peterson, S.M. & Baker, A.C. (in press). Readiness to change in communities, organizations, and individuals. In J.A. Sutterby (Ed.), *Early childhood professional development: Research and practice through the early childhood educator professional development grant. Advances in Early Education and Day Care*. Bingley, UK: Emerald.
- McCabe, L., Peterson, S.M., Baker, A.C., Dumka, M., Brach, M.J., & Webb, D. (2011). Lessons learned from home visiting with home-based child care providers. *Zero to Three*, 31(5), 22-29.
- Peterson, S.M. & Rous, B. (2011). *Targeting services to organizations and individuals*. National Quality Rating and Improvement Systems (QRIS) Conference. Washington, D.C.
- Peterson, S.M. & Valk, C. (2010). Beyond babysitting: Challenges and opportunities for early childhood education. In S. B. Neuman and M. L. Kamil (Eds.), *Preparing teachers for the early childhood classroom: Proven models and key principles*. Baltimore, MD: Brookes.
- Baker, A.C. & Peterson, S.M. (2010). Participatory action research: An effective methodology for promoting community-based professional development. In S.B. Neuman and M. L. Kamil (Eds.), *Preparing teachers for the early childhood classroom: Proven models and key principles*. Baltimore, MD: Brookes.
- Peterson, S.M., Valk, C., Baker, A.C., Brugger, L., & Hightower, A.D. (2010). "We're not just interested in the work": Social and emotional aspects of early educator mentoring relationships. *Mentoring and Tutoring: Partnership in Learning*, 18 (2), 155-175.
- Peterson, S.M. (2009). *Readiness to change: Implications for improving quality in early care and education*. Invited plenary session presented at the annual meeting of the Child Care Policy Research Consortium, Washington, D.C.