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STRENGTHENING SOCIAL AND
EMOTIONAL HEALTH

Partners in Family Child Care 2011-2012 Year 4 Report

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

OCTOBER 2012

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Table of Contents

Acknowledgments	i
Executive Summary	ii
Introduction to Partners in Family Child Care	1
Implementation Activities	3
Services Delivered	4
Provider Participation and Engagement	6
Child Outcomes	7
Group Family Child Care Program Quality	11
Provider Readiness to Change	13
Conclusions	15
References	17

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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; Melissa Weber, Children's Institute; Marsha Dumka, Rochester Childfirst Network; Alice McAdam, Family Resource Centers of Crestwood Children's Center

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

Master Observers: Susan Hall, Joyce Kostyk, Jennifer Bement

Project Staff: 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

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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 a project 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. During Years 1-3 of the project, 90 group family child providers were enrolled in the program, which offered intensive, 10-month home visiting services. Evaluation results showed that providers who were initially rated by home visitors as being in the early stages of change (i.e., not intending to make a change in their practice) did not make increases in program quality, while providers rated as “ready to change” did demonstrate increases in quality.

Based on these findings, Year 4 of the program incorporated a **targeted approach** to recognizing and responding to providers’ readiness to change. Two distinct programs were offered to meet the varied needs of providers in our community:

Home visiting booster sessions, focusing on individualizing the literacy curriculum to meet the needs of all children, were offered to providers who had previously received home visiting services, and enrollment was limited to providers demonstrating commitment to improving their curriculum planning for children. Monthly meetings introduced and reinforced concepts from the home visiting program.

A **small group program**, designed to increase trust, safety, and openness for reflection, was offered to providers who had not seemed to benefit from home visiting services or who had not made demonstrable changes in practice in the past, based on home visitor descriptions.

Major Findings From Year 4

Child Outcomes

- ❖ Children of providers enrolled in the home visiting program demonstrated growth substantially above developmental expectations in both early literacy and overall development.
- ❖ All providers enrolled in the home visiting program received assistance in screening children for unmet needs in overall development, early literacy, and social-emotional well-being.

Group Family Child Care Provider Outcomes

- ❖ Providers demonstrated statistically significant growth in the quality of the early literacy environment.
- ❖ On average, providers enrolled in both programs increased their readiness to change their program or practices.
- ❖ Providers enrolled in the small group program appeared to display an increased sense of trust, openness, and learning from one another.

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 four years, the project enrolled 100 providers and their assistants serving about 800 children. This project supports the priorities of the Early Childhood Development Initiative and Rochester’s Child.

The goals of the Partners in Family Child Care 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

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 their own goals for professional improvement.

Components of the Home Visiting Program: “Individualizing the Literacy Curriculum”

- ❖ Home visits in Year 4 were offered as “booster sessions” to providers who had already received home visiting services. Home visits focus on supporting providers in individualizing the literacy curriculum they received during previous home visiting services, and tailoring it to meet the needs of individual children in their program. Home visit booster sessions take place once a month for ten months. Topics covered include: recognizing milestones of child development, observation and assessment of developmental progress, planning for individual children and for groups, and planning for providers’ own professional development needs.
- ❖ Monthly group meetings allow providers to receive training in the topics covered in the home visiting program, as well as to share strategies and problem-solve as a community of learners.
- ❖ 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). Home visitors work with providers to ensure that children and families are referred to existing community services as needed.

Components of the Small Group Program

- ❖ Small group meetings take place once a month for ten months, with the goal of increasing providers’ sense of safety and trust, willingness to consider another person’s point of view, and willingness to reflect on the reasons why you do what you do.
- ❖ The program model was developed during the course of Year 4 (described further under “Services Delivered” below).

Implementation Activities

Hiring home visitors

Two 50% FTE home visitors were hired for the Year 4 project: Layla Bell from the family child care satellite at RCN and Susan Hall from the Family Resource Centers. 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 additional training and support during bi-monthly group meetings with the Program Coordinator.

Hiring facilitators for the small group program

Two facilitators, Amy Baker from Children's Institute and Sally Taft, former home visitor from Community Place, led the small group program. Both had experience as family child care home visitors and described themselves as people who have experienced major changes in their lives and can reflect openly on the personal, often difficult, experiences that accompany change.

Hiring and training Master Observers

Three Master Observers were previously trained to reliability on 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, 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

Home visiting booster sessions program: Group family child care providers who had previously received home visiting services were eligible for the booster sessions program in Year 4. Home visitors recruited providers by phone, followed by mailing out applications, which were designed to screen for providers' level of commitment to improving their curriculum planning for children. After review of the applications and discussion among the home visitors and Program Coordinator, forty providers and their assistants were enrolled in the home visiting booster session program at the beginning of Year 4.

Small group program: Providers were selected and recruited by phone by one of the facilitators who is well-known in the local family child care community. The program was targeted for providers who had previously received home visiting services and were currently in Stage 1 or 2 of readiness to change as described by home visitors. The facilitator particularly recruited providers with the following characteristics:

- Love children
- Intentional small business owners
- May be set in their ways
- Lack time to change
- Experienced; have cared for children a minimum of five years

Ten providers were enrolled in the small group program at the beginning of Year 4.

Services Delivered

Home Visiting Booster Sessions: “Individualizing the Literacy Curriculum”

Home visits

Providers received one home visit per month for 10 months, as well as curriculum planning materials. 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 covered topics included in the home visiting curriculum.

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), and social-emotional development was assessed using the Ages and Stages Questionnaire: Social and Emotional (ASQ:SE). Early literacy skills of preschool age children were assessed using the Get Ready To Read! (GRTR!). Providers received a letter from the Program Coordinator when children were identified as having an area of unmet need; home visitors linked providers to resources for supporting families as needed.

Small Group Services Delivered

Small Group Program

Small group meetings

Small group meetings were held once a month. The over-arching purpose of the group was to: “Get children ready for school and for life.” Approximately 10 providers attended each meeting. Processes of the group were as follows:

- Providers determine content of meetings
- Providers determine processes (eg. Invite outside speakers; no outside guests)
- Providers share experiences and insights with goal of learning from one another
- Providers problem-solve together

Role of facilitators

Two facilitators led the small group meetings. Both have experience as family child care home visitors and describe themselves as people who have experienced major changes in their lives and can reflect openly on the personal, often difficult, experiences that accompany change.

The role of the two facilitators was as follows:

- Establish goal and tone of group.
- Participants should feel comfortable enough to share insights and experiences and learn from one another.
- Remind group of importance of trust, respect, non-judgmental listening, mutual support, confidentiality. Many perspectives can be true at the same time.
- Support importance of FCC in the lives of children and families
- Provide information as needed (eg. Regulations; DHS processes)
- Conveners

Topics covered

Small group meetings covered the following topics, which include requirements for continuing training credits for provider registration and licensing.

Months	Regulations	Business	Program	Health/ Nutrition	Child Abuse	Child Dev't; Parent- provider	Safety	
Sept.						X		
Oct.			X		X	X		
Nov.		X				X		
Dec.	X	X	X			X	X	
Jan. #1		X	X			X	X	
Jan. #2	X	X	X	X		X	X	
Feb.	X		X	X		X	X	
March	X				X	X		
April	X		X	X	X	X		
May		X	X					

Provider participation and engagement

Home visiting services

Home visitors were pleased with the high level of participation and engagement in the home visiting booster sessions.

Quotes from home visitors:

"We've had good turnout at our meetings. Providers like what we're doing."

"[My providers] say, 'I learned something!' That's what I like to hear and I'm hearing a lot of it."

Providers in the home visiting program 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.

Quotes from providers:

"I communicate with the kids much better"

"I learned how to get more involved with the kids [and] understanding their feelings more" "I learn[ed] how to help the child[ren] learn and grow"

Small group program

Facilitators were pleased with the high level of participation and engagement in the small group program.

Quote from facilitator:

"[The participants] trust one another and can turn to each other for help when the group disbands."

Participants indicated that they enjoyed the sessions and learned a great deal from one another.

Quote from provider:

"I have been a provider for 15 years and this is the first [class] I'm really learning something!"

Child Outcomes

What is the ASQ?

The Ages and Stages Questionnaire, 2nd edition (ASQ)¹⁵ is a reliable and valid 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 ASQ:SE?

The Ages and Stages Questionnaire, Social-Emotional (ASQ:SE)¹⁶ is a reliable and valid strengths-based screening tool used to identify developmental delays in children age 4 months to 5½ years. It measures children's skills in the areas of: Self-regulation, Compliance, Communication, Adaptive behaviors, Autonomy, Affect, and Interaction with people. 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.

What is the GRTR?

Get Ready To Read! (GRTR!)¹⁷ is a reliable and valid 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.

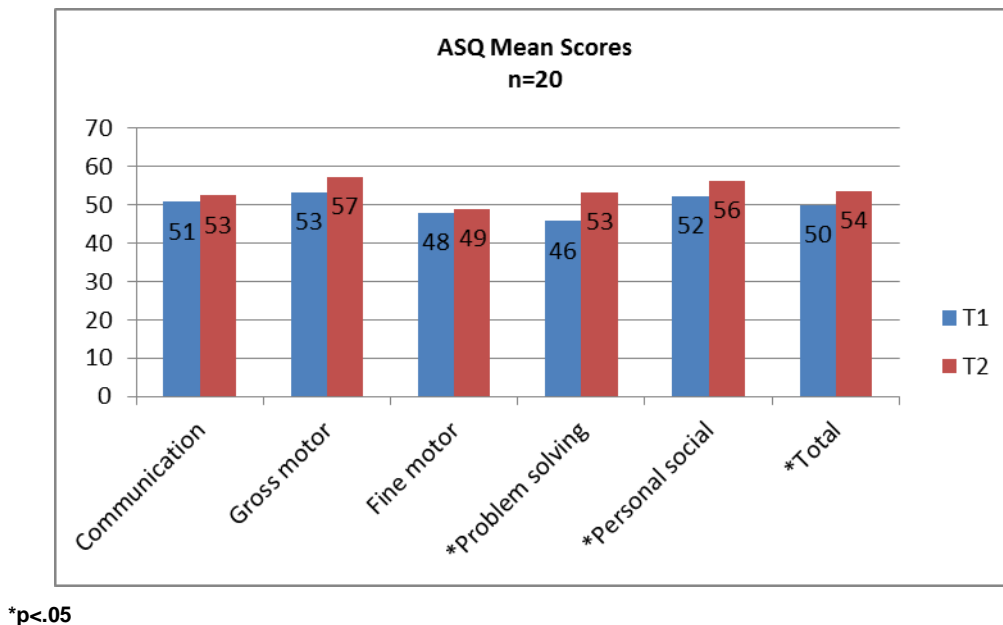
Data collection procedures

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. 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 ASQ:SE. 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 20 children 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 and Personal social subscales, and total score were statistically significant at $p < .05$.

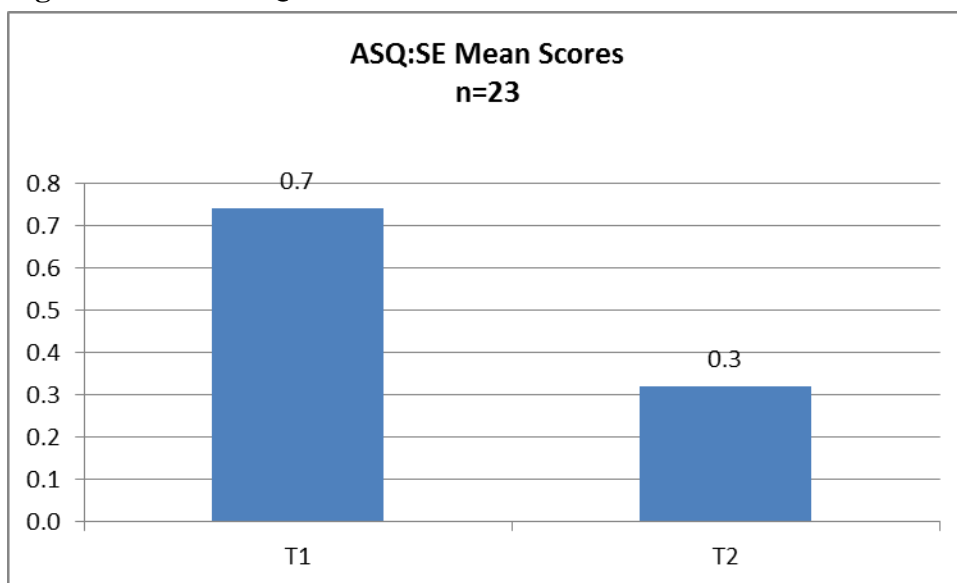
Figure 1. Mean ASQ subscales and total score at time 1 and time 2



ASQ:SE results

Data from a total of 23 children across program years who were assessed at Time 1 and Time 2 were analyzed for change over time. Unlike the ASQ, higher scores on the ASQ:SE indicate higher levels of problematic behavior. 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:SE total score were statistically significant at $p < .01$.

Figure 2. Mean ASQ SE total score at time 1 and time 2



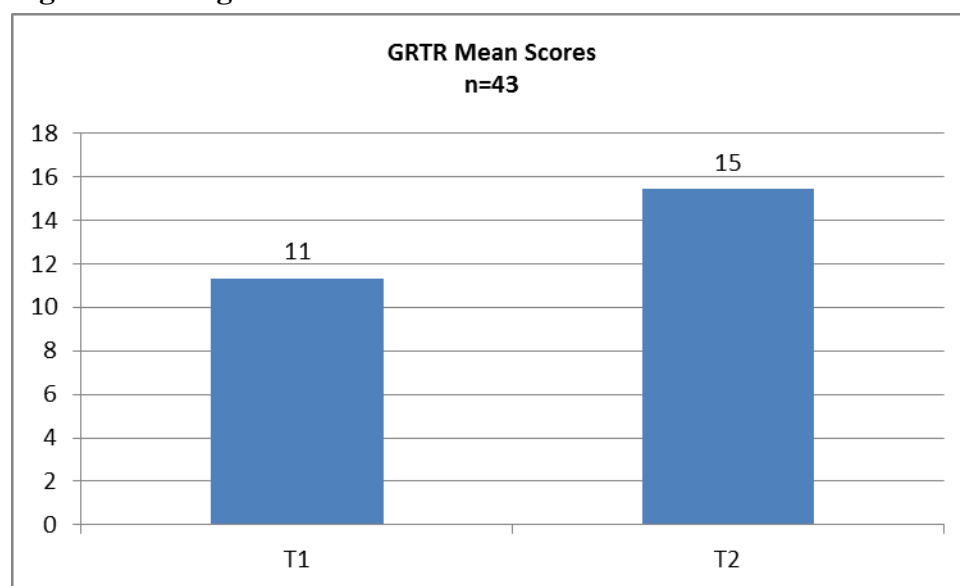
* $p < .01$

GRTR! results

A total of 43 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 50 months at Time 1, and 58 months at Time 2.

The average score was 11 out of 20 at Time 1, and 15 out of 20 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, the gains observed in sample of children were substantially above developmental expectations.

Figure 3. Changes in GRTR!



*p<.001

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 providers 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.

Group Family Child Care Program Quality

What is the CHELLO?

The Child/Home Early Language and Literacy Observation (CHELLO)¹⁸ 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 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 3).

Table 3. Inter-rater reliability of the measures of program quality

Measure	Inter-rater reliability
CHELLO: Literacy environment checklist	100%
CHELLO: Group/family observation	98%

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.

CHELLO results

In the Group Family Observation portion of the CHELLO, the average at time 1 was 35 which corresponds to a “basic” level of quality. At Time 2, the average score was 44 (n=29) which corresponds to an “above average” level of quality. This change was statistically significant ($p<.001$)

The average baseline score on the CHELLO Literacy Environment Checklist was 16 out of 26, which corresponds to a “fair” level of quality. The average score at Time 2 was 18 (also “fair”). This change was statistically significant ($p<.001$).

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. However, this could not be established because with the exception of one, all of the providers in the home visiting group were rated at stage three (ready to change) or stage 4 (actively engaged in change) at time 1. .

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,¹⁹ 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.²⁰ The Transtheoretical model describes appropriate strategies that are most effective at each stage.²¹ 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*²² 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 validity²³.

Data Collection Procedures

Home visitors and small group program facilitators 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.

Results

The following table shows the readiness to change of providers enrolled in the home visiting program and the small group program, at the beginning and end of the year.

Home visiting group

Time 1 and Time 2 Stage of Change data was available for a total of 23 providers in the home visiting group. As expected, these results indicate that providers who applied for the home visiting program and indicated interest and commitment to individualizing the literacy curriculum were rated at a high level of readiness, which, on average, increased one stage from time 1 to time 2.

Small Group

A high rate of attrition in the small group program was attributed to several possible causes, including providers' own pressing personal issues and/or a lack of commitment to the program. Of the nine providers who attended the first group meeting in September, 4 dropped out by January. Of the five providers who remained able and committed to participating in the small group program, one left after January due to health problems and therefore her time 2 rating was completed in January. The remaining four providers' time 2 ratings were completed in June. All five of these providers moved up at least 1 stage.

Table 2. Distribution of providers at each stage during Time 1 and Time 2 in each program

	Home visiting booster sessions		Small group program	
	Time 1	Time 2	Time 1	Time 2
1:Precontemplation	0		0	
2:Contemplation	1	0	5	
3:Preparation	14	6	0	2
4:Action	8	15	0	3
5:Maintenance		2	0	
	23	23	5	5

Conclusions

Summary

After three years of implementation, the Partners in Family Child Care program implemented a targeted approach in Year 4, designed to meet the needs of group family childcare providers at varying levels of “readiness to change.”

- Providers who were 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 met once a month for ten months, and utilized group processes designed to increase motivation and openness to changing practices.

Children served by providers in the home visiting program demonstrated gains on the Get Ready to Read!, the ASQ, and the ASQ:SE.

As expected, the providers who expressed interest in individualizing the literacy curriculum demonstrated higher levels of readiness to change at the beginning of the year compared with previous years.

On average, small group participants who remained with the group for the duration of the program year moved up two stages.

Providers enrolled in the home visiting program showed increases in the quality of the early literacy environment. Participants demonstrated high readiness to change at the beginning of the program, and showed positive changes in the early literacy environment from pre to post.

This project supported providers to use screening tools to assess children’s social-emotional, early literacy, and general developmental growth. By incorporating the ASQ:SE, this project has taken an important step towards ensuring that children’s social-emotional needs are addressed early.

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 childcare program.

Despite these limitations, the positive outcomes observed across multiple measures do provide evidence of the beneficial impact of the program.

Future Directions

- ❖ The Family Child Care Satellites of Greater Rochester will continue to offer the Partners in Family Child Care home visiting services to group family childcare providers in the Rochester area, and promote the use of Educational Incentive Program (EIP) funds by providers.
 - ❖ Children's Institute will continue to disseminate information about the Partners in Family Child Care program to community stakeholders as well as policymakers, practitioners, and researchers nationwide.
 - ❖ Community stakeholders intend to build on the findings in this report to create a systemic approach to professional development for family childcare providers, using a targeted model to "meet providers where they are."
 - ❖ Children's Institute staff are available to offer training and consultation on the Stage of Change Approach to agencies that serve family child care providers.
-

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Appendix: National Presentations and Publications

- Peterson, S. M. (in press). Readiness to change: Effective implementation processes for meeting people where they are. 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. (2012). Understanding early educators' readiness to change. *National Head Start Association Dialog*, 15(1), 95-112.
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- Peterson, S. M., & Baker, A. C. (2011). 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, Volume 15* (pp. 33-59). 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.