



## **Partners in Family Child Care: Supporting Early Literacy through Home Visiting**

### **Update on Year One Outcomes (2008-2009)**

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#### **Introduction**

Partners in Family Child Care: Supporting Early Literacy through Home Visiting uses home visitors to provide long-term, in-home professional development to family child care providers in order to facilitate children's early literacy and social and emotional development.

- Through a home visitor coach, providers receive one year of in-home professional development on early literacy and social and emotional development, and a second year of booster sessions and support group meetings.
- Coaching is provided two times per month for 1.5 hours per session.
- Home visits integrate research-based curricula that have been shown to improve children's literacy, cognitive and social and emotional development: Parents as Teachers, Early Literacy Project, and Program for Infant/Toddler Caregivers. Activities are adapted from the Caring for Quality project.
- Following screening, children and families with potential needs are referred to existing community services.

Services will be delivered to 90 group family child care homes (30 per year) in the City of Rochester. Services are coordinated through the Family Child Care Satellite Network of Greater Rochester, housed at Rochester Childfirst Network, 941 South Ave, Rochester, NY 14620, in partnership with Family Resource Centers at Crestwood Children's Center. Evaluation is being conducted by Children's Institute, 274 N. Goodman St, Rochester, NY 14607.

## **Outcome 1: Improved quality of group family child care**

Enrollment. Recruitment and enrollment of group family child care providers into the program began in July, 2008. Our yearly program capacity is 60 caregivers (30 sites with 2 caregivers each) who serve a total of 240 children ages 6 weeks to 5 years (each site serves an average of 8 children). We began the year with 30 sites. We lost six sites to attrition and were able to replace two of them, putting us at a total of 26 sites as of March 2009. Thus, we are working at 87% capacity and five months into the program, our retention rate is 81%. Next year, we will recruit sites beyond our capacity to allow for attrition and keep capacity close to or at 100%.

Home visiting services. Year 1 services will occur from October '08 through July '09 (10 months). As of March 31, home visitors have made two visits per month to each home, for a total of 12 visits.

Home visitors meet twice a month to discuss the program and to problem-solve about issues that arise. At these meetings, home visitors have frequently commented that providers are enjoying the program. When asked directly about the program, providers have given positive feedback, evidenced by comments such as: "I love it," "I'm learning a lot," and "I see my staff improving."

Provider group meetings. Group meetings for providers are held the first Tuesday of each month at Rochester Childfirst Network. Meetings have had approximately 20-25 participants in attendance. The content of the meetings was developed by home visitors, the program coordinator and the project director, in response to perceived needs and interests of providers. Topics have included setting up a learning environment, and reading with children to maximize learning and enjoyment. Providers indicated on evaluation forms that they benefitted from the content.

We completed the Program for Infant/Toddler Caregivers (PITC) training offered for providers enrolled in the program. The training was held on four Saturdays in January-March '09. There were approximately 8 providers in attendance at each workshop.

Baseline quality of family child care. Baseline data on the quality of the child care environments were collected in November-December, 2008. Independent Master Observers were hired and trained to >.85 reliability to administer the Family Child Care Environment Rating Scale-Revised (FCCERS-R) and Child/Home Early Language and Literacy Observation (CHELLO) at each site.

The average baseline total score on the FCCERS-R was 3.8 out of 7, which corresponds to the "minimal quality" range. The areas with the **lowest**

scores were *Personal Care Routines* and *Activities*. The areas with the **highest** scores were *Interaction* and *Parents and Provider Relationships*.

The average total score on the CHELLO Observation section was 3.1 out of 5, which corresponds to the "basic quality" range. The areas with the **lowest** scores were *Writing Activities* and *Monitoring Children's Progress*. The area with the **highest** score was *Adult-Child Language Interaction*.

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.

Improvements in quality of family child care. End of year data on the quality of participating sites will be collected in June and July '09, and the results will be reported in September '09. A very small sample of providers received mid-year assessments. These very preliminary findings showed that these providers made improvements in the areas of *Program Structure* and *Adult Affect with Children*. These results are not statistically significant, and no conclusions can be drawn as to the effectiveness of the intervention at this time. The Year 1 end of year results will provide preliminary findings regarding the program's effectiveness, while conclusive evidence will rest on the analysis of trend data from all three years of the project.

## **Outcome 2. Improved outcomes for children**

Home visitors were trained to assess children using the Ages and Stages Questionnaire (ASQ) and the Get Ready to Read! (GRTR!; preschool age children only). Parents were asked to sign and return permission forms in order for their children to be assessed. As of mid-February, 2009, 35 children have been screened by home visitors: 19 infants and toddlers (6 months to 3 years) and 18 preschool age children (3 to 5 years). We will follow up with each of these children by conducting end-of-year screenings in June '09. Change from pre- to post- on these measures will be analyzed and reported in September '09.

Home visitors have commented that the children are highly engaged in the activities during the home visits. For example, one home visitor described an activity in which she led children in playing pretend grocery store: "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." Another home visitor commented that the provider was not allowing the children to use scissors, so, "I showed her how to sit next to the child and use scissors together...I think this is the biggest advantage of the program – showing providers how to interact with children."

### **Outcome 3. Screen children for potential needs and refer families to community services as needed.**

Thus far, no children have been identified by home visitors as having a need for referral for intervention services. A new screening tool, the Devereux Early Childhood Assessment–Infant/Toddler, is being piloted. This tool screens infants and toddlers for unmet social-emotional needs in the areas of 1) Attachment/Relationships, 2) Initiative, and 3) Self-regulation (toddlers only). We will screen a sample of infants and toddlers by the end of Year 1. We then intend to develop a system for addressing social-emotional needs as part of a community-wide effort to promote positive outcomes for young children.

### **Outcome 4. Establish a pool of well-trained home visitors and a sustainable delivery system.**

Three 50% FTE home visitors were trained in July and August, 2008. One home visitor was hired from each of the family child care satellites (RCN and Eastside) and one was hired from the Family Resource Centers. Diana Webb, Coordinator of the satellite network at RCN, serves as the PAT supervisor of the home visitors. The home visitors meet with the coordinator and the project director as a team twice a month to discuss providers' progress and problem-solve issues as they arise.

Ms. Webb has coordinated with the NYS Office of Child and Family Services to apply for Individual Training Program (ITP) funds through the Education Incentives Program (EIP) to cover some of the costs of the home visiting services. We intend to continue to receive ITP funds in coming years. By the end of Year 3 of this project, we would like to have a sustainable delivery system to provide home visiting to family child care providers using these funds.

### **Participant Comments About the Program**

Anecdotal and preliminary data indicate that: providers and children are engaged in the program, providers are learning to implement developmentally appropriate activities with children, providers are learning to identify development milestones and children in the program are making developmental gains.

Providers and children are engaged in and enjoying the program:

"Most providers are very involved with the children [during the visits]. The children are free to do things. The providers are not there just to babysit. During the cookie baking activity, the kids got involved measuring, pouring, and tasting."

"One little girl talked about how Maria [the home visitor] reads to the children. It was clear how highly the little girl thought of Maria."

Providers are learning to implement developmentally appropriate activities with the children:

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

Providers are learning to identify age appropriate development:

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

Children are making developmental gains in the program:

"[Referring to a provider who does not often encourage children to talk:] 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 that have [a provider with] next to no enthusiasm, are beginning to improve.... I get down with the kids and interact with them, and they do talk to me."