

INTERIM EVALUATION FINDINGS: 4Cs Child Care Connections (C3), 2007-2008

This report provides a summary of interim evaluation findings for the 2007-2008 Community Child Care Council (4Cs) Child Care Connections (C3) program. The purpose of this report is to stimulate dialogue and surface additional questions for exploration among First 5 Sonoma County Commissioners and staff, service providers, and other interested parties.

PROGRAM DESCRIPTION

The C3 program works directly with a single set or cadre of licensed family child care providers over a 12-month period with the goal of raising the quality of care in their child care sites. In order to be eligible for this program, participants were required to commit to a full year of support. The C3 program offers a variety of training and support services to these providers designed in part to increase: their knowledge of the elements of quality care with an emphasis on environment, the developmental appropriateness of their programs, and their ability to identify and successfully serve children with special needs. C3 services include:

- Monthly trainings,
- Weekly site visits by a Resource Specialist,
- Provision of a baseline and follow-up quality assessment using the Early Childhood Environmental Rating Scale-Revised (ECERS-R) conducted by an independent, trained assessor,
- Support in the development of a Quality Improvement Plan and First 5 Sonoma mini-grant application responding to the results of the ECERS-R assessment,
- Resources and referrals, and
- Networking opportunities.

In addition, child care providers receive one-on-one technical assistance in conducting developmental screenings and otherwise identifying and meeting the needs of the children in their care.

The following tables illustrate how the 4Cs C3 program links to First 5 Sonoma County's strategic plan elements, as well as provide administrative information for the program.

Links to First 5 Sonoma County Strategic Plan Elements/Pathway to Results	
Goal Area	Early Care and Education
Priority Outcome	Early childhood education will be of the highest quality.
Program Results Indicator	<ul style="list-style-type: none"> ▪ Increase in providers who receive training for children with special needs ▪ Increase in Harms-Clifford scales/scores

Administrative Information	
Funding Period	September 2006 to June 2010
Funding Amount	\$262,640
Contractor	4Cs of Sonoma County

PROGRAM THEORY

The Sonoma County Child Care Planning Council's 2004 Child Care Needs Assessment found that between 10,000 and 19,000 children, nearly 10% of whom have special needs,¹ are in need of child care in the county. A total of 502 family child care providers serve families and their children in Sonoma County. The C3 program is based on the theory that quality in child care is enhanced by provider training and access to resources/support networks.² Child care providers need support to deliver dependable, accessible, developmentally appropriate child care services. Given the challenges

¹ 2004 Child Care Needs Assessment, Sonoma County Child Care Planning Council.

² S.Kontos, C.Howes, M.Shinss & E.Galinsky, Quality in Family Child Care and Relative Care 1995.

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that family child care providers face in balancing a business with their home environment, working in a space isolated from other providers, and working typically long hours, this population of providers is in particular need of training opportunities and access to support.

EVALUATION METHODS

The findings in this interim evaluation report are derived from quarterly progress reports submitted by C3 staff to First 5 Sonoma County, as well as analysis of data from the following sources:

- **Provider Intake Forms** – Upon enrollment into the program, C3 staff complete an intake form with each provider that includes their demographic characteristics, e.g., language, race/ethnicity, and educational background. In addition, the intake collects data on participation in other First 5-funded programs, characteristics of the child care site and children served, and previous experiences in improving the quality of their child care.
- **Early Childhood Environmental Rating Scale-Revised (ECERS-R) Assessment Scores** – an outside assessor observed each providers' child care site at the beginning and end of program participation using the ECERS-R assessment tool. The ECERS-R is a proven, reliable and validated scale designed by Thelma Harms et al, to assess quality in early childhood or school-age child care group environments.³ The “Harms” scales provide a numeric ranking of the quality of a child care environment on a scale from 1 to 7, where 1 is “Inadequate Quality,” 3 is “Minimal,” 5 is “Good Quality,” and 7 is “Excellent Quality.”⁴ While the ECERS-R is not the best tool for assessing family child care quality, it was available in Spanish in spring 2007 while the Family Child Care Environment Rating Scale (FCCERS) was not. The Family Child Care Environment Rating Scale (FCCERS) has since become available in Spanish and the program will use it with future cohorts.
- **Training Follow-Up Surveys** – Providers completed a survey following every fourth training, answering questions that measured their satisfaction with the program thus far, their knowledge of the topics learned at the four previous trainings, and changes they had made to improve their classroom environment. Four training follow-up surveys were collected from each provider.
- **Staff Interviews** – Evaluators interviewed the C3 Resource Specialist about the program development, design, adjustments over time, lessons learned from the first year of implementation, and perceptions on the effectiveness of the program at the provider, family and community levels.

SUMMARY OF RESULTS

Process Findings: Characteristics of Participants

Ten licensed family child care providers, serving a total of **66** children aged 0-5 years, participated in the first year of the C3 program. Given that these ten providers will continue to serve future cohorts of children with the heightened quality of care gained through the C3 program, the return on investment in this program will continue to grow over time. Characteristics of the ten providers follow:

- **All ten** participants were **female**;
- **Five** identified **English** as their preferred language and **five** identified **Spanish**;
- **Five** reported their race/ethnicity as **White** and **five** as **Hispanic/Mexican**; and
- **All ten** providers served families in the First 5 Sonoma County School Readiness Zone.

³ See <http://www.fpg.unc.edu/~ECERS/>

⁴ See <http://www.fpg.unc.edu/~ncedl/PDFs/brief1.pdf>.

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Participants also reported on previous First 5-funded program participation. **Five** of ten reported having participated in the 4Cs PEERS program⁵, and **two** reported having received a mini-grant in the past. Just **one** of the participants reported having never participated in any First 5-funded program. This data suggests that the providers in this cohort were motivated and well-connected to available community resources prior to participation in C3.

Process Findings: Participation in C3 Activities

The C3 program was designed to serve eight providers each yearly cycle. C3 program staff chose to enroll ten due to the high interest in the program. The following table outlines the definition of program completion, and the number of providers who met all criteria.

Exhibit 1

C3 Program Completion Criteria, Targets, and Achievements		
Criteria	Target	Actual
Attend 8 of 10 trainings	8	10 providers attended all 10 trainings
Remain in program all 12 months	8	10 remained in the program
Participate in approximately 40 weekly site visits	8	10 participated in all site visits
Complete a baseline and follow-up assessment	8	10 completed both assessments ⁶

As shown in the table above, participants remained with the program throughout the 12-month period of trainings and site visits. The final assessments took significantly longer to complete than planned. The earliest was completed in June 2008, twelve months after baseline. The latest follow-up included in this analysis was completed in early October 2008, fifteen months after baseline. Program staff and participants chose to delay some follow-up assessments until the First 5 Sonoma County mini-grant funding was received, to allow those providers to complete activities identified in the Quality Improvement Plan that required this funding.

Process Findings: Family Child Care Provider Trainings

The C3 program offered a total of ten trainings, each focusing on a sub-scale of the ECERS-R assessment tool. Program staff used local experts to facilitate each training as a strategy for connecting participants to existing local community resources. The following table summarizes the ten trainings providers participated in, along with the local expert who led the training.

Exhibit 2

C3 Trainings Offered		
Training Topic	Training Facilitator	Summary of Training
Program Welcome and Introduction to ECERS-R Assessment Tool	Luz Zavala	Overall introduction to all scales and indicators on ECERS-R assessment: how to use the tool to calculate a score, and use the ECERS-R goals to understand what a quality classroom entails
Space and Furnishings / Child Care Environment	Alice Hampton	How to design a child care space, balancing it with the needs of children in care and the space available in the particular home environment

⁵ The Peers program offered site visits by a child care Resource Specialist.

⁶ To date, all ten providers have completed both a baseline and follow-up assessment; however, the tenth provider did not complete her follow-up assessment until after analysis of evaluation data was completed. Thus, assessment results presented in this report include data from nine of the ten providers.

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Exhibit 2

C3 Trainings Offered		
Training Topic	Training Facilitator	Summary of Training
Personal Care Routines / ASQ-SE Tool	Loretta Chuckrow	Developing a space that addresses personal care routines for children with appropriate materials, furniture, and provisions for children with special needs
Language-Reasoning	Heather Lawthon	Developing activities focused on literacy and language, as well as activities for creative play that allow children to explore
Activities / Developmental and Culturally Appropriate Practices	Martha Gomez	Understanding what activities are developmentally and culturally appropriate, and how to alter an activity to be more appropriate for a different age or particular group of families. Emphasis on communication with families
ASQ-SE Tool / Serving All Children with Inclusive Practices	Sarah Zainfeld	Understanding the importance of interaction with children and families to open up communication about child's social/emotional needs, emphasis on the process of making referrals to agencies
Child Care Program Structure	Renee Whitlock	Planning a quality program structure, with appropriate activities, materials, and routine
Mini-Grant Application	Luz Zavala	Review of application and Commission goals, and how to use ECERS-R assessment to meet goals
Parents and Staff / Family Partnerships	Olga King	How to form partnerships with parents to ease child's transition into child care and meet family's needs
School Readiness: Connection to Local Schools	Pam Turner	How to prepare children with the necessary skills for Kindergarten and connect with Kindergarten teachers at local elementary schools

Outcome Findings: Improved Child Care Environments

The C3 program's main objective is to help family child care providers improve the quality of their classroom environments. To measure improvements in environmental quality over time, program staff hired an external assessor to complete an ECERS-R assessment for each provider at the beginning and end of their participation in the program. Each provider received an average score at baseline and follow-up on each of the ECERS-R subscales.⁷ The table below summarizes the average subscale scores at baseline and follow-up.

Exhibit 3

Early Childhood Environmental Rating Scale (ECERS-R) Average Scores Ordered from Lowest to Highest Baseline Average Score (n=9)			
ECERS-R Item	Baseline (7-point scale)	Follow-up (7-point scale)	Change
Activities	3.31	5.64	+2.33
Personal Care Routines	3.71	5.97	+2.26
Language-Reasoning	3.86	6.03	+2.17*
Space and Furnishings	4.96	6.69	+1.73**
Program Structure	5.19	6.51	+1.32
Interactions	5.75	6.78	+1.03**
Total Average Score	4.33	6.20	1.87**

* = p<.1, ** = p<.05, *** = p<.01

⁷ The subscale "Parents and Staff" was systematically excluded from rating by the assessor, because those items are not relevant to FCCs. The FCCERS tool does include items about relationships with parents; for this report we do not have data on those aspects of quality care.

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The baseline to follow-up changes on all subscales are substantively significant, from just over one point to over 2.3 points. On three of six measured subscales, the differences between baseline and follow-up are also statistically significant, meaning that the change is unlikely due to chance. Given the small number of cases, it is not a matter for concern that statistical significance was not found in all six subscales. With a small sample size, power to detect statistical significance is minimal. The child care environments overall and on average improved both practically and statistically significantly from baseline to follow-up. The average total score on the ECERS-R increased from just below the “Good Quality” standard to 6.2, well over the “Good Quality” standard. **None of the nine providers who received a follow-up assessment scored below the “Good Quality” standard at follow-up.**

Outcome Findings: Increase in Family Child Care Provider Knowledge

The C3 program aims to increase providers’ knowledge of family child care practices. Program staff and evaluators developed sets of questions for every fourth training to measure the knowledge of child care topics retained by providers. Overall, most providers responded correctly to at least 70% of questions. The questions that were most challenging to providers were those about the ECERS-R’s scoring. While providers were able to correctly note that a sample item was scored incorrectly, just one provider offered the correct score. While it is not a goal of the program to teach providers to use the ECERS-R independently, a provider’s ability to use such an assessment enhances their ability to measure their own practices and evaluate professional development needs. Future trainings may want to spend further time on this topic. All providers responded correctly to questions regarding the ASQ-SE tool, serving all children with inclusive practices, the mini-grant application, and forming partnerships with families. Nearly all providers correctly answered questions on language-reasoning.

Program staff work to train providers specifically on how to identify children with special needs. As shown in Exhibit 3 above, one of the ten trainings focuses on the Ages and Stages Questionnaire (ASQ-SE). **All** participants receive training in using the Ages and Stages Questionnaire, followed by one-on-one technical assistance in screening the children in her family child care. The ASQ-SE is a set of tools that screen for developmental delays, including situational delays, based on typical developmental milestones. The ASQ-SE can be administered between 4 months and 5 years of age⁸, and is used by the local Special Needs project Watch Me Grow.

The ECERS-R tool asks providers to report the number of children they care for with special needs. In addition, the tool includes a single item that measures the quality of “provisions for children with disabilities,” which is completed only if there are children with identified special needs. At baseline, one provider reported caring for one child with special needs. At the follow-up assessment, a different provider reported caring for four children with special needs. We cannot report change on this item because neither of the two providers who identified caring for children with special needs has both a baseline and follow-up score. However, the provider who reported at follow-up that she cares for four children with special needs received the highest possible score of “Excellent Quality” on her follow-up assessment of this item. The assessor noted that this provider invited specialists to her home to work with those children identified with special needs.

⁸ <http://childdevelopmentmedia.com/assessment-planning/20108acd.html>

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Outcome Findings: Improved Family Child Care Provider Practices

One of the key components of the C3 program is the emphasis on building a high quality relationship between the Resource Specialist and each provider. Providers receive weekly site-visits from the Resource Specialist and support in developing a Quality Improvement Plan (QIP). The QIP identifies the providers’ professional development goals for building a high quality classroom environment, and the measures they can take to achieve such goals. The C3 program accomplished its target outcome to have all ten providers complete a QIP.

The following table summarizes the average number of changes reported per provider on each ECERS-R subscale and the types of changes reported. Evaluators eliminated duplicate changes over the four measurement periods for the same provider, removed ambiguous changes, or statements about future plans. As illustrated below, the average number of changes on the Space and Furnishings and Activities subscales far outnumbers the changes reported on other subscales. This is expected given the program’s intended impact on the physical space and child care environment.

Exhibit 4

Types of Changes Reported by Participants, by ECERS-R Subscale (n=10)		
ECERS-R Subscale	Average Number of Changes Reported	Types of Changes Reported
Space and Furnishings	5.8	<ul style="list-style-type: none"> ▪ Rearrangement of furniture ▪ Centers created ▪ New child-sized tables and chairs ▪ More display of children’s artwork ▪ New fine motor materials, such as wood sewing cards
Activities	5.7	<ul style="list-style-type: none"> ▪ Art cart or center created ▪ Musical instruments purchased ▪ Music time included in curriculum ▪ New or expanded drama area with clothes
Language-Reasoning	1.8	<ul style="list-style-type: none"> ▪ New books ▪ Books placed within children’s reach
Program Structure	1.7	<ul style="list-style-type: none"> ▪ Newly posted schedule ▪ Group/circle time more regularly
Personal Care Routines	1.7	<ul style="list-style-type: none"> ▪ “Toothbrush time” for brushing teeth begun
Interactions	1.2	<ul style="list-style-type: none"> ▪ Hired assistant ▪ Speaking more with each child
Total	17.9	

Seven of ten providers reported having rearranged their child care space as a result of the C3 program. Seven of ten providers reported improving the music/movement and books and pictures categories (in “Activities” and “Language-Reasoning” subscales, respectively) of care.

Reflections on the C3 Program

The C3 program served its first cohort of family child care providers during the 2007-08 fiscal year. Since spring 2008, when the first cohort graduated, a new cohort of grantees has begun participating in the program. Reflections on the first session can help inform ongoing changes in program implementation for future cohorts, whether in Sonoma County or if replicated in other counties. The following is a list of lessons learned as observed by the C3 Resource Specialist:

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- **Intensive support and consistent contact is fundamental to the effectiveness of the C3 program.** While new providers were open to the support offered, more experienced providers were somewhat reluctant to make changes to their classrooms and their curriculum. The Resource Specialist needed to make continual site visits, phone call reminders, and recommendations to help ensure all providers were making improvements to their child care.
- **Previous participant cohorts can serve as mentors and further sources of support for future cohorts.** Given that family child care providers continue to need support beyond their participation in the C3 program, the Resource Specialist is working to facilitate communications between providers such that “past participants may serve as mentors to other community members or local providers, knowing what they have learned in the program.” The goal is to create a provider network, within and between participant cohorts. Previous cohorts can continue to use their peers as a resource and new cohorts can look to past participants for their experience and guidance.
- **Using outside field experts to facilitate each training, rather than the Resource Specialist, allows for direct contact with other community resources and sources of support for providers.** 4Cs originally designed the program to have the Resource Specialist lead each of the monthly trainings, but it was determined that the availability of local experts in the field made it possible to utilize facilitators who specialize in each training topic. Just as importantly, it expanded the participants’ support network, allowing them to connect with actual resources in the community. Program staff selected experts who were open and willing “to be an ongoing contact for the providers in their particular specialty,” and several facilitators could directly relate with participants as child care providers themselves. Such intentional selection has helped to ensure that participants continue to have access to needed support beyond program completion.
- **Establishing strong connections with schools has been difficult, but it is important that the Resource Specialist take the needed steps to build these relationships.** The C3 program hopes to connect family child care providers with Kindergarten teachers in local elementary schools, with the goal of developing lines of communication between pre-K and Kindergarten teachers, and opportunities for Kindergarten enrollment. Reluctance from principals to work with the C3 program delayed this process, taking much more time than expected to establish a rapport with most schools, and allow program participants to visit Kindergarten classrooms with their students (in some cases, this was not able to happen). Despite challenges in connecting with schools, the Resource Specialist has built some strong connections in the past year, and will continue to work with six of the ten schools originally contacted.

Participant Satisfaction

Overall, the ten providers from the pilot program report highly positive feedback on their experiences. Data from training follow-up surveys show that nine out of ten providers report being “Very Satisfied” with the program. The Resource Specialist notes that participant satisfaction likely stems from the intensity of the program having exceeded their expectations. As she explains, “I think they just assumed I would be visiting them once a week, but I was there with them, on the floor with the babies, getting down to move the furniture, cleaning up, organizing their files, doing assessments for children.” While

Some of the comments [from providers] at the graduation were basically that they were burned out, ready to close down their daycare if it weren't for this program. This program brought them motivation. Some of them are already planning for next year, some enrolled in school to continue their education, and some are expanding their day cares.

Resource Specialist, May 2008

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graduation from the program means that participants will no longer receive this level of intensive support, the Resource Specialist expects nine of the ten providers to continue building high quality child care spaces on their own, without her weekly support. The tenth provider, she says, may need ongoing support, but the mentorship network will help to keep her connected with the program and peer support system.

CONCLUSIONS, ADDITIONAL QUESTIONS FOR EXPLORATION, AND NEXT STEPS

Conclusions

The C3 program provides training and a high level of support to a small number of licensed family child care providers who serve 66 children 0-5 in the School Readiness Zone. Findings from this evaluation include:

- All ten providers remained in the program for the full twelve months.
- All ten providers attended all twelve offered trainings.
- All ten providers completed a Quality Improvement Plan.
- Every provider reported making changes to her family child care that improved the quality of the physical environment.
- Most changes were made on the Space and Furnishings and Activities subscales of the environmental rating scale used to assess the environmental quality of participating family child cares.
- As a group, the ten participating family child care providers increased their environmental quality from below the “Good Quality” standard of five to more than one point above the “Good Quality” standard.
- Nine out of ten providers report being “Very Satisfied” with the program.

The C3 program required that participants commit to a full year of training and support, used local experts to teach topics in child care, used a field-recognized tool to measure progress, and supported workshop learning with weekly one-on-one technical support onsite. This is an intensive intervention that can make significant improvements in the quality of family child care.

Additional Questions and Next Steps

The following provides questions raised, and identifies recommended next steps for addressing them.

Additional Questions for Exploration	Recommended Next Steps
<p>1. When measuring the quality of child care, what is driving the emphasis on the Space and Furnishings and Activities subscales versus the other subscales?</p>	<p>First 5 staff will work with C3 staff and the Child Care Committee to identify the critical components of high quality child care, and how these should be measured through the FCCERS subscales.</p>
<p>2. How can C3 staff ensure the validity of data collected on the Harms Clifford rating scales?</p> <ul style="list-style-type: none"> ▪ Is the ongoing FCCERS Assessor truly an outside third party not connected with 4Cs? ▪ How are providers meeting the impressively high scores reported on the follow-up assessments? 	<p>First 5 will discuss these questions with C3 staff.</p>

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Additional Questions for Exploration	Recommended Next Steps
3. To what extent does the C3 program serve children and families <u>living</u> in the School Readiness zone?	First 5 will work with C3 staff to put in place a consent process to collect these data from all future cohorts of providers and the children they serve.
4. How can the C3 program strengthen its partnerships with local elementary schools?	First 5 will work with C3 staff to understand the difficulties in working with some schools. If these schools are in the School Readiness Zone, First 5 can help establish positive connections between school staff and the program.
5. What are the long-term effects of the program on participants? <ul style="list-style-type: none"> ▪ Have providers increase their ability to identify professional development needs and to measure own practices? ▪ Are providers continuing to use training facilitators as resources for support? 	LFA and First 5 staff will work with C3 staff to develop and administer a participant Exit Form that will measure the long-term impact of the program in these areas.
6. How many more children will continue to be served by the C3 program?	This is currently unknown but important to consider for future funding decisions.