



## PCHP Family Child Care Evaluation Overview

February 2018



**ORSIMPACT**

Missions Accomplished

In partnership with ORS Impact, PCHP has engaged in a two-year external evaluation of the FCC model to inform its development and support further scaling.

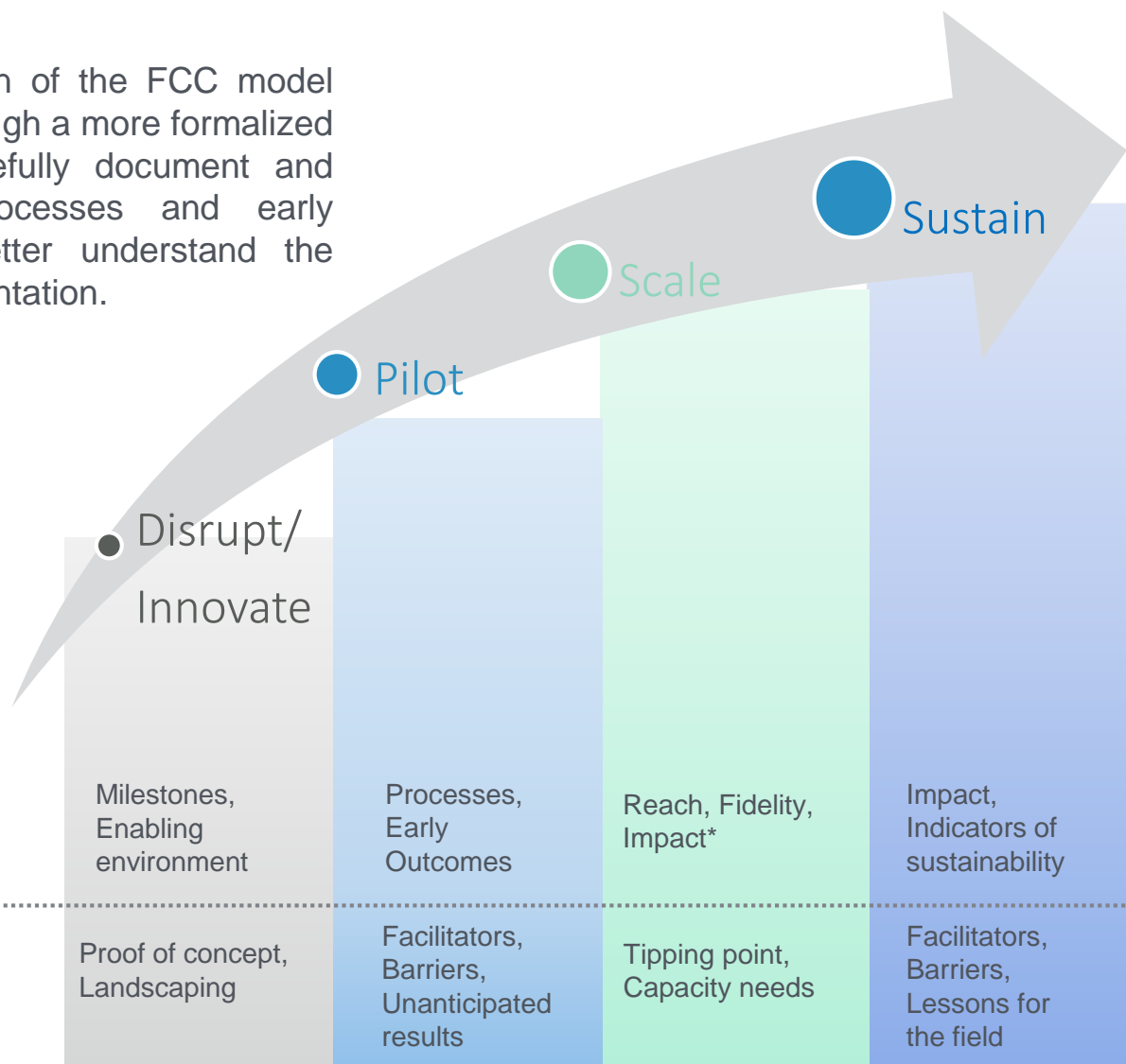
The evaluation, which concluded in January 2018, was designed and conducted by ORS Impact, and the following slides are adapted from their final report.

# STRATEGY LIFECYCLE FRAMEWORK

Evaluation  
Overview

ORS Impact's two-year evaluation of the FCC model was designed to guide PCHP through a more formalized pilot stage, enabling us to carefully document and assess the implementation processes and early outcomes across sites, and better understand the facilitators and barriers to implementation.

This evaluation was conducted during the FCC model's pilot phase and we are now primed to expand our network of sites and prepare for the investment of resources that scaling will require.



*This graphic was adapted from a framework shared by ORS Impact.*

*\* Requires more rigorous evaluation.*



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Evaluation efforts to date have primarily focused on identifying success and surfacing insights for model scaling.

The evaluation consisted of two phases spanning two years:

**YEAR** one  
*evaluation*

Findings from the first evaluation report (Y1) were used to inform program improvement, course corrections, and enhancement of the training and curriculum.

**YEAR** two  
*evaluation*

This report (Y2) builds on what we learned regarding model implementation in 2017, provides a more robust analysis of data collected, and considers implications for the future.

A review of this evaluation's methodology reveals both strengths and limitations.

For an outline of both, please see Appendix A.

A variety of data sources informed the Y2 evaluation findings, which this report will summarize.



**Interviews** with a sample of PCHP Site Coordinators (n=7) and Early Learning Specialists (n=8)

*Interviews with Site Coordinators were conducted by ORS Impact. Interviews with Early Learning Specialists were conducted by PCHP staff.*



**Surveys** of providers and parents participating in the program

*Provider surveys were collected pre and post program by Early Learning Specialists. Parent surveys were collected post program by providers.*

- n=73: matched provider surveys across 15 sites
- n=251: parent surveys across 14 sites



**Assessments** of providers, using FCCERS and CIS

*FCCERS and CIS assessments were conducted at the start and end of the program by Site Coordinators or Early Learning Specialists at each site.*

- n=69: matched FCCERS assessments across 14 sites
- n=72: matched CIS assessments across 14 sites



**Assessments** of children at one site using the CBT

*CBT assessments were conducted at the start and end of the program by Site Coordinators or Early Learning Specialists at the Leake and Watts site in New York.*

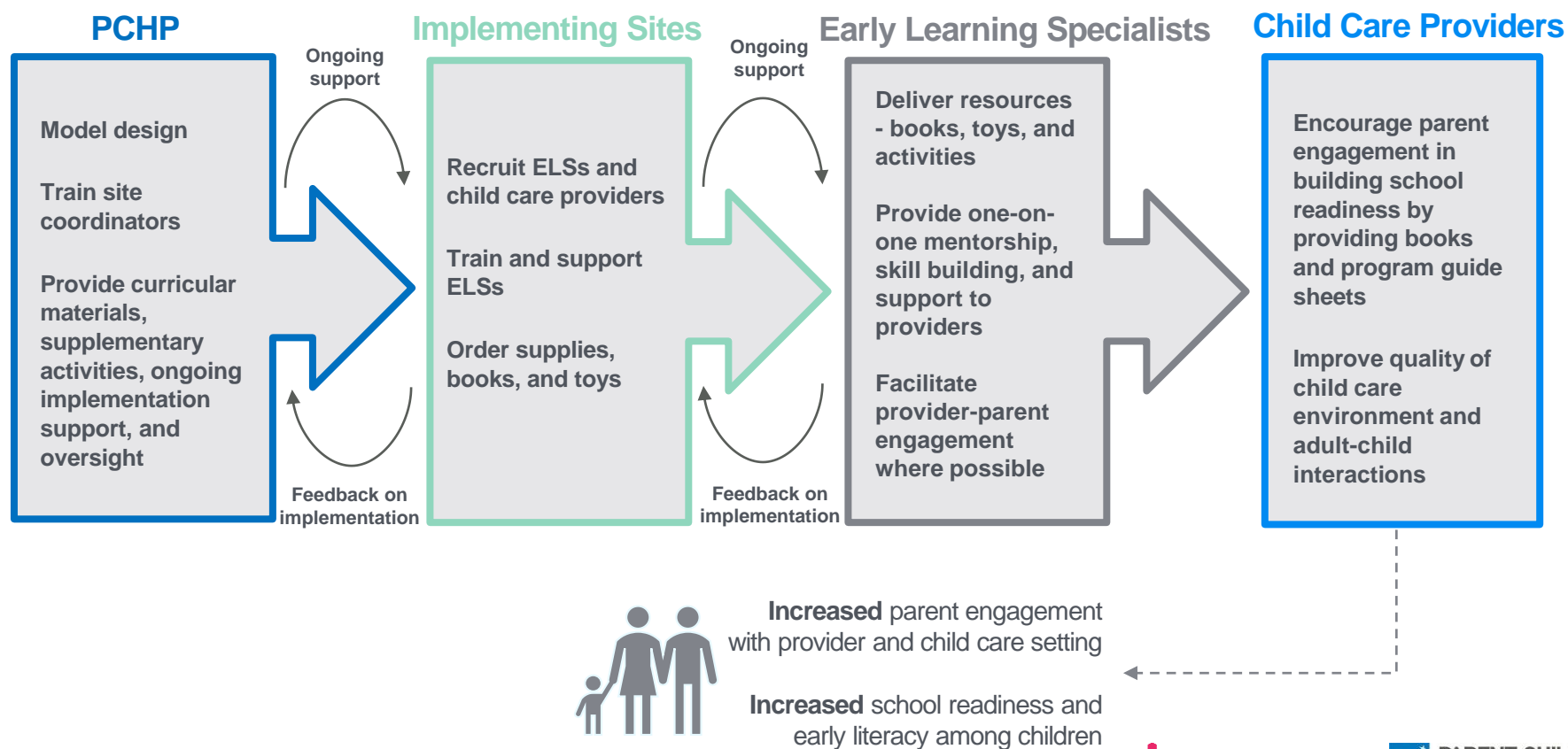
- n=53: matched CBT assessments from one site



## Overview and Implementation of **Model**

PCHP FCC is implemented by PCHP local partner agencies through community-based Early Learning Specialists who work one-on-one with low-income home-based care providers.

This graphic visualizes the FCC pilot process and each actor's key roles and responsibilities.





## Like the Y1 findings, Site Coordinators and ELS found that the FCC model complements the PCHP model.

- The FCC model serves both licensed and unlicensed home-based child care providers reaching children whose parents work during the day and would be unlikely to participate in the PCHP model.
- Both Site Coordinators and ELS reported seeing no drawbacks from both the PCHP Core model and FCC model existing in the same community and agency, because both models allow them to reach children and families in need.

*I see many benefits ... we'd be reaching out to **more families and reaching out to more children.***

- Site Coordinator

## Site Coordinators and ELS differentiate the models based on preparation time and audience.

- Interviewees stated that the biggest difference between the PCHP Core and FCC models is preparation time. Books, toys, and activity supplies need to be prepared ahead of time with FCC to account for the number of children in every provider's care.
- Interviewees also identified their target audience differently. In the Core model, the focus is on the parent and child. In the FCC model, the focus is on the provider and to a lesser extent, the children in their care, and their parents.

*This is giving an opportunity for families to still have their kids get educated in child care, while their providers are working with them. So **it's a huge need**, because there's a lot of kids in child care, and it's allowing us to reach out to them and educate them.*

- ELS



A notable difference from Y1 is an increased understanding of the model's three essential elements.

All interviewees described their site's implementation of the three essential elements of the model.

**VISIT**  
sequence

Providers receive professional development support through 45-minute **visits** by an ELS in their FCC setting. There are two types of visit sequences, 2 visit and 4 visit, and each involves similar and varying interactions and goals.

**VISM**  
to providers  
and families

Similar to the Core model, a Verbal Interaction Stimulus Material or **VISM** is used to increase early literacy skills and verbal interaction. The VISM can be a book (given to every provider and sent home with every child in their care) or a toy (given only to providers).

**GUIDE**  
sheets

A set of **guide sheets**, developed by PCHP, is given to the provider and each parent whose child is in their care. The guide sheets are intended to support and encourage adult-child interactions by providing ideas and information on using the VISM.

The **visit sequencing** differs based on how many visits are spent extending the theme of one book or toy. The **2 visit** sequence involves a visit introducing the book or toy and a visit with an extension activity. The more intensive **4 visit** sequence adds in a third visit with an additional extension activity led by the provider and then a fourth visit that allows time for reflection on the provider activity. Each sequence repeats throughout the program cycle.

In response to a Y1 evaluation recommendation that PCHP produce more guide sheets to support implementation, a more substantial set of guide sheets were developed for parents and providers.



## Experience of Pilot Sites



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## Pilot sites had variability in size, FCC setting, and program funding.

At the time of data collection for Y2, the pilot was being implemented in four states, representing three different geographic regions of the United States.

See Appendix B for an outline of implementation and demographics of each site included in this evaluation.

	Washington	New York	South Carolina	Massachusetts
<b># of Sites:</b>	4	3	1	7
<b># of Providers:</b>	8	22	5	41
<b># of ELS:</b>	4	9	1	9
<b>FCC Setting:</b>	Home based	Home based	Center based*	Home based
<b>Funding Sources (excluding sites):</b>	Seattle Department of Education and Early Learning**  [West Valley School District; Gilbert Orchards; Junior League of Yakima]***	Rauch Foundation  Altman Foundation  Shoolman Foundation  Sexauer Foundation	Florence School District 1  SC Department of Education	Massachusetts Department of Early Education and Care****  Wellington Foundation

\*Within this site's community, the care settings identified as needing the most support and experiencing challenges typical of home-based care are faith-based settings, some of which are located outside the provider's home and thus technically considered "center-based."

\*\*Only three sites received funding from the city of Seattle

\*\*\*Only one site received funding from these sources

\*\*\*\*All but one site received funding from the state of Massachusetts



## Recruited providers represent a wide variety of backgrounds.

The sample for this evaluation included providers reached across sites at the time of data collection, totaling **79 providers** and the **665 children** in their care.

Of those providers:

- **78%** are licensed (n=72)
- **51%** have been in operation for 0-5 years (n=74)
- **53%** are Hispanic/Latino (n=79)
- **62%** were born outside of the U.S. (n=79)
- **75%** do not hold a Bachelor's degree (n=75)
- **56%** have an annual income of less than \$40k (n=68)

Samples sizes differ due to missing data.

PCHP sites were motivated to participate in the FCC model for two primary reasons.

1

### A desire to reach more children and families

Sites were invited to participate in the pilot by PCHP and they were excited to implement the model, primarily citing a desire to “bridge the gap” between the PCHP Core model and to reach more children and families in need of early literacy and school readiness support.

*For family child care in our community, **we knew there was a huge need**, and that was the population we didn't serve, **so we needed to take advantage of this opportunity.***

- Site Coordinators

2

### Increased professional development opportunities for Early Learning Specialists

Sites also saw the model as an opportunity to increase staff training and build skills that can impact PCHP Core model outcomes.

*It was a way to provide our experienced visitors, now ELS, with new challenges. I think **they were ready to start working in a more professional role.***

- Site Coordinators

Some sites expressed concerns about participating in the pilot related to staff and budget capacity.

Two of the eight interviewed sites reported concerns about participating in the model, including having the staff capacity to implement the model and being able to leverage existing funding to help support implementation.

*We were somewhat stretched in terms of our staffing, so to take on something new was...a challenge.  
[It was] something we wondered about. We didn't know that the option would come again, but **the training in the model was something we really wanted**, so we decided to do it.*  
- Site Coordinator

*There were no real concerns. We know the need, especially as it pertains to the centers that we're going into...I think the **only real concern was the money to actually do it.***  
- Site Coordinator

## Sites received three primary supports from PCHP.

**In-Person Training:** All sites invited to participate in the model attended an in-person training where they were onboarded to the model and their roles and responsibilities.

- All Site Coordinators interviewed reported that the in-person training they attended was a sufficient introduction to the model, although one site reported that they would have appreciated additional training related to state regulations.

**Implementation Manual:** All sites received an online manual which included a variety of resources, including but not limited to curricular materials like guide sheets, recruitment and assessment tools, job descriptions, and other child development resources.

- All sites found the materials in the online implementation manual to be useful, noting its accessibility and appreciation for a FCCERS and CIS calculation and score storage tool.

**One-on-One Support:** All Site Coordinators received ad hoc support from PCHP national center staff, specifically from Family Child Care Project Manager Sarah Howard.



Providers were excited to participate in the program for a variety of reasons and relayed few concerns.

Similar to Y1, site coordinators reported that providers were most excited to join the program for the free books and toys. However, Site Coordinators mentioned additional motivations including:

- A desire to improve their child care practice through resources and information
- Receiving one-on-one support in their home, while they are working
- Reducing isolation and having a colleague to converse with

Providers reported a few concerns about participating in the program. Similar to Y1, these were related to the discomfort associated with having a stranger in their home and regulation fears. Additional concerns were related to schedule accommodation.

*I think it was the ability to have somebody come in without taking away from their workday ... **during the time that they were actually working**, hands-on.*  
- Site Coordinator

*Honestly one of them was just excited that someone was coming into her house, and kind of being there and **experiencing the kids with her**.*  
- Site Coordinator

*I think the fear is maybe they'll get in trouble. Maybe sometimes they have more kids than they're supposed to have or they aren't going exactly to the letter of every part of the licensing requirements and **they don't want to bring somebody in who might call attention to that**.*  
- Site Coordinator

## Sites employed varying strategies to engage parents in the program.

Strategies included those suggested by PCHP, those individual sites developed, and those that were required by certain states (e.g., Massachusetts).

- Letters home explaining the program
- Home visits
- An open house for FCC model parents at site
- A calendar of program visits and activities
- A developmental checklist
- Invitations to other events at site
- Encouraging parents to observe a visit or activity

***We had open house at each center where we met the families.*** And we gave them a little gift, and some information about the program, and about the importance of reading, and how the parents' role as their child's first teacher was critical.

- Site Coordinator

We ***gave [parents] brochures*** from the learning center and some other places, just with some kind of general information ... and a little developmental checklist.

- Site Coordinator

## Sites experienced several challenges during implementation.

Common challenges, as reflected from interviews with both Site Coordinators and ELS, coalesced around the following topics:

- **Capacity concerns** including staff turnover, geographic spans, preparation time, and budget constraints
- **Program costs**, specifically related to purchasing VISMs
- **Managing external requirements**, specifically understanding state regulations
- **Time** it takes to complete the FCCERS and/or CIS assessments

Site Coordinators had several recommendations for improving implementation.

- **Translate** guide sheets into common languages
- **Alter** guide sheets for safety concerns (e.g., removing food activities from provider guide sheets because of food allergies and excluding small objects that could be a choking hazard)
- **Incentivize** provider participation by formalizing program participation through accreditation
- **Professionalize** the workforce by calling providers “educators”
- **Increase** training of ELS to include facilitation, managing group dynamics, and working within FCC settings with multiple age groups and children
- **Incorporate** greater opportunities for parent engagement



## Experience of Early Learning Specialists

ELS were motivated to participate in the program for new professional development opportunities.

ELS had years of experience in early education, often working in Head Start environments or for the PCHP Core model.

Most ELS were excited to participate in the model because of the opportunity to work in a new environment and increase their professional development in the early learning field.

Similar to sites' motivation, some knew the need in their communities and saw it as an opportunity to improve the lives of more young children and families.

*It has that **school setting**, so [the ELS are] pretty excited to see how that feels, not just that one-on-one with the parent and the child, but also having a group of children.*  
- Site Coordinator

*It was **new**...and I think [the ELS] could see how much value this program would have in that type of setting.*  
- Site Coordinator

## ELS reported minor challenges related to program delivery.

Common challenges reported this year coalesced around the following topics:

- Preparing materials
- Travel time, particularly distances between child care providers and the PCHP office
- Transporting activity supplies and VISMs, particularly on public transit
- Accommodating provider schedules
- Adjusting to unpredictable numbers of children between different providers and within a single provider's home
- Uncertainty about scoring providers on assessments, specifically the FCCERS

Unlike last year, establishing trust with providers did not appear to be an issue for ELS.





## Changes in **Providers**

ORS Impact assessed change over time by comparing scores before and after the program among providers who had both pre and post assessments scores.

ORS also looked at provider change using three variables:

- status (licensed and unlicensed);
- visit sequence (2 visit and 4 visit);
- program lengths\* (8 or 12 weeks, 24 weeks, and 48 weeks).

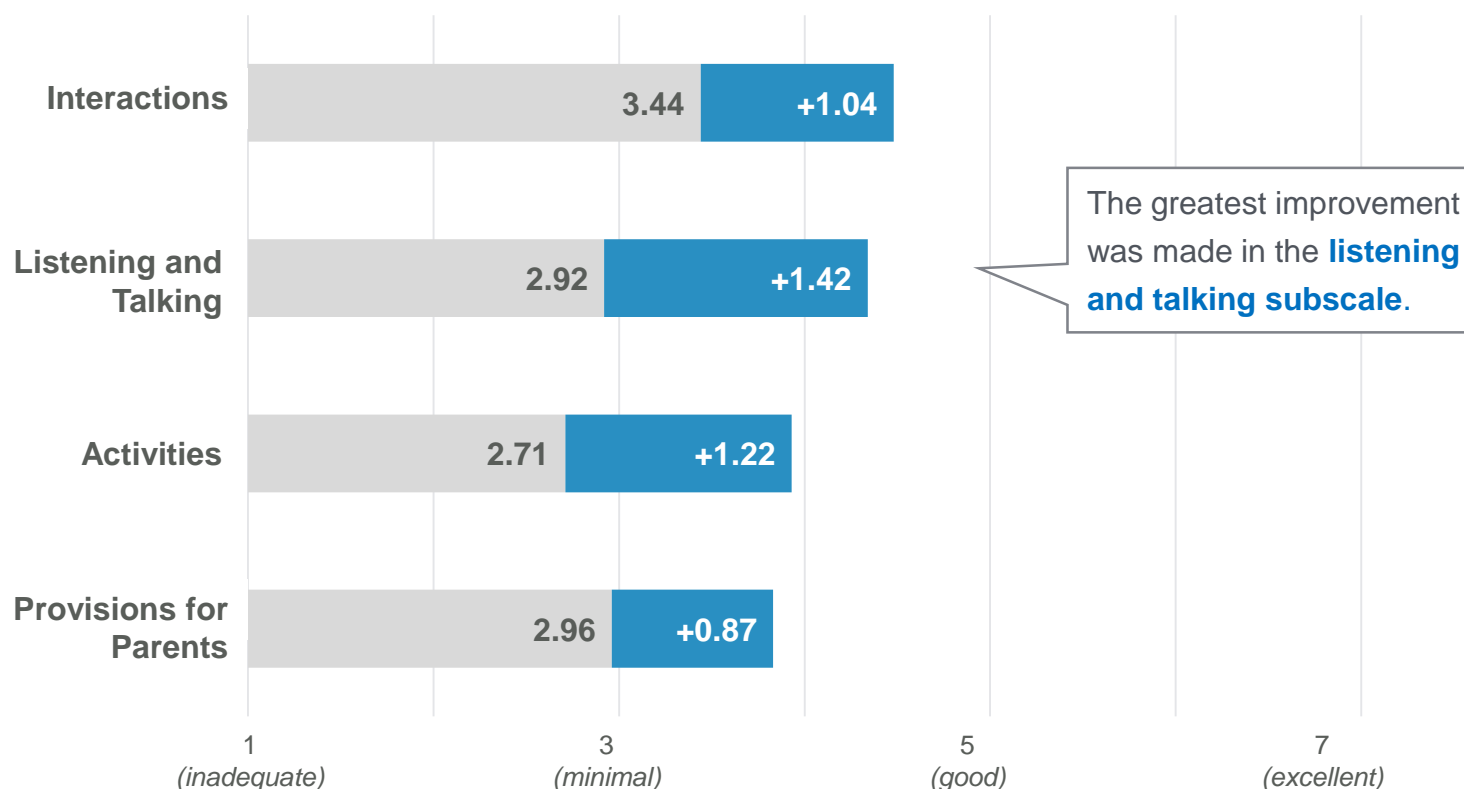
	Status		Visit Sequence		Program Length		
	Licensed	Unlicensed	2 visit	4 visit	8 or 12 weeks	24 weeks	48 weeks
<b>FCCERS</b> (n=69)	56	13	49	20	30	22	17
<b>CIS</b> (n=72)	59	13	49	23	30	25	17
<b>Survey</b> (n=73)	60	13	52	21	32	24	17

*\*Due to the timing of some public funding, a set of sites (with providers who had to be recruited quickly) initially implemented an 8-12 week mini-program. Those sites are all now implementing full 24-week programs.*



## Providers demonstrated improvements across all FCCERS subscales.

Average FCCERS scores pre and post program show increases in all subscales (n=69), though the average scores are skewed by varying program lengths.\* Though we expect to see less program length variation in the future, it did provide for interesting comparisons, which are outlined in the following four slides.



*Change in all subscales scores was statistically significant,  $p < .001$ .*

*\*Due to the timing of some public funding, a set of sites (with providers who had to be recruited quickly) initially implemented an 8-12 week mini-program. Those sites are all now implementing full 24-week programs.*



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## Unlicensed providers made the greatest gains.

There were significant differences in gains (post score minus pre score) between licensed and unlicensed participants on the Listening and Talking, Interactions, and Activities subscales.

Unlicensed providers have a lower score at baseline across all three of those subscales, indicating a significant need for quality improvement supports. Their lower baseline scores notwithstanding, unlicensed providers consistently make larger gains than their licensed counterparts across all three of the subscales mentioned above.

No significant difference was found between licensed and unlicensed providers on the Provisions for Parents subscale.

*See Appendix C for data visuals that illustrate this comparison.*

Providers who experienced the 4 visit sequence had significantly larger gains.

The same subscale patterns exists when visit sequence is taken into account. Providers who experienced the 4 visit sequence had significantly larger gains for the Listening and Talking, Interactions, and Activities subscales, than providers who experienced the 2 visit sequence.

No significant difference was found between providers who experienced the 2 visit or 4 visit sequence for the Provisions for Parents subscale.

*See Appendix D for data visuals that illustrate this comparison.*

Providers in a 24 week or 48 week program made greater gains by the end of the program than providers in a 8 or 12 week program.

We also see a similar subscale pattern when program length is taken into account.

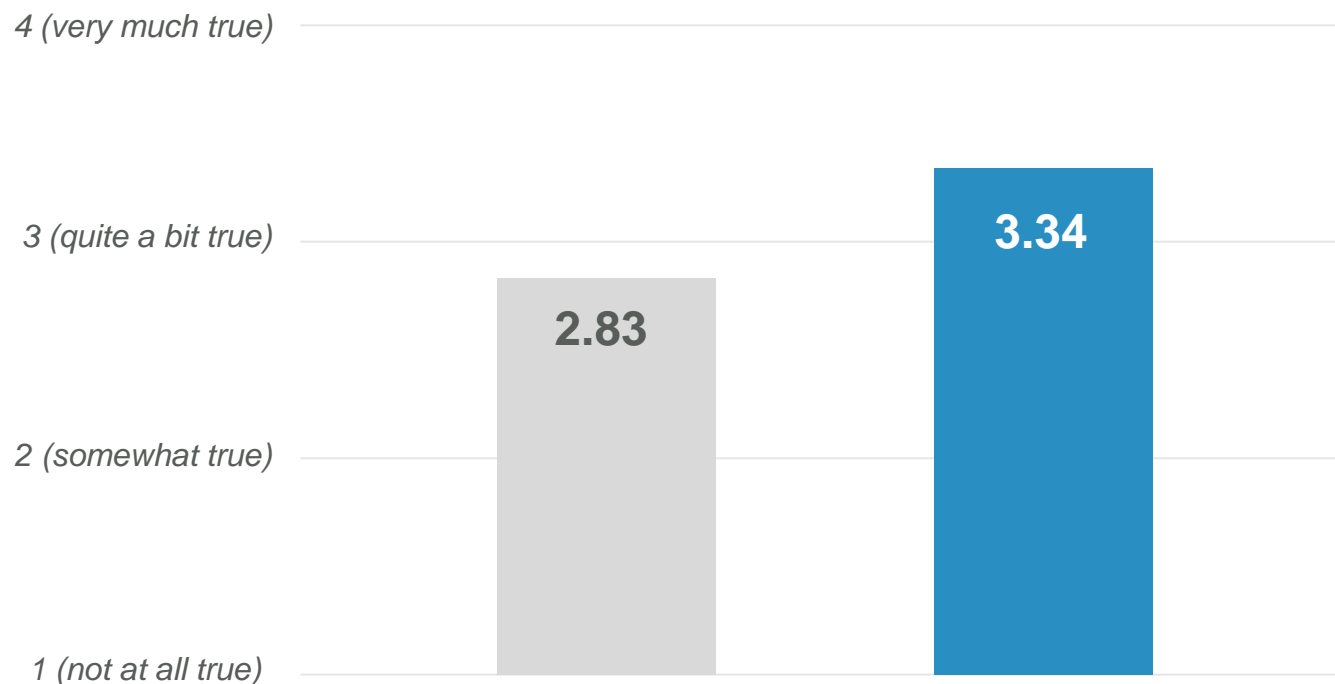
Providers who experienced an 8 or 12 week program had statistically lower scores for the Listening and Talking, Interactions, and Activities subscales, than those who experienced a 24 week or 48 week program. Interestingly, for the Provisions for Parents subscale, length of program had some affect on score.

Again, the 8 and 12-week programs, were a temporary solution to a short funding window, and are no longer being implemented. They do not represent fidelity to the model, but provided an interesting comparison, which ultimately upholds our initial design for program length.

*See Appendix E for data visuals that illustrate this comparison.*

## Providers improved the sensitivity and reciprocity of their interactions with children in their care (n=72).

Prior to participating in the Program, providers scored, on average, a 2.83 on the Caregiver Interaction Scale (CIS). After completing the program, they score, on average, 0.51 points higher, or 3.34, a statistically significant difference ( $p < .001$ ).





Providers report behavioral changes post-program, supporting change measured by FCCERS and CIS scores (n=73).

Analysis of provider surveys found that post program, providers report increased verbal, play, and reading interactions with children in their care. The average survey score from baseline (**3.43**) to the end of the program (**3.73**) shows a significant ( $p < .001$ ) increase in these positive behaviors (**+ 0.30 points**).

Licensed providers have a higher score at baseline, but unlicensed providers make greater self-reported gains by the end of the program, again indicating the opportunity for critical and transformative outcomes for providers who need it most.

Providers report being positively impacted by the program regardless of visit sequence or program length.

Statistical analysis did not discover any difference in reported change by visit sequence (those providers who experienced the 2 visit sequence versus those who experienced the 4 visit sequence) or program length (the providers who experienced an 8 or 12 week program versus those who experienced a 24 or 48 week program).

These findings suggest that providers report increased positive behavioral change through participating in the program, regardless of visit sequence or program length.



Assessment and survey data on provider changes are further supported by interviews with Site Coordinators and ELS.

Coordinators and ELS reported the following changes:

- Increased **self-reflection and initiative**
- Increased **verbal interactions and use of positive language** (i.e., reduction of “harsh” language)
- Increased **parent engagement**
- Increased **environmental changes** (e.g., increasing natural light and reorganizing center layout to better accommodate activities and learning)
- **Adapting** their existing curriculum to align with FCC model curricula (e.g., integrating new concepts like math)
- **Demonstrating** better health practices (e.g., washing hands)

*I sense and see that the providers are more engaged in talking with the parents and telling them the different things that they have been doing or are doing with their children versus them just coming in and getting their kids and leave. So they're **having more conversation** about different things that they're doing with their child. - ELS*

*We did have the funding last year to provide everybody with things for their reading areas, and they got to choose...everyone chose accessible bookcases. **And so you could see a very visible difference...** - ELS*



## Changes in **Parents**



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## ELS reported noticeable changes in parent engagement.

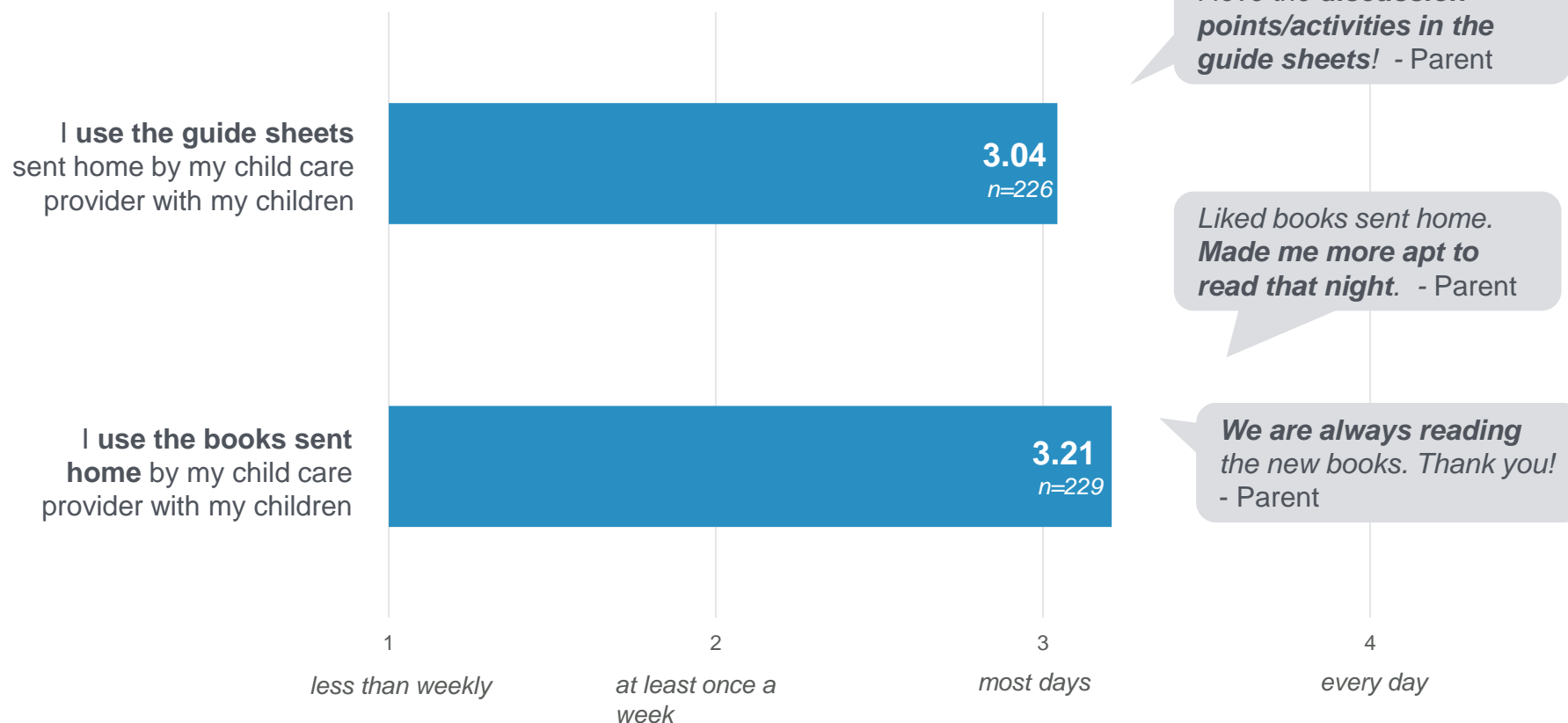
ELS reported greater enthusiasm and engagement from parents about the program, such as inquiring about future activities and books, sharing stories of their child repeating activities or singing songs, and reading more with their child.

*One of the parents at a daycare had actually written a comment to me that said ... '[My child] would never sing with us.' And she said, '**Now he sings by himself and he asks us to sing with him,**' which it's not reading, but still that was monumental because he would sing with the other kids, and I never had any idea that he wouldn't sing at home. - ELS*

*A lot of parents, **they ask, 'What [are] they going to get next week?'** They're very persistent about that, and talking about how their child [has] been since ... the different visits. - ELS*

*The **parents were using the books at home, and we could see that difference** from the beginning, that the children didn't use too much language, and they didn't use their imagination. That was another topic that we use a lot, using their imagination through playing. - ELS*

Parents reported frequent use of program guide sheets and books at home.

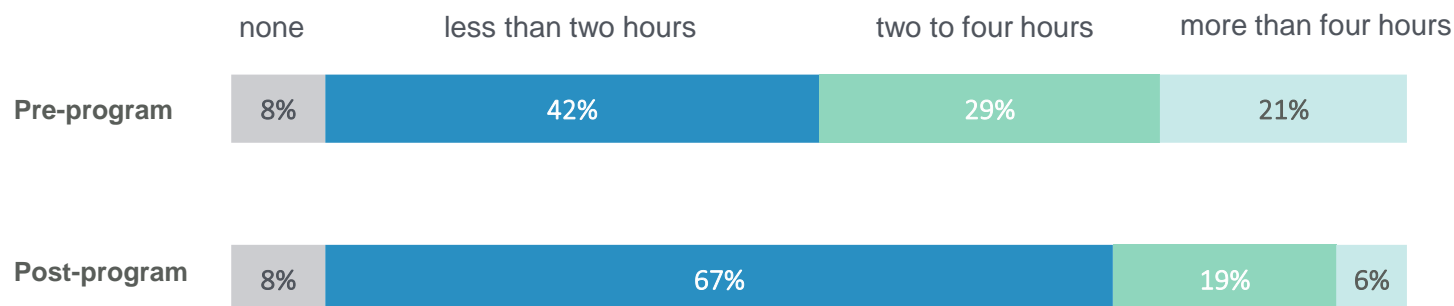


## Parents reported substantially decreased screen time post-program.

Before participating in the Program, one-half of all parents surveyed reported that their child spent more than two hours in front of a screen per day.

Post-program, only one-quarter of parents reported that their child spent more than two hours in front of a screen per day.

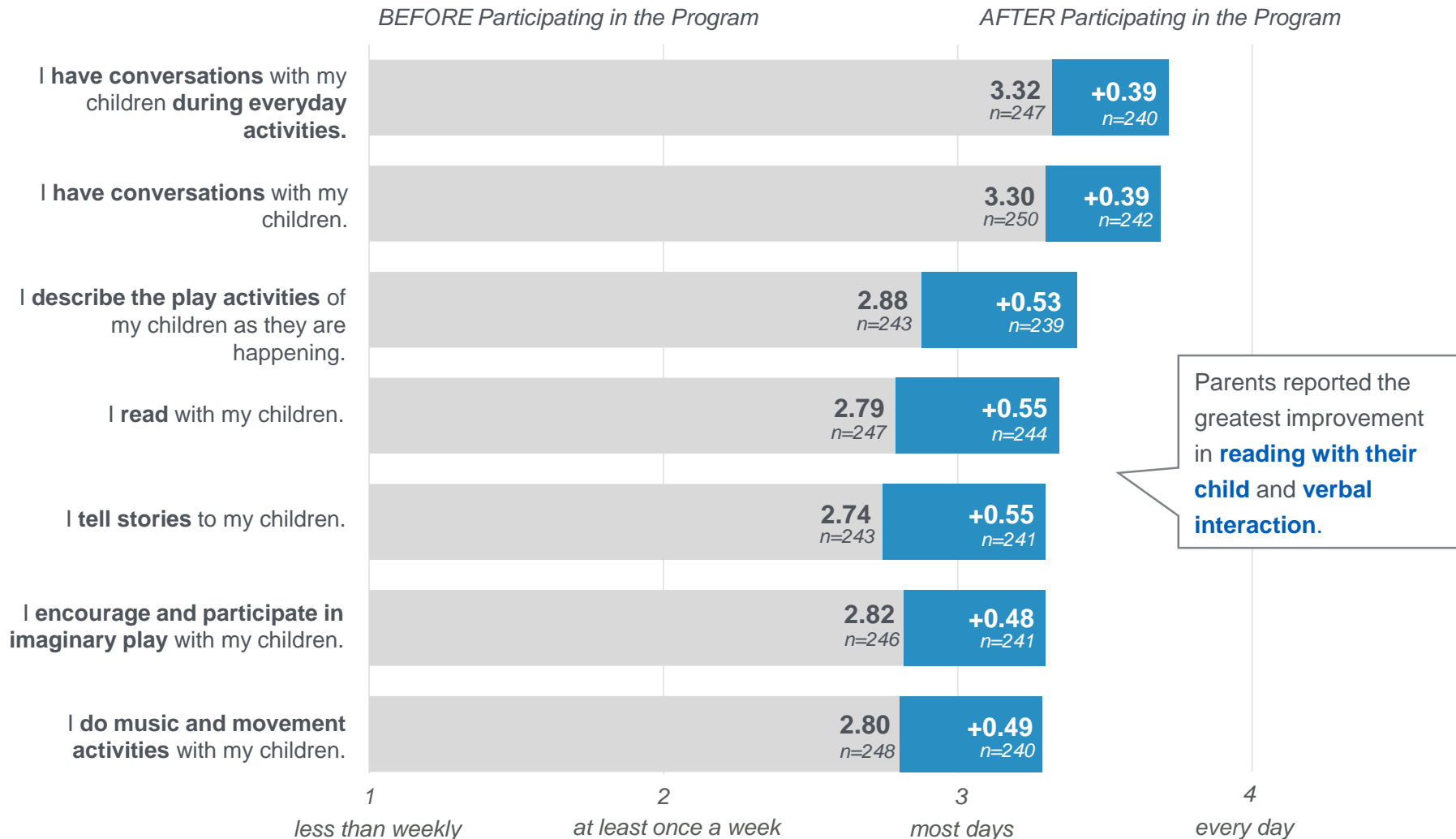
**Hours Spent in Front of Screen Pre-and Post-Program (n=231)**





At post-program, parents also reported increased interactions with their children.

Parents  
Reported Changes

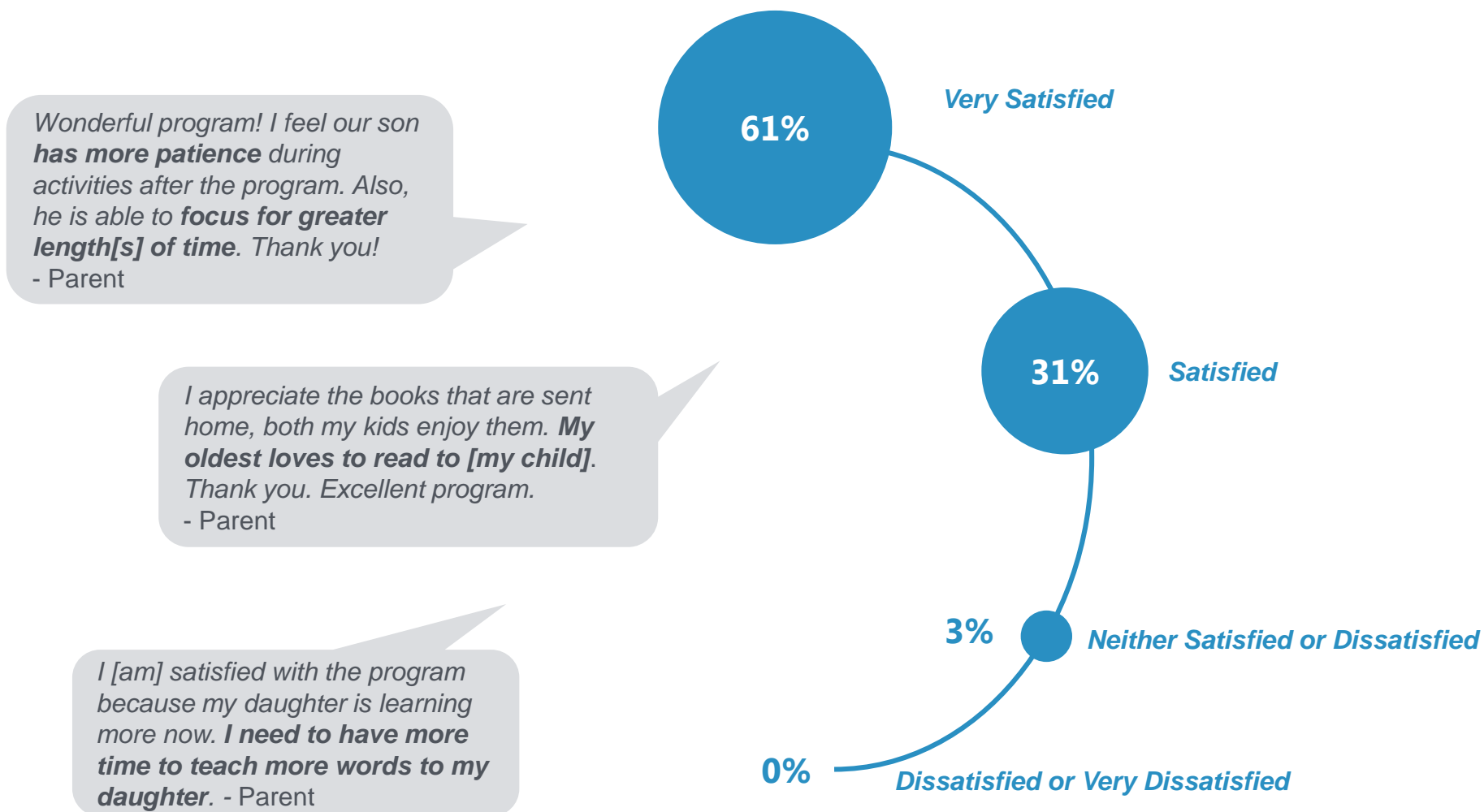


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More than 90% of parents reported that they were very satisfied or satisfied with the program (n=216).





## Changes in **Children**

## ELS reported positive changes in children throughout the course of the program.

Observed changes include:

- Increased use of **language**
- Increased and varied **vocabulary**
- Increased **ability to identify colors and numbers**
- Greater **engagement and enthusiasm** for activities
- Greater **interest in reading** books
- Increased **social-emotional maturity** through a calmer demeanor and increased understanding of a formal teacher-student environment

*When we started going to the house, the kids all over the place, and screaming, and [going] crazy, and [running] around. [Now when] they see me, they already calm down, and they already sit down, and they are ready for what's today[s] activities.*  
- ELS

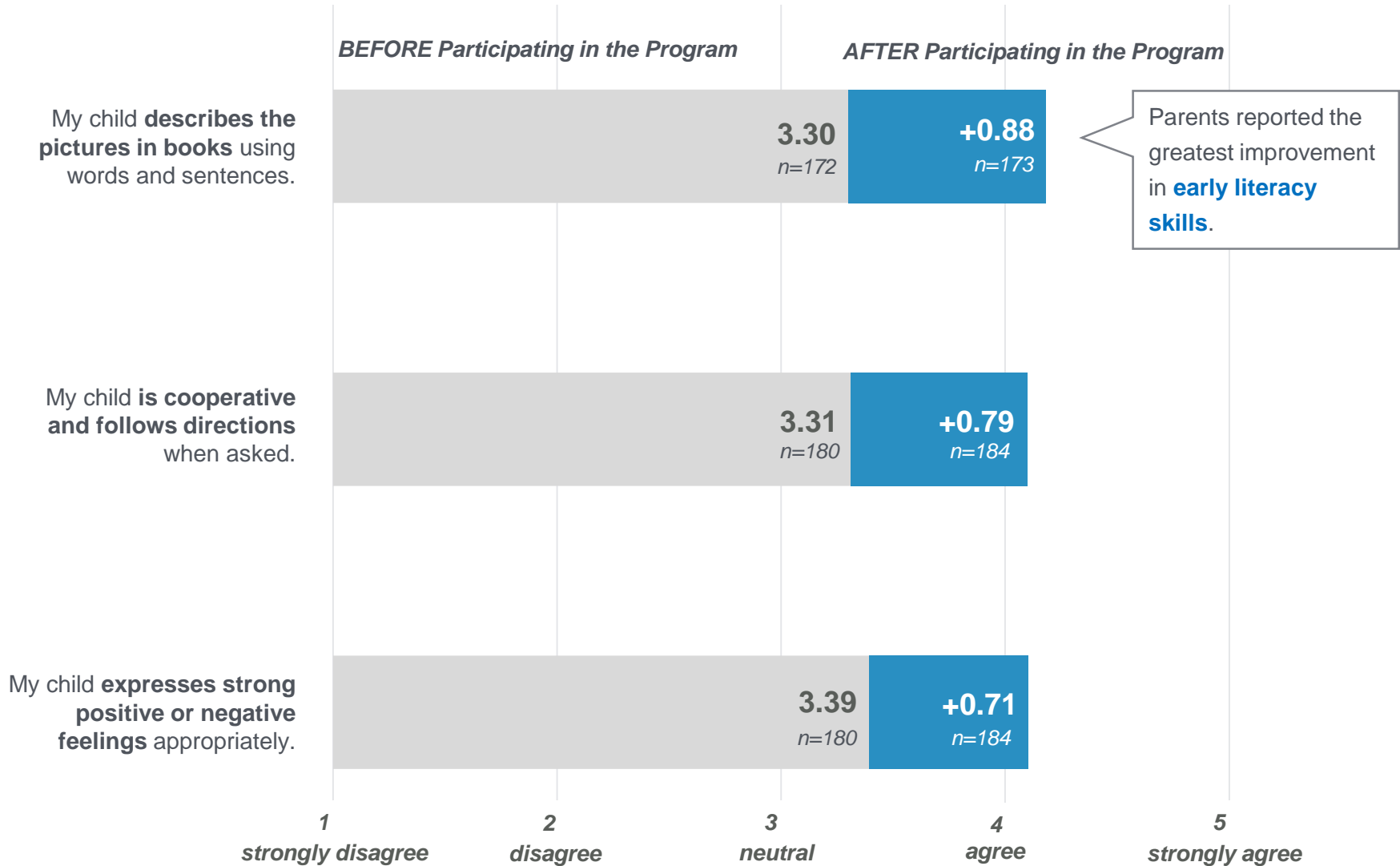
*In the beginning, they didn't use too much language. They didn't use answers or questions about the books that we brought, and the toys.*  
- ELS

*Some of them were very shy with me at first, and now they're not. And as I said, now they're pointing out colors to me or instantly counting something because they know that's the question I might ask, whereas before, they didn't do that.*  
- ELS

*And even the older kids, like at first, you know, I'm like, 'Hey, do you guys want to take turns reading with me?' And then they'd just look at me. And now it's just like, 'Oh, can we read?'*  
- ELS

Parents also reported changes in their children, average increases moved parents' observations from "neutral" to "agree."

Children  
Observed Changes



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HOME PROGRAM

## CBT scores show an increase in positive child behaviors at the Leake and Watts site in New York City.

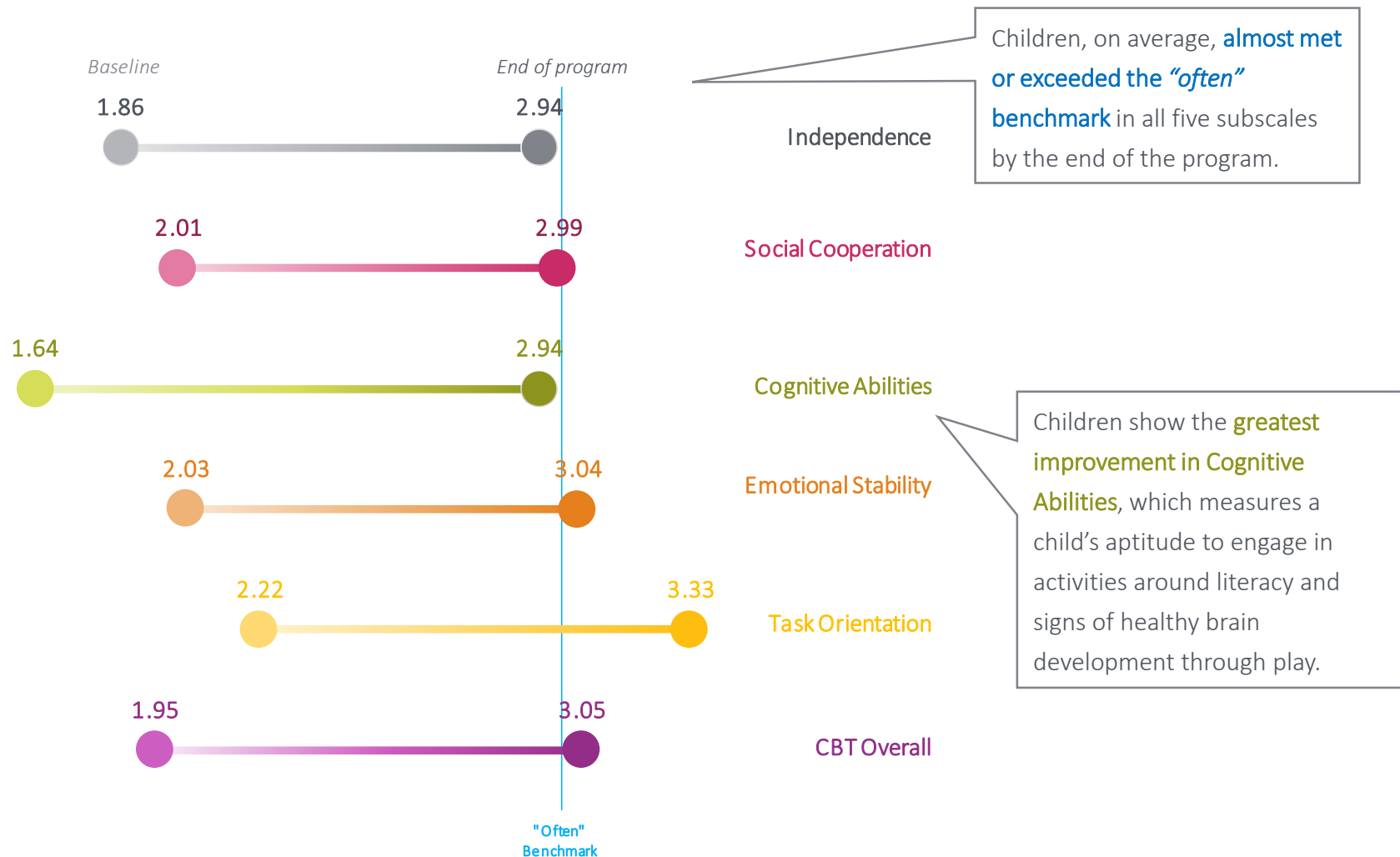
An analysis of average Child Behavior Traits (CBT) scores shows increases in children's positive behavior, from “rarely” at baseline to “often” at the end of the program (1.95 to 3.05), a significant increase of 1.09 points.\*

Time Point	Overall Mean (n=53)	Change from Baseline
Baseline	1.95	--
End of Program	3.05	1.09***

\*\*\*Significant at the  $p < .001$  level

\*Change from baseline to end of program does not add up exactly due to rounding.

CBT scores also show positive behavior gains in all measured subscales at Leake and Watts site (n=53).



The program effect (cumulative change from baseline to the end of the program) of each of the subscales and of the CBT overall is significant at  $p < .001$ .



While Leake and Watts provided a test case, more piloting is needed before the required use of a child outcome tool is added to the model.

Additional considerations include the burden on sites and assessing pre and post behaviors in an environment with a child population that is not constant.

When asked how they think about measuring child outcomes in the program, almost all Site Coordinators stated there was no need to do so because the focus is on providers or because assessing changes in children in an FCC setting would be difficult.

This suggests that if a child outcome tool is included, it will be important to establish site buy-in.

*I don't think that's a problem [the lack of a child outcome tool] because **we're measuring outcomes in [providers], and that's our focus.***

*- Site Coordinators*

*We do see changes in the children over that time. But **it would be hard to assess that, I think.***

*- Site Coordinators*

*Additional information on a potential child outcome tools and the pros and cons of several options is available upon request.*





## Beyond the Pilot: Considerations for Scaling



## Key takeaways about FCC model implementation

- The **model is adaptable to site and state requirements** and is successful in a variety of settings and constraints (unlicensed, QRIS mandated states, center-based\*).
- **Sites have flexibility** to adapt the model curriculum in order to meet unique needs of providers and families, increasing ease of implementation, reducing threshold to participation, and lowering burden on sites with additional supports.
- The **model is adaptable to ELS and provider experience** and expertise, and encourages creativity among ELS and providers by allowing them to come up with their own ideas and activities.
- The **model accommodates** a wide range of FCC sizes, from a few children to 20.

*\*This variable represents a specific case in SC, where the care settings identified as needing the most support and experiencing challenges typical of home-based care are faith-based settings, some of which are located outside the provider's home and thus technically considered "center-based."*



## Considerations for scaling

- Maintain fidelity to essential elements as the PCHP FCC network grows.
- Ensure capacity to provide one-on-one support at an increased scale.
- Define the ideal program length(s), visit sequence, site implementation schedule, and post-program support.\*
- Preserve model practice of providing books to all families and toys only to providers.
- Leverage state quality improvement systems to maximize FCC impact:
  - Distinctions between FCC model and state quality improvement interests (i.e., recruiting unlicensed providers).
  - Opportunities for aligning with state quality improvements (i.e., providing PD credits).
- Continue to increase parent engagement

\*Specifically, refine National Center recommendations for length and visit sequencing, as functions of specific need and landscape presented by each site and the providers with whom they are working.



## Future evaluation considerations

- Consider whether a child outcome tool is worthwhile as its inclusion could be burdensome for sites and ELS.
  - Determine whether there is a viable/manageable tool to determine impact on different age groups.
  - Also, consider whether child measures can truly be administered in an FCC environment.
- To reduce burden of data collection as the program goes to scale, consider collecting a retrospective pre-post survey with providers and a post survey with parents.
- As the program grows, perform further statistical analysis on which variable is leading to greater gains among providers (e.g., is a 48 week program length driving change or is it a 4 visit sequence).
- Provider and parent voice is limited to survey data. Find more ways to evaluate change from their perspective through, for example, interviews and/or focus groups.

Thank You



PCHP would like to thank the Altman Foundation for their generous support of this endeavor.

For more information on PCHP and the Family Child Care model, please visit our website: [www.parent-child.org](http://www.parent-child.org)

## STRENGTHS

## APPENDIX A

### *Evaluation Strengths & Limitations*

Interview, survey, and assessment data provide a variety of data sources that help triangulate insights and findings.

Data is representative of varying implementation formats including provider status (licensed and unlicensed), model sequence (2 visit and 4 visit), and program length (8 weeks, 12 weeks, 24 weeks, and 48 weeks), increasing our ability to assess reported outcomes.

Voices of Site Coordinators, Early Learning Specialists (ELS), providers, and parents are represented in the data.

The analysis process included coding qualitative data for themes and descriptive and inferential analysis of quantitative data.

## LIMITATIONS

Data reflect a sample of perspectives of pilot participants. We highlight learnings but do not claim that all participant perspectives are represented.

Potential response shift bias between pre and post survey data may limit our ability to attribute differences to the program.

Program implementers (ELS and providers) collected data, and PCHP staff interviewed ELS, both of which could affect respondents' candidness.

Interview participants were selected and invited to participate by PCHP, which created the potential for recruitment bias.

Differences in site implementation may make it difficult to generalize across sites. **In spite of these limitations, common themes held across sites.**

# Site implementation at a glance: WA and NY

State	Site	Length of Program		Sequence	Materials sent home	Population
WA	Cottonwood Elementary School Yakima <i>Years as FCC site: 2</i>	2 years	48 weeks	2-visit	12 books and guide sheets	Latina/Hispanic
	YWCA King County Seattle <i>Years as FCC Site: 1</i>	1 year	24 weeks	2-visit	12 books and guide sheets	Somali and African American
	Chinese Information Services Center Seattle <i>Years as FCC Site: 1</i>	1 year	24 weeks	2-visit	12 books and guide sheets	Somali and Chinese
	Atlantic Street Center Seattle <i>Years as FCC Site: 1</i>	1 year	24 weeks	2-visit	12 books and guide sheets	African American
NY	Westchester Jewish Community Services Westchester <i>Years as FCC Site: 9</i>	2 years	48 weeks	4-visit	6 books and guide sheets	Latina/Hispanic and African American
	Leake & Watts Bronx <i>Years as FCC Site: 3</i>	1 year	24 weeks	4-visit	6 books and guide sheets	Primarily Latina/Hispanic
	Nassau BOCES Long Island <i>Years as FCC Site: 3</i>	1 year	24 weeks	4-visit	6 books and guide sheets	Latina/Hispanic and African American



# Site implementation at a glance: SC and MA

State	Site	Length of Program		Sequence	Materials sent home	Population
SC	Florence School District 1 Florence <i>Years as FCC Site: 2</i>	1 year	12 weeks <i>off cycle</i>	2-visit	12 books and guide sheets	Primarily African American
	Somerville School District Somerville <i>Years as FCC Site: 5</i>	2 years	48 weeks	2-visit	12 books and guide sheets	Latina/Hispanic and Brazilian
MA	*Child Care of the Berkshires Berkshires <i>Years as FCC Site: 1</i>	1 year	8-week <i>mini program</i>	2-visit	6 books and guide sheets	Caucasian
	*Collaborative Educational Services Northampton <i>Years as FCC Site: 1</i>	1 year	8-week <i>mini program</i>	2-visit	6 books and guide sheets	Caucasian
	*Leominster Public Schools Leominster <i>Years as FCC Site: 1</i>	1 year	8-week <i>mini program</i>	2-visit	6 books and guide sheets	Latina/Hispanic and Caucasian
	*Worcester Public Schools Worcester <i>Years as FCC Site: 1</i>	1 year	8-week <i>mini program</i>	2-visit	6 books and guide sheets	Primarily Latina/Hispanic
	*Family Nurturing Center Boston <i>Years as FCC Site: 1</i>	1 year	8-week <i>mini program</i>	2-visit	6 books and guide sheets	Primarily Latina/Hispanic
	*Montachusett Opportunity Council Fitchburg <i>Years as FCC Site: 1</i>	1 year	8-week <i>mini program</i>	2-visit	6 books and guide sheets	Latina/Hispanic and Caucasian

\* These sites had additional requirements from the state of Massachusetts, a program funder



ORSIMPACT



PARENT-CHILD  
HOME PROGRAM



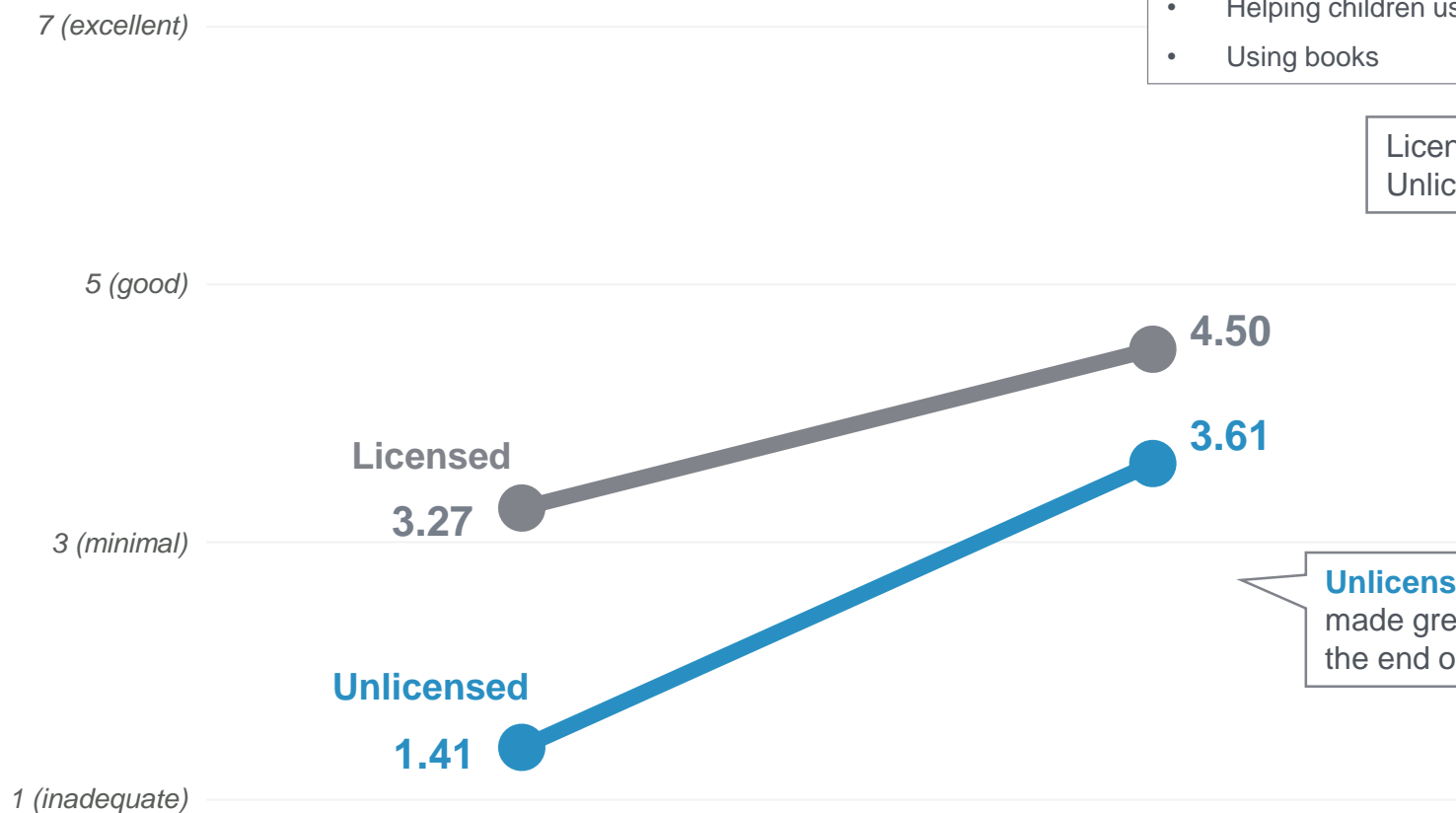
## Listening and Talking Subscale

**Licensed** providers have a higher score at baseline, but **unlicensed** providers make larger gains by the end of the program.

### Listening and Talking Items

- Helping children understand language
- Helping children use language
- Using books

Licensed (n=56)  
Unlicensed (n=13)



The difference in gains between status (licensed vs unlicensed) was significant at  $p < .01$ .



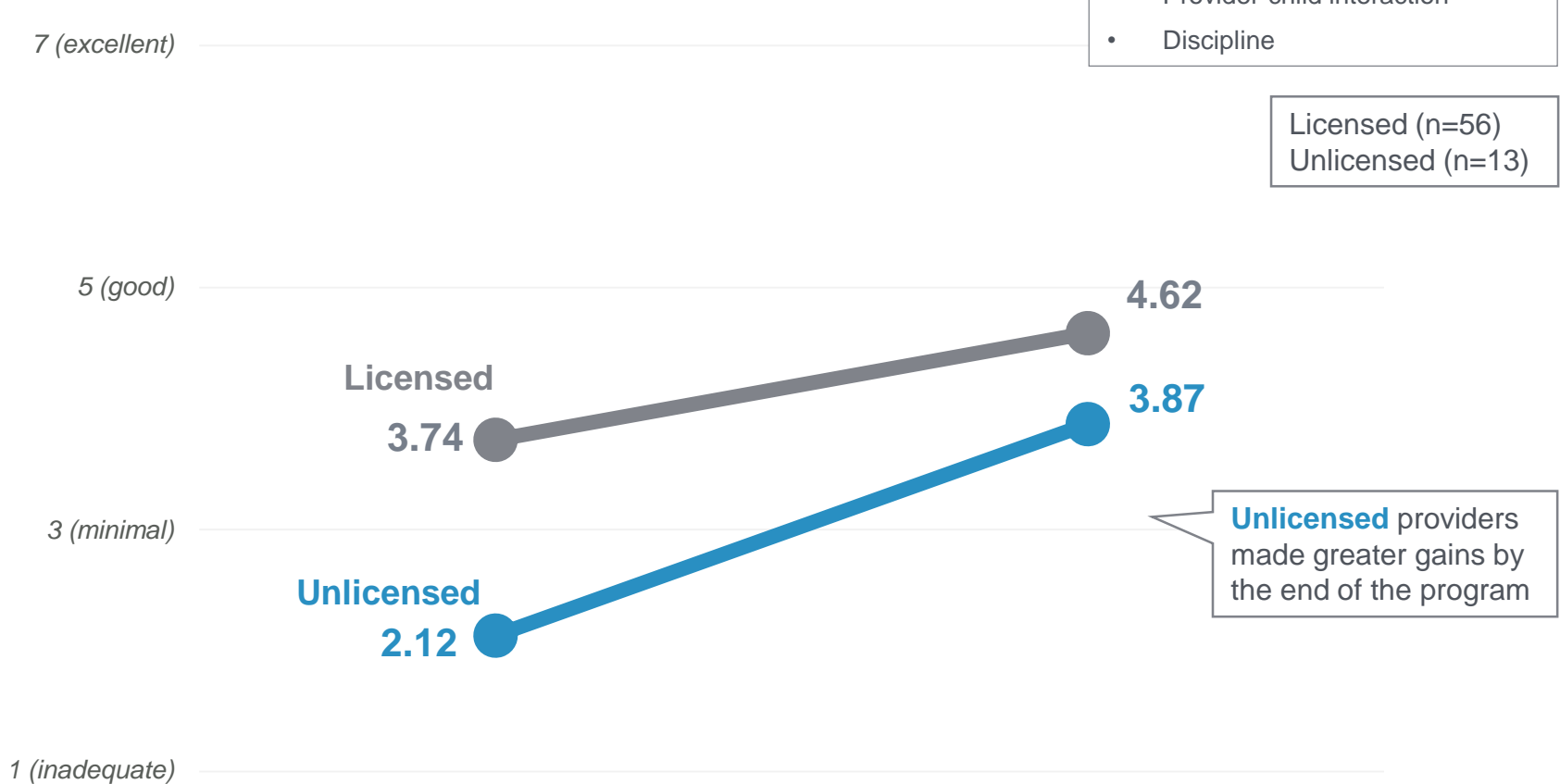
ORSIMPACT



PARENT-CHILD  
HOME PROGRAM

## Interactions Subscale

**Licensed** providers have a higher score at baseline, but **unlicensed** providers make larger gains by the end of the program.



The difference in gains between status (licensed vs unlicensed) was significant at  $p < .05$ .



## Activities Subscale

**Licensed** providers have a higher score at baseline, but **unlicensed** providers make larger gains by the end of the program.



The difference in gains between status (licensed vs unlicensed) was significant at  $p < .01$ .



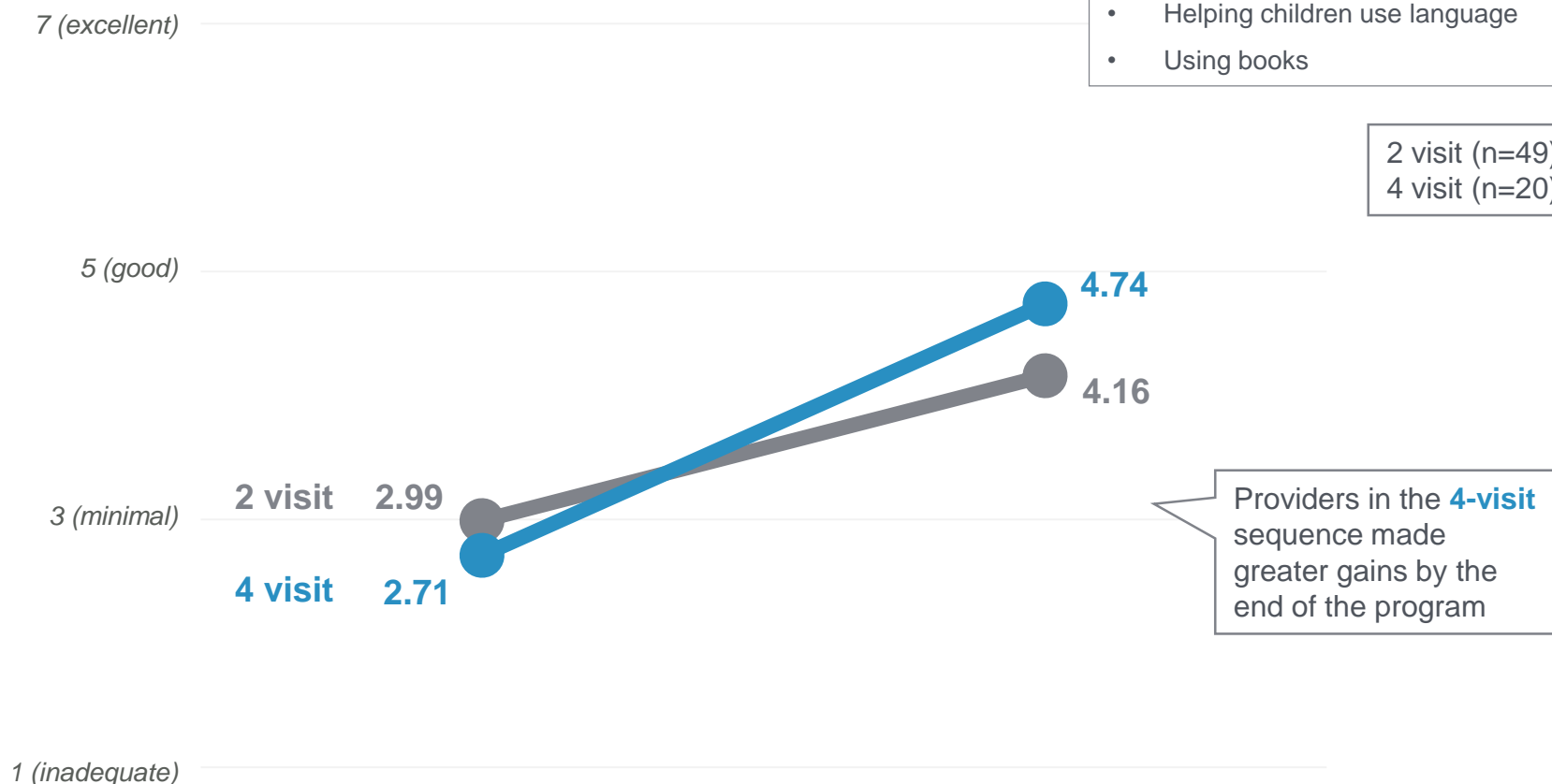
## Listening and Talking Subscale

Providers in the **2 visit** sequence had a higher score at baseline, but providers in the **4 visit** sequence made larger gains by the end of the program.

### Listening and Talking Items

- Helping children understand language
- Helping children use language
- Using books

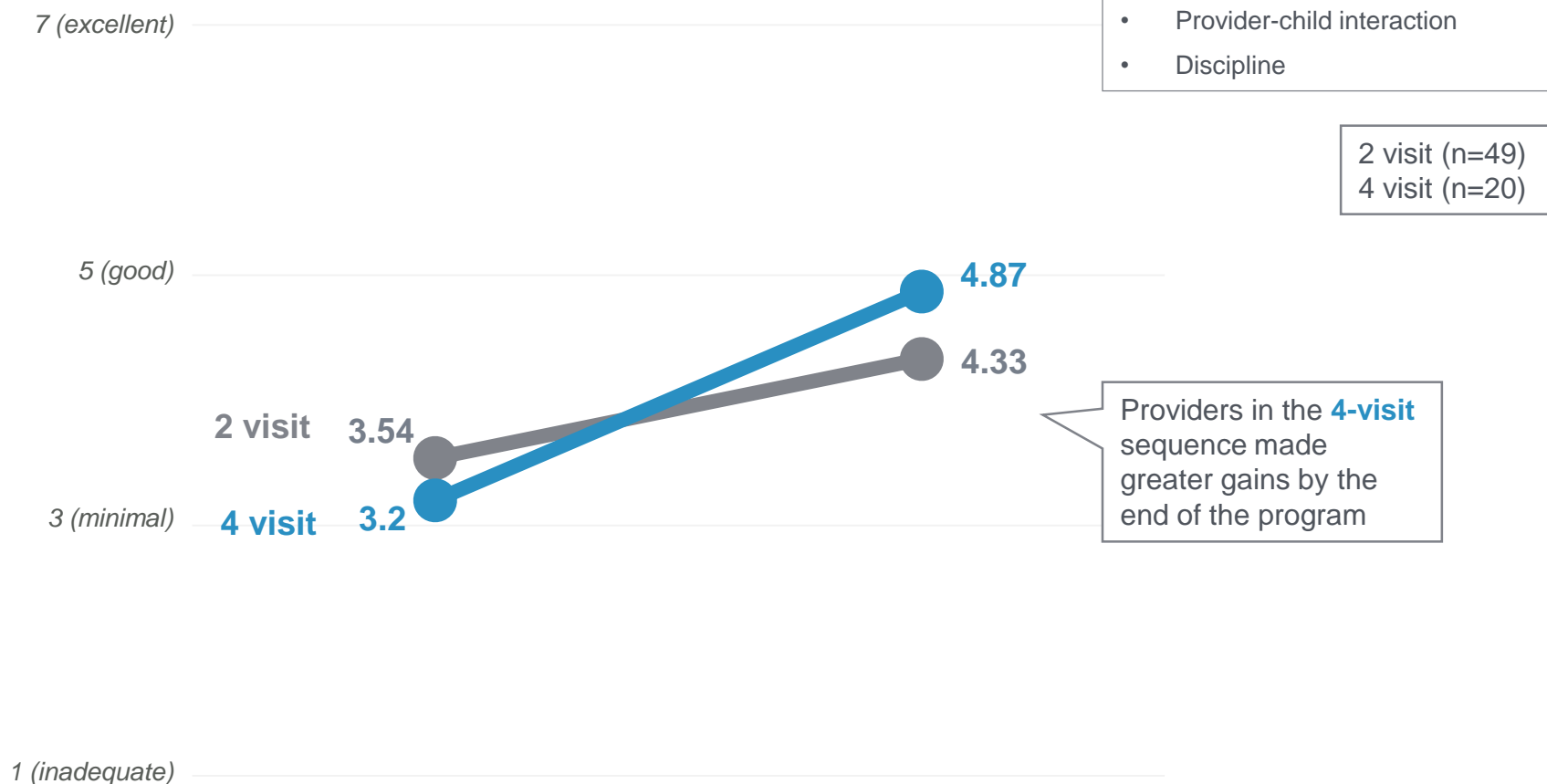
2 visit (n=49)  
4 visit (n=20)



The difference in gains between visit sequences (2 visit vs 4 visit) was significant at  $p < .01$ .

## Interactions Subscale

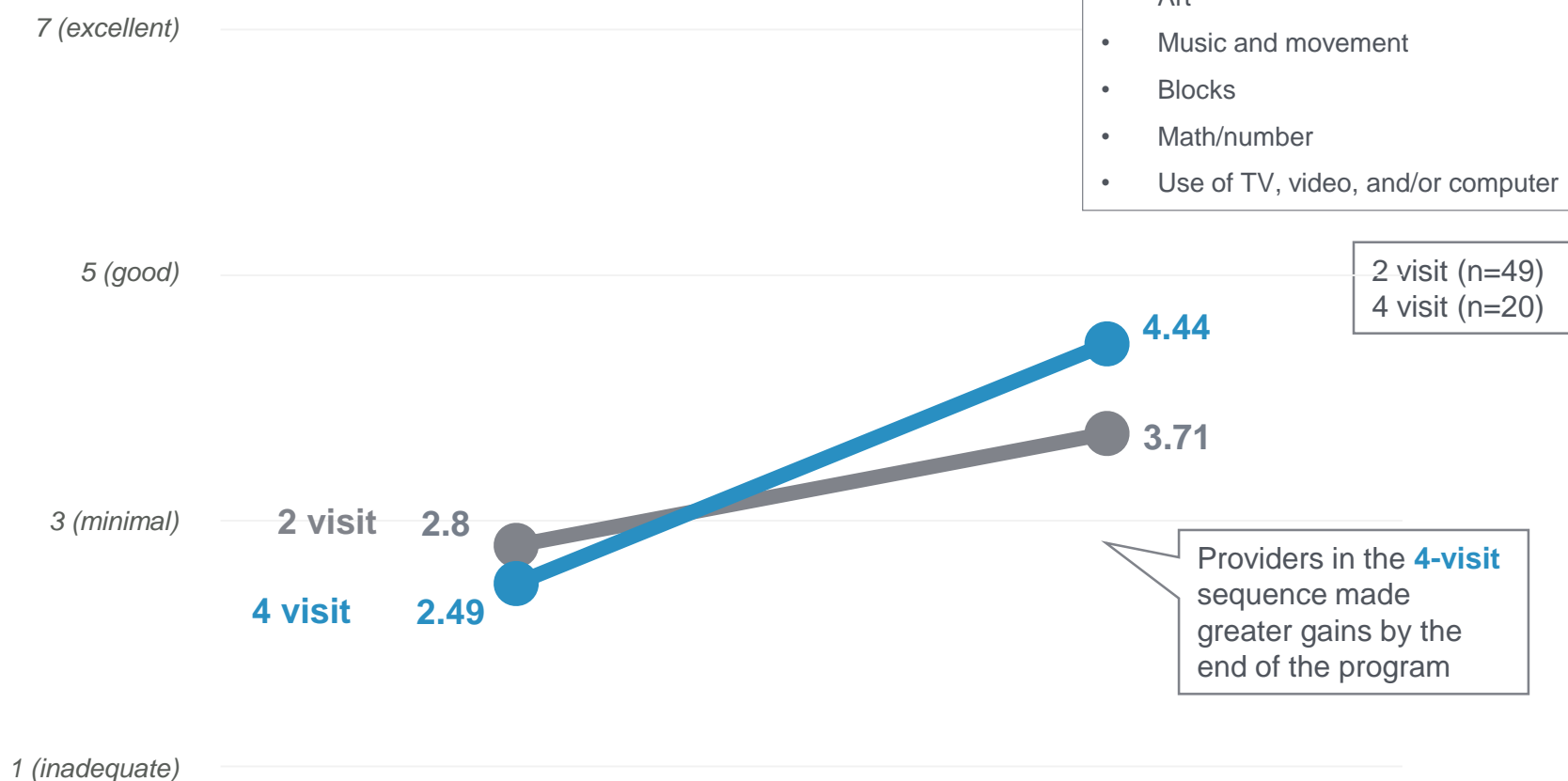
Providers in the **2 visit** sequence had a higher score at baseline, but providers in the **4 visit** sequence made larger gains by the end of the program.



The difference in gains between visit sequences (2 visit vs 4 visit) was significant at  $p < .05$ .

## Activities

Providers in the **2 visit** sequence had a higher score at baseline, but providers in the **4 visit** sequence made larger gains by the end of the program.



The difference in gains between visit sequences (2 visit vs 4 visit) was significant at  $p < .01$ .



# Listening and Talking Subscale

Providers in a **24 week** and **48 week** program made greater gains than providers in a **8 or 12 week** program

*(Due to the timing of some public funding, a set of sites (with providers who had to be recruited quickly) initially implemented an 8-12 week mini-program. Those sites are now all implementing full 24-week programs.)*

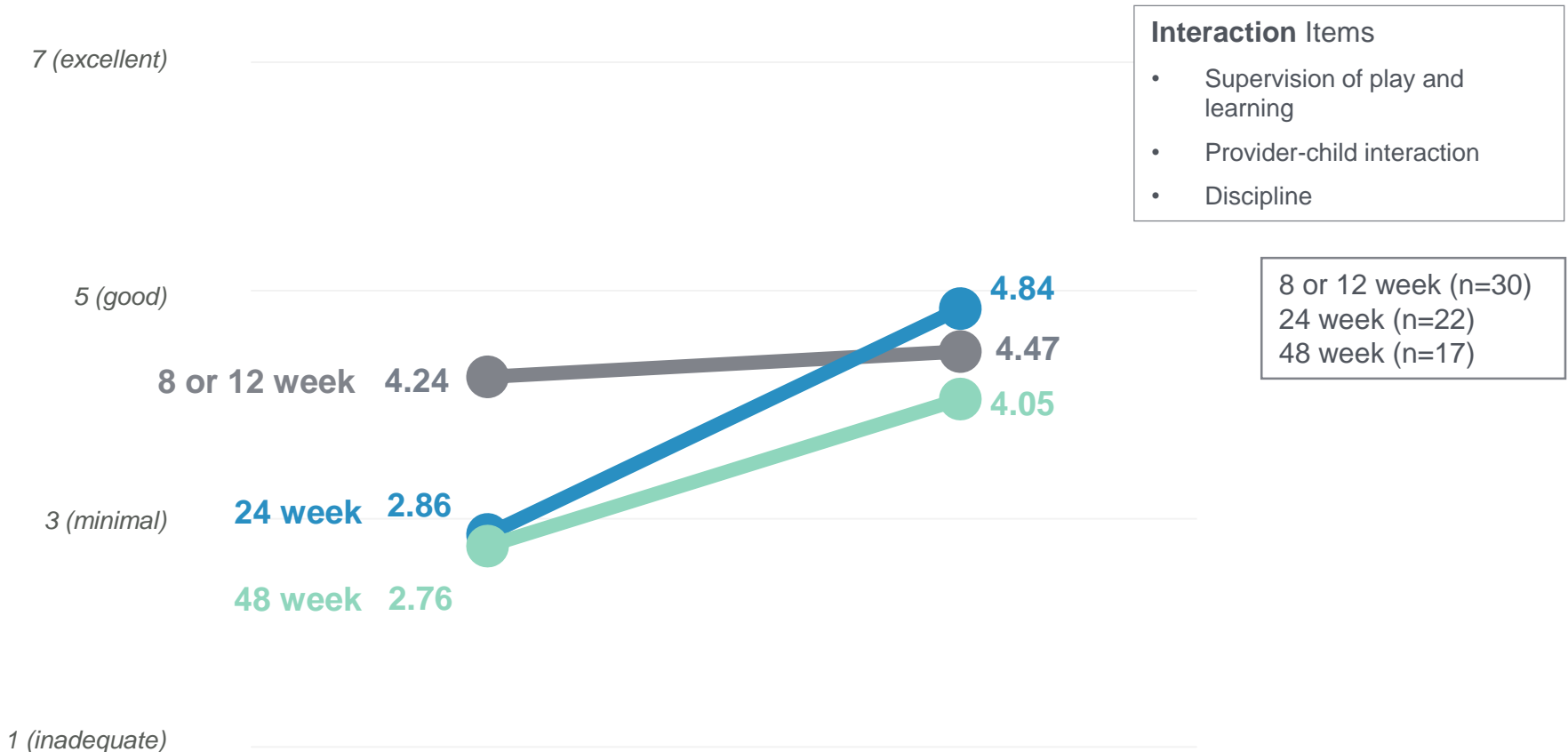


The difference in gains between 8 or 12 week and 24 week and 48 week was significant at  $p < .001$ .  
There was no significant difference in gains between providers in a 24 week or 48 week program.

## Interactions Subscale

Providers in a **24 week** and **48 week** program made greater gains than providers in a **8 or 12 week** program

*(Due to the timing of some public funding, a set of sites (with providers who had to be recruited quickly) initially implemented an 8-12 week mini-program. Those sites are now all implementing full 24-week programs.)*



*The difference in gains between 8 or 12 week and 24 week was significant at  $p < .001$ .*

*The difference in gains between 8 or 12 week and 48 week was significant at  $p < .05$ .*

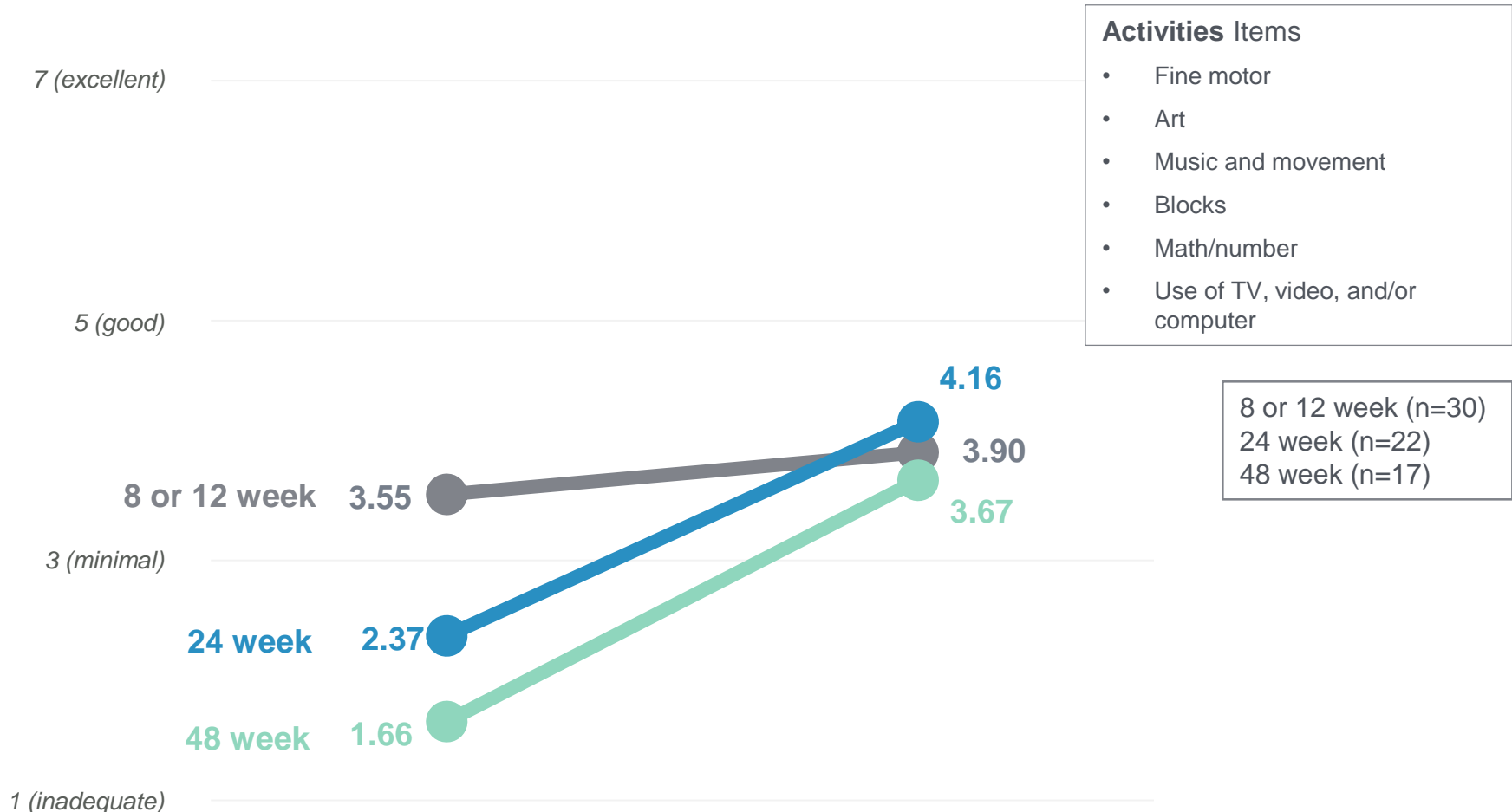
*There was no significant difference in gains between providers in a 24 week or 48 week program.*



## Activities Subscale

Providers in a **24 week** and **48 week** program made greater gains than providers in a **8 or 12 week** program

*(Due to the timing of some public funding, a set of sites (with providers who had to be recruited quickly) initially implemented an 8-12 week mini-program. Those sites are now all implementing full 24-week programs.)*

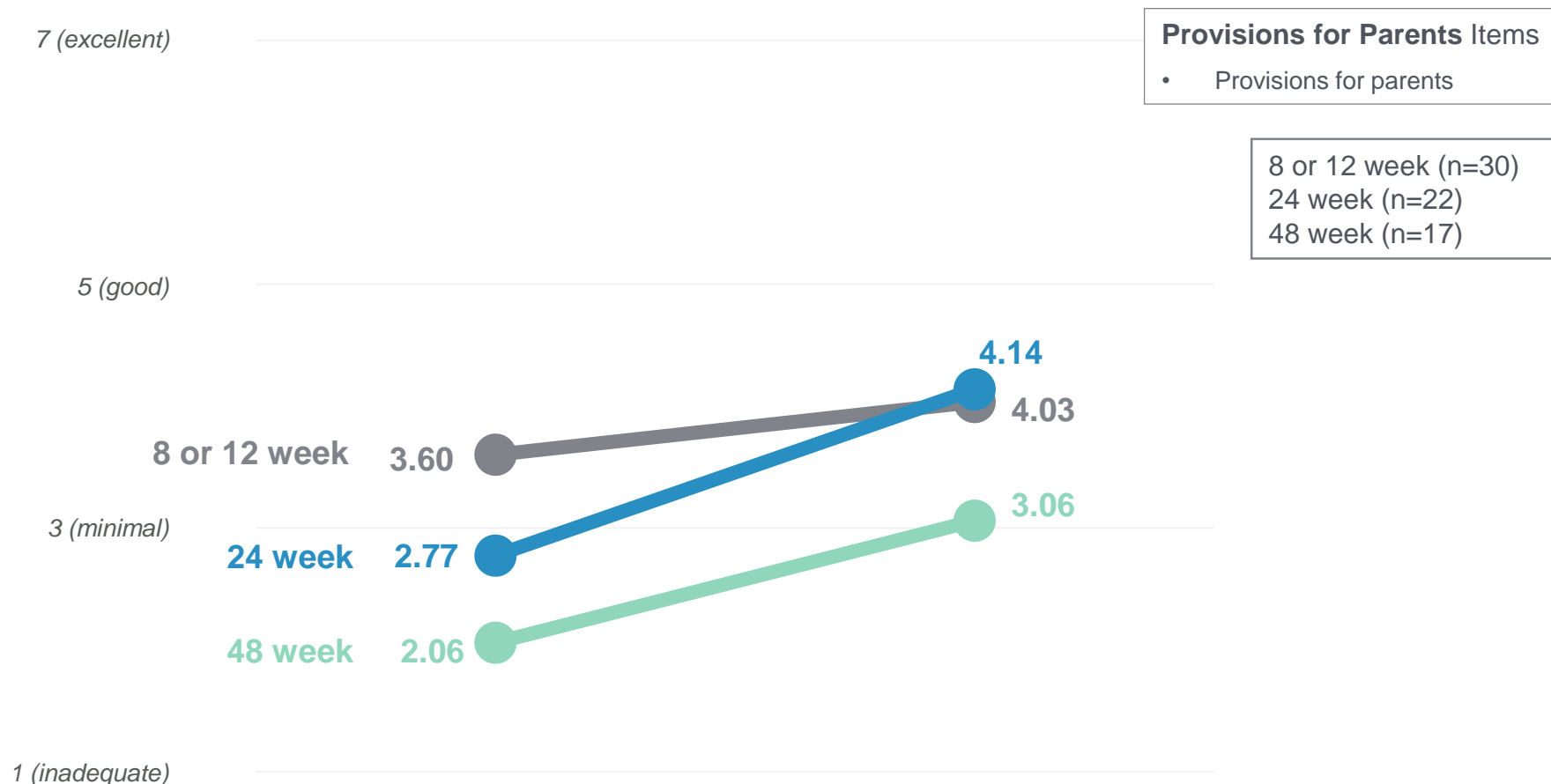


The difference in gains between 8 or 12 week and 24 week and 48 week was significant at  $p < .001$ .  
There was no significant difference in gains between providers in a 24 week or 48 week program.

## Provisions for Parents Subscale

Providers in a **24 week** program made greater gains than providers in a **8 or 12 week** program

*(Due to the timing of some public funding, a set of sites (with providers who had to be recruited quickly) initially implemented an 8-12 week mini-program. Those sites are now all implementing full 24-week programs.)*



The difference in gains between 8 or 12 week and 24 week was significant at  $p < .05$ .

There was no significant difference in gains between providers in a 8 or 12 week or 48 week program.

There was no significant difference in gains between providers in a 24 week or 48 week program.