



Family, Friends & Neighbors

Year 1 Evaluation Report

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1 Executive Summary

The Family, Friends and Neighbor Care program was designed to assist home child care providers with learning through play, child development and behavior, literacy and child-adult interactions. The program Year 1 was conducted 7/2009-6/2010 and recruited 72 providers. The staff of 4 part-time coaches conducted 523 home visits and 139 playgroups during Year 1. Also a total of 462 incentives were distributed to providers throughout the year.

FFN achieved four of its five main goals during Year 1.

Goal 1: Improve interactions of the provider with child

- ✓ All (100%) of providers increased scores from pre to post
 - Overall, the increase in CHELLO scores from pre-assessment (mean = 9.3) to post-assessment (mean = 11.4) on this subsection was statistically significant (n=33; p<.0001)

Goal 2: Increase the number of literacy activities

- ✓ From pre to post, 97% of providers (n=32) had a positive increase in their Literacy Environment score. All but one of the providers scored at Fair or Excellent at post assessment.
 - 64% (21) of providers increased their score by 1-10 points
 - 33% (11) of providers increased their score by 11-20 points

Goal 3: Have a positive effect on learning development and social skills

- ✓ The program shows a positive effect on learning development and social skills.
 - Children enrolled for 6 months gained more than typical in language development (PPVT)
 - Providers increased provision of age appropriate literacy
 - From the parent survey, 100% of parents (n=15) reported noticeable changes in their child's skill level since becoming involved in the FFN program.

Goal 4: Increase access to community resources for providers and children

- ✓ The program increased access to community resources through referrals made to resources (31), field trips and materials distributed to providers.

Goal 5: Increase the percentage of children with developmental delays that are referred for early interventions.

- This goal could not be evaluated during Year 1 because referral information was limited to resource name only; it did not include any information about developmental delays. In the future, the program should collect the delay identified, method of identification, resource referred to, and referral outcomes.

Evaluation and program implementation considerations are addressed in Section 6 (p.24) of this report. Several key evaluation findings include:

- At the end of the year, 64% (21) of FFN providers were interacting with the children they cared for at the CHELLO's Exemplary level (with 36% at the basic level and none at the deficient level).
- Findings from the PPVT show strong evidence that FFN contributed to a statistically significant increase in PPVT-IV standard scores between pre- and post-test overall. The gain was an average of 4 standard score points and indicates growth at a rate greater than that expected without the intervention.
- Parents and providers articulated noticeable improvements in children's learning development and social skills.

2 Introduction

2.1 Background

First Steps designed the Family, Friends and Neighbor (FFN) to improve the quality of early care and education of children in Kent County that are cared for by someone other than their parents or guardians in home care settings. From July 2009 through June 2010, the FFN project staff provided services to enrolled home care providers, such as provider home visits, playgroups, networking services and workforce development. The project was focused on the 49507 zip code area in Grand Rapids, the community in Kent County with the greatest number of families who get financial assistance from the state to pay relatives and aide providers.

There were five main goals established for the FFN demonstration project:

1. Improve interactions of the providers with the child
2. Increase the number of literacy activities
3. Have a positive effect on learning development and social skills
4. Increase access to community resources for providers and children
5. Increase the percentage of children with developmental delays that are referred for early interventions

The impact of these primary goals is to ensure children receiving services have the social, emotional and cognitive skills they need to be successful in school. This evaluation report contains three sections:

- Population Served, pg. 5
- Services, pg. 7
- Goals, pg. 9
- Program Implementation, pg. 14

Progress on each of the five goals stated above is reported on in the Goals section. However, long-term impact for this pilot year is not evaluated, as this is a time-specific impact (kindergarten readiness) and the majority of children involved were less than 5 years old.

2.2 Methodology

Evaluation activities were conducted by SRA, FFN Consultant Barbara Rapaport, and Phillips Wyatt Knowlton, Inc. The following methods were used to gather data and feedback on Year 1 project implementation and outcomes:

Program Data and Surveys

Program data collection was conducted by FFN project staff throughout the year. Demographic, service and assessment data were entered into an Access database designed by SRA. Project data was collected from July 2009 through June 2010. Parent surveys were designed by SRA and administered to parents at meetings and by coaches during home visits (were given to providers to give to parents). In total, 15 parents completed surveys.

There were 72 **providers** recruited to FFN during Year 1. Of those, 54% (39) were considered **full dose participants**, meaning they were active in the program six to thirteen months. Conversely, 46% (33) of providers were active in the program less than six months.

Interviews and Focus Groups

Over a three week period in July 2010, Barbara Rapaport conducted interviews with representatives from 3 different groups. Each group was engaged to varying degrees in the program which accounts for the difference in the amount of time spent soliciting their feedback:

- Coaches (4) – 1:1 telephone interviews with individuals who conducted home visits and facilitated monthly playgroups (60-90 minutes)

- Partners (4) – 1:1 telephone interviews with individuals representing community organizations who shared responsibility for project management given the program’s status as a demonstration project (15-30 minutes)
- Stakeholders (3) – 1:1 telephone interviews with individuals who served as the key point of contact at playgroup locations (hubs); only 3 of 4 contacts could be reached for these interviews (15 minutes)

On July 22, 2010 Barbara Rapaport facilitated two focus groups with providers involved with FFN for at least six months of home visiting services and who had a high level of playgroup participation. In total, 21 providers attended and participated in these focus groups (54% of full dose FFN providers).

CHELLO

The Child/Home Environmental Language and Literacy Observation (CHELLO) was used by FFN to assess the following:

- 1) Literacy environment – availability of resources and the organization of the home-care environment
- 2) Group/Family Observation – language and literacy instructional and social supports

The CHELLO is specially targeted to examine the environmental structure and process language and literacy features in what is known as family, friend, and neighbor care¹. The CHELLO overall score has been shown to be correlated with growth in children’s language skills (PPVT), phonological skills, and ability to do language-oriented mathematical problems².

Of the 72 providers recruited to FFN during Year 1, 54% (39) were full dose participants (were active in the program six to thirteen months). In order to be assessed by the CHELLO, the provider had to be a full dose participant. Of the 39 full dose providers, FFN was able to complete pre and post assessment on 33, representing 85% of the full dose providers and 46% of all providers recruited to FFN during Year 1.

PPVT

The Peabody Picture Vocabulary Test (PPVT-IV) was used to measure the receptive (hearing) vocabulary of children being cared for by FFN providers³. Vocabulary assessment is strongly related to reading comprehension ability and correlates highly with general verbal ability. It is tool for measuring an individual’s response to instruction or vocabulary growth in general. It is particularly useful in assessing preschool children. Vocabulary acquisition is an important indicator of a child’s linguistic and cognitive development and readiness for formal schooling.

37 preschool aged children participating in the First Steps program were assessed in the Winter (Dec09/Jan10, pre-test) and 30 were assessed in the Summer (Jun-Jul/10, post-test) using the PPVT-IV. Those 29 children with both a pre- and post-test assessment are included in this analysis. A quasi-experimental approach (non-equivalent groups’ design-NEGD) was used to conduct the analysis. This type of analysis statistically controls for differences among children on the pre-test when calculating the significance of the change between the pre- and post-test (program effect). A NEGD is the strongest experimental design available when a comparison or control group has not been used.

¹ Neuman, S.B., Koh, S. & Dwyer, J. (in press). CHELLO: The Child/Home Environmental Language and Literacy Observation. *Early Childhood Research Quarterly*.

² http://www.nap.edu/openbook.php?record_id=12446&page=154

³ The PPVT-IV is a required assessment for the US Department of Education funded Early Reading First grants. This tool is standardized/normed by age in years and months for English speakers, with a score of 100 being the average score for a child taking the test at any given age. The standard deviation is 15 standard score points; thus the mean PPVT-IV for any child, assessed at any age, is highly likely to be between 85 and 115.

Analysis Populations Defined

There were several groups from which data was collected. Provided below are summary details and number in each group.

Demographics:

- Provider demographics = 72 providers recruited to the program in Year 1
- Children demographics = 158 children identified through home visits

Providers:

- Total providers = 72 (recruited to the program in Year 1)
- Full dose providers = 39 that received 6 months or more of program services
- Provider dropouts = 17 who had a reason recorded for ending services
- Less than full dose providers = 33
- Providers who participated in focus groups = 21

Coaches

- FFN coaches = 4 part-time staff

Parents

- Parents completing end of year survey = 15

Stakeholders

- Stakeholders interviewed = 3

CHELLO

- Providers with pre & post = 33

PPVT

- Children with pre & post = 29

3 Population Served

3.1 Providers

In the first year of services, the FFN recruited 72 home care providers as participants. The list below details demographic characteristics of the overall (n=72) provider population:

- **Race:** The majority of providers were African American (58%), with 24% Caucasian and 18% Hispanic.
- **Income:** 52% reported earning less than \$15,000 a year, with 32% reporting between \$15,000-35,000, and 15% over \$35,000
- **Language:** The majority of providers spoke English as their first language (87%); 12% Spanish
- **Age:** Most providers were over the age of 40 (71%)
- **Gender:** The majority of providers were women

FFN providers reported caring for an average of two children in their home, with a range of 1-8 (75% 1-2 children; 25% 3-8).

As shown in Table 1, records indicate that 54% of providers (39) were active in FFN services for 6 months for more, while 46% (33) were active 5 months or less.

Table 1: Length in service for providers

Months in program	n	%
1	6	8%
2	8	11%
3	8	11%
4	5	7%
5	6	8%
6	4	6%
7	5	7%
8	7	10%
9	7	10%
10	8	11%
11	2	3%
12	3	4%
13	3	4%
Total	72	100%

Overall, FFN delivered services to all providers an average of 6 months, ranging from 1-13. For the 39 full dose providers, length in service average 9 months (range 6-13 months).

While 33 providers received less than 6 months of services, some were simply recruited later in the year and had not progressed past the six month point at the conclusion of Year 1 (n=16). However, there were 17 providers who dropped out of services prior to the six month point. FFN coaches were able to collect data on reasons for program exit from 16 of the 17 dropouts:

- 44% No longer had child in care (n=7)
- 31% No shows/no response to communications (n=5)
- 13% Moved (n=2)
- 6% Too difficult to participate due to number of children (n=1)
- 6% Schedule changes (n=1)

3.2 Children

Providers reported caring for 158 children (77 female, 82 male) in their homes during the program year and 843 children were brought to the playgroups – Note: this number (843) reflects the total number of children attending playgroups for the year, but does not reflect the unique number of children that attended (this was not tracked).

Of the 158 children associated with providers receiving home visits, the average child age was 3 (range 4 months - 8 years of age). There was a fairly even split between boys (52%) and girls (48%). As shown in Table 2 below, the majority of the children cared for by providers were 1-4 years old (82%).

Table 2: Age of Children (cared for by providers)

Age	n	%
>1	2	1%
1-2	52	35%
3-4	69	47%
5+	24	16%
Total	147	100%

Missing=11

Similar in demographic characteristics to the providers, the children were a majority African-American (54%) or bi-racial (14%), with 16% Caucasian, 15% Hispanic, and 1% Indian. Almost all spoke English (92%), with 8% speaking Spanish as their primary language.

4 Services

The primary services provided by FFN coaches were the home visits with providers and the playgroups for providers and children.

4.1 Home Visits

FFN conducted 523 home visits with providers over the course of Year 1. The average number of home visits per provider was 7. As shown in Table 3, over half of the providers served received between 6-15 home visits.

Table 3: Visits per Provider

Number of visits	n	%
1-5	29	40%
6-10	23	32%
11-15	20	28%

It is important to note that the number of home visits was higher than the months in services because some providers received more than one home visit in a month. This usually happened because the coaches discovered they couldn't always do the assessments as part of the monthly home visit lesson. There may have been additional visits needed to complete the CHELLO and the PPVT (which was time consuming and required the particular child to be present). The ASQs also took more time than originally planned, and many of the providers had trouble completing it on their own (literacy issues) so coaches completed an ASQ on all children themselves.

4.2 Playgroups

Playgroups were usually held 16 times per month (at 4 different locations). In total, 75% (n=54) of all FFN providers attended at least one playgroup. Table 4 below shows the frequency of attendance.

Table 4: Provider Playgroup Attendance

Number attended	Overall (n=72)		Full Dose (n=39)	
	n	%	n	%
1-10	27	50%	17	44%
11-20	21	39%	18	46%
21-30	5	9%	3	8%
+30	1	2%	1	2%
Total	54	100%	39	100%

Average number of playgroups attended by providers was 10, ranging from 1-33. During Year 1, providers brought 843 children to the playgroups (again, this number does not reflect the unique number of children served).

SRA looked at differences between providers with high playgroup attendance (16+ times) and low attendance (1-5 times). In general, providers with high attendance were older, (all over 40), while 36% of the low attendees were under 40 years old. No differences were found in education levels between groups. For income, 52% of low attendees reported less than \$15,000 a year, while 70% of the high attendees reported incomes above \$15,000 (56% over \$25,000).

As reflected in the monthly playgroup data below (Table 5), the average number of providers attending each playgroup was 4 and average number of children brought to each playgroup was 6.

Table 5: FFN Playgroups (non-unique attendance)

FFN Playgroups	2009					2010						
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Number Held	6	5	11	11	12	16	14	16	16	16	16	139
Number of Providers Attending	9	12	35	38	63	53	49	62	85	86	74	566
Number of Children Attending	20	21	61	57	83	79	74	88	125	120	115	843
	Average											
Average # Providers Attending	2	2	3	3	5	3	4	4	5	5	5	4
Average# children Attending	3	4	6	5	7	5	5	6	8	8	7	6

4.3 Incentives

465 incentives were distributed to providers throughout Year 1. Incentives included learning-centric toys, such as games, puzzles and art supplies, as well as Meijer gift cards. The average number of incentives distributed to each provider was 4, with a range of 1-11. The number of incentives varied based on participation.

Table 6: FFN Playgroups

Incentives	Jul-Sep 09	Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Total*
Number of incentives distributed per quarter	28	93	159	182	462

*3 were missing date and not counted

5 Goals

The five main goals established for the FFN demonstration project were:

1. Improve interactions of the providers with the child
2. Increase the number of literacy activities
3. Have a positive effect on learning development and social skills
4. Increase access to community resources for providers and children
5. Increase the percentage of children with developmental delays that are referred for early interventions

As discussed in Section 1.2, home care environment assessments (CHELLO), child learning assessments (PPVT), interviews with coaches and stakeholders, program data, surveys of parents, and focus groups with providers were conducted in order to evaluate these goals. The following sections provide synthesized findings from analysis across these methods.

5.1 *Improve interactions of the providers with the child*

Coaches & Providers

Coaches were asked to rate the degree to which they felt they were able to assist the program in achieving one or more of its goals (5 being the highest and 1 the lowest). The coaches' average self-rating for improving interactions of the provider with the child was 4.8. Coaches specifically noted they were most successful with:

- Modeling behaviors that providers could later replicate with the children
- Reinforcing the value of reading by giving providers a book during each home visit
- Using the assessment tools as a basis for guiding providers on how to help children be prepared for school

This seemed to be corroborated by provider focus group feedback, the provider's (n=21) were able to list concrete examples of increased interaction, including:

- *We have a closer relationship*
- *My granddaughter is sharing a lot more and interacting with people*
- *I'm more patient*
- *I pay more attention to kids' reactions to instructions, etc.; see how he reacts.*
- *Learning to go by their interests instead of my own*

CHELLO

Within the Group/Family Observation section of the CHELLO assessment there is a subsection that focuses specifically on *Adult Affect*, *Adult-Child Interaction*, and *Management Strategies*. On this subsection, all (100%) of providers increased scores from pre to post.

Overall, the increase in CHELLO scores from pre-assessment (mean = 9.3) to post-assessment (mean = 11.4) on this subsection was statistically significant (n=33; p<.0001).

<p>CHELLO Interaction Subsection Scoring Scale</p>
<p>1-5 Deficient 6-10 Basic 11-15 Exemplary</p>

At the end of the year, 64% of FFN providers were interacting with the children they cared for at the CHELLO's Exemplary level (with 36% at the basic level; none at the deficient level).

5.2 Increase the number of literacy activities

Coaches & Providers

Coaches rated themselves at 4.1 for increasing the number of literacy activities providers conducted (5 being the highest and 1 the lowest). According to the coaches, many providers made important gains in literacy activities, including using resources provided by the coaches, learning about the importance of reading and interactive play and understanding age-appropriate learning activities. Coaches articulated some of these gains during their interviews:

Resources:

- *I interacted with a variety of providers, some very poor materially in that they didn't have any books, while some had every hi-tech toy available. What was great was being able to offer something to both extremes and particularly to those lacking resources.*
- *Some providers hadn't previously realized the importance of adapting the physical environment (e.g., making it so the child can reach things).*
- *I worked mostly with Latin American clients because I speak Spanish. None of them had children's books in their language, so we provided them so they knew how important it was to read in their native language.*

Importance of Reading

- *Another thing that I encountered multiple times was providers who couldn't read so they'd avoid books. One thing we repeated to them was: "You don't need to read to enjoy children's books with kids." We helped them see they could make up their own stories to go along with the pictures. They were more and more comfortable doing that. [Some] of my clients didn't read at all or their reading level was so low they couldn't possibly engage with children with children's books.*
- *One provider's grandchild wouldn't sit on her lap and read a story. After 6 months, it got to where she could read the story while the child sat on her lap. She was amazed since it was the first time the child would listen.*

Interactive Play

- *Many [providers] became more aware of the importance of play in relation to development.*
- *For some [children] (2 specifically who were hyperactive) the providers found it hard to cope with that and engage them. So a positive experience for me was to be able to model how to engage them. For example, when a child kept running away and the provider would be angry or embarrassed, I could help them see ways to engage the child on the child's terms.*
- *I saw much more patience in terms of interacting with their grandchildren. With some, at first, TVs were always on and kids were watching it most of the time. I saw much less of that by the end.*

Age-Appropriate Learning Activities

- *One provider didn't know what a 4 year old should be doing. Through the "Ages and Stages" questionnaire they found out about age appropriate activities. She then knew things to work on and there were many. She was very grateful even though she was only in the program for a little bit.*
- *Another person has a grandson who is quite energetic. But when I came there he was excited because of the tub of stuff I had with me. This provider turned off the TV which was a big step.*

CHELLO

Results from the CHELLO’s Literacy Environment section support the observations made by the FFN coaches. The Literacy Environment section assesses the provider’s *Book Area, Book Use, Writing Materials, Toys,* and *Technology* and is scored out of 26 points (see scoring scale).

CHELLO Literacy Environment Subsection Scoring Scale	
1-10	Poor
11-20	Fair
21-26	Excellent

As shown in Table 7, nearly half of providers (n=33) were assessed as Poor in literacy environment at pre-assessment and by post assessment all but one had increased to either fair or excellent.

Table 7: CHELLO Literacy Environment Pre and Post Scores

Score (n=33)	Pre		Post	
	n	%	N	%
Poor	16	48%	1	3%
Fair	17	52%	17	52%
Excellent	0	0%	15	45%

Overall, the increase from pre-assessment (mean = 11.1) to post-assessment (mean = 19.8) scores on the CHELLO’s Literacy Environment section was statistically significant (n=33, p<.0001). **From pre to post, 97% of providers (n=32) had a positive increase in their Literacy Environment score** (one provider’s score change was -4):

- 64% of providers increased their score by 1-10 points
- 33% of providers increased their score by 11-20 points

Of the 16 providers that scored Poor during their pre assessment, 75% (12) increased to Fair and 19% (3) to Excellent by post assessment, while 1 remained at Poor.

5.3 Have a positive effect on learning development and social skills

Coaches, Providers & Parents

Coaches rated themselves at 4.1 for improving learning development and social skills in children (5 being the highest and 1 the lowest). In general, coaches associated social skills improvement more closely to the playgroup environment and learning development with the home visits.

Providers reported positive effects on children’s learning development and social skills as a result of *both* the home visits and playgroups. Provider comments related to changes in social skills included:

- *Home visits helped with social skills, with an adult teacher at home and other kids in playgroups.*
- *Home visits helped me engage with another adult.*
- *My grandson was apprehensive. He learned to relate with both girls and boys.*
- *[Child] communicates and shares with others outside the family. Plays with neighbors now instead of just family.*
- *My grandson would run from one activity to another at first; learned to sit and focus on one activity and engage other kids.*

Provider comments related to changes in learning development included:

- *His mother has other children so [she] doesn’t work with him enough. He went from pointing and grunting to asking for help. The coach helped me get through that stage of development.*
- *[FFN] helped granddaughter go further working with blocks.*
- *One-on-one helped her with her speech and to come out of her shell.*
- *His vocabulary has grown from the [playgroup] days.*
- *[The FFN] activities have helped develop motor skills.*

From the parent survey (n=15), 100% of **parents** reported noticeable changes in their child’s skill level since becoming involved in the FFN program. Some examples provided by parents include:

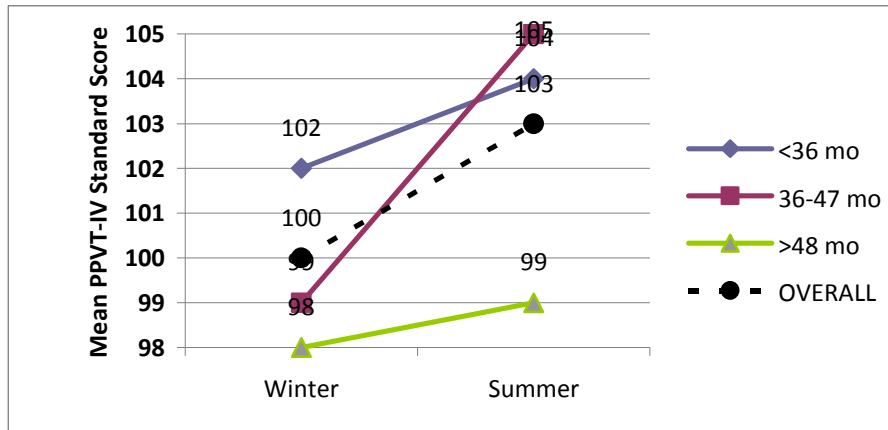
- *He wants to read books and write.*
- *He’s a lot better at sharing and being social.*
- *My daughter is more sociable, her vocabulary has increased and is more confident as a 3 year old.*
- *She talks more.*
- *She’s doing very well in school since she’s been in this program.*
- *He shows an interest in reading a lot more.*

PPVT

FFN⁴ used the PPVT⁵ to measure the receptive (hearing) vocabulary of children and adults. The PPVT was only administered to children 2½ year old or older, with 29 children assessed both pre and post. A quasi-experimental approach, non-equivalent groups’ design (NEGD), was used to conduct the analysis⁶.

The US Department of Education has determined that a difference of 4 standard score points between pre- and post-test indicates significant influence of Federal preschool programs on receptive vocabulary. **As shown in Figure 1, overall FFN children demonstrated statistically significant gains as measured by the PPVT-IV (NEGD, p<.05).** Although, mean score differences were detected by age, these meaningful differences were not statistically significant. There is a large amount of variation in scores and a relatively small number of children in each category, such that differences by age or gender could not be statistically verified.

Figure 1: Comparison of PPVT-IV Scores by Age Category (n=29)



In addition, the US Department of Education has determined that a score of 85 or better indicates a preschool child demonstrates age appropriate oral language. Nearly all of the First Steps children tested had pre-test scores demonstrating age appropriate oral language (93%). At the end of the six month period between pre- and post-test all First Steps children demonstrated age appropriate oral language (100%). The increase in proportion of children demonstrating age appropriate oral language between pre-

⁴ FFN’s PPVT analysis and reporting were conducted by Phillips Wyatt Knowlton, Inc.

⁵ PPVT measures the receptive (hearing) vocabulary of children and adults. Vocabulary assessment is strongly related to reading comprehension ability and correlates highly with general verbal ability.

⁶ This type of analysis statistically controls for differences among children on the pre-test when calculating the significance of the change between the pre- and post-test (program effect). A NEGD is the strongest experimental design available when a comparison or control group has not been used.

and post test is statistically significant overall (NEGD, $p < .05$). No differences in performance were attributable to age or gender.

These data provide strong evidence that FFN has contributed to a statistically significant increase in PPVT-IV standard scores between pre- and post-test overall. This gain of an average of 3 standard score points indicates growth at a rate somewhat greater than that expected without the intervention.

5.4 Increase access to community resources for providers and children

Coaches, Providers & Parents

Coaches rated themselves at 2.8 for increasing access to community resources for providers and children (5 being the highest and 1 the lowest). Coaches conducted the Ages and Stages Questionnaire with each provider on all children in the home care environment. Coaches showed providers how to use the developmental screening instrument and referred all FFN providers to the Connections program (a free program for families with children ages 0-5 that provides developmental information to parents).

Providers were asked about their experiences with field trips during the focus groups ($n=21$). For those who had participated, they also were asked if the trip was their first visit to the site and if they would return on their own in the future. Feedback from the focus group participants is listed below:

- Providers who participated in field trips felt they were beneficial. Meijer Gardens afforded the children the opportunity to be exposed to something “as high class as that... [which helps in] raising my granddaughter to be exposed to something as attainable as that.” The butterflies taught them “that they need to be gentle with bugs.”
- The Zoo provided the children with a chance to “see live animals other than in books” and it became a catalyst for increased oral communication (e.g., one provider heard her granddaughter “tell people about the trip to the zoo” and another observed that because the kids ask questions it “gives you a chance to talk and answer questions”).
- The trip to the Children’s Museum was also enjoyable because it’s a different kind of museum, one in which you “don’t have to be quiet and you can play.” In general, the trips made the kids “feel independent, like the field trips they hear about in school.” When asked if they’d return to the sites, the providers said they would (e.g., admission at the Children’s Museum on Thursday nights is only \$1.50). However, transportation to Meijer Gardens was seen as a challenge.

In addition, as the FFN coaches identified provider and children needs, they would refer them to community resources. In total, 31 referrals were made during Year 1. The list below denotes the resources participants were referred to:

- Arbor Circle ($n=6$)
- Preschool ($n=5$)
- Food Program ($n=3$)
- DHS ($n=2$)
- Internet ($n=2$)
- Library ($n=2$)
- 4C Referrals ($n=1$)
- Early On ($n=1$)
- Head Start ($n=1$)
- Healthy Homes ($n=1$)
- Hearing check ($n=1$)
- Licensing ($n=1$)
- Literacy Council ($n=1$)
- Restorers ($n=1$)
- United Way ($n=1$)

5.5 Increase the percentage of children with developmental delays that are referred for early interventions

Although coaches rated themselves at 3.3 for increasing referrals for developmental delays, this data was not tracked during the program year and this goal could not be evaluated. Referral information was limited to resource name (see section 5.4) and did not include any information about developmental delays. Future developmental delay data collection needs to track delay identified, method of identification, resource referred to, and referral outcomes.

6 Program Implementation

As with any new project, there were implementation and service issues to explore, as well goals to work toward. Evaluation of these issues involved qualitative methods, including the stakeholder and coaches interviews and provider focus group feedback.

6.1 The Value of Home Visits and Playgroups

Much thought was given as to the relative value of home visits vs. playgroups. Both providers and coaches were specifically asked which offered the greater value. Feedback can be generally summarized as:

- The coaches articulated that home visits offered the opportunity for a wider range of assessment and development activities to be emphasized as well as for trust-based relationships to develop between the coaches and providers. These relationships enabled the coaches to focus on specific needs – those of the provider and the children in their care.
- The providers expressed value could be found in both types of service, with playgroups affording the children in their care much needed social interaction and the home visits providing them with new skills.

6.2 Provider-Coach Relationships

The FFN coaches were asked if they were successful, in general, in connecting with their providers. Every coach (4) indicated that rapport-building with the providers was the focus of their efforts early in the program and that developing mutual trust was key. Once these relationships were established, the providers were more inclined to share critical concerns that went beyond the developmental needs of the children.

Coaches appreciated being trusted enough to be asked to offer guidance on some of these issues. Words to describe these “good connections” include: non-judgmental, mutual, accountable, sincere and friendly. Some FFN Coach comments related to good provider coach connections included:

- *It took time to establish a connection at the beginning. I developed a good relationship with providers I worked with so that they were comfortable sharing information. By building a relationship, the amazing thing is they trusted me enough to share things about difficulties they were having with grandkids and their life in general.*
- *[At the beginning] it was just a nice person coming into their home...by the end they trusted me as a friend. Some felt nervous at the beginning and by the end were at ease. Some were cautious and didn't want to show me their weaknesses (e.g., that they couldn't read) and by the end they did.*

When asked about “challenging connections” with providers (specifically if any of the providers were more difficult to connect with) coaches related challenges stemming from having different perspectives (from the providers) - for example, a provider who didn't understand how to use a cab. Something that was taken for granted by the coaches was completely foreign to the provider. Feedback from the coaches shows the pride the coaches took in not rushing to judgment, staying the course with these individuals and seeing how their coaching efforts contributed to being able to work through difficulties:

- *I had somebody who had a real different personality than me and I could really work with her. She was loud, boisterous. When she got frustrated about a cab issue she said: “I won’t deal with this anymore, just cancel me.” Being able to talk that through was great. It took a while to build a relationship with her. Around Christmas she called me to give me her new phone number. She demonstrated [proactive] little things like that to connect back with me.*
- *Some were difficult because it was hard to get in touch with them. They were very reluctant to let me come in the door the 1st time or even the 2nd time. They didn’t know who this person was. Once in the door, however, they stayed with the program unless they stopped watching the kids.*

6.3 Readiness for School – Provider & Child Learning

Coaches worked to share information and model ways to enhance the children’s readiness for school. The providers feedback from the focus groups was that they valued these efforts, responding with a unanimous “yes” when asked if their coaches were supportive and respectful towards them. Providers were able to indicate the most helpful things they learned, as well as what specific activities they were able to continue doing on their own, whether it was modeled by the coach in a home visit or part of what they observed at the playgroups.

These key learnings indicated knowledge of specific activities that would enhance literacy and fine motor skills. Plus, they extended to broader topics such as discipline, infant to toddler transitions, and how to handle children exhibiting challenging behaviors. Table #8 provides examples given of these key learnings.

Table 8: Educational Impact of Relationships on the Provider (and Children)

Learned from Playgroups	Learned from Home Visits
<ul style="list-style-type: none"> • Uses markers – drawing and painting. • Reading books more often. • He’ll bring me a book to read. • Cutting paper, using foam, activities. • Used grocery store idea to help him put things away (put the grocery store away...take toys out, and clean up and put them back). Before we weren’t doing nearly as much as we are doing now. Spent too much time in front of TV. Now we do activities instead. Books very helpful. • Caught butterflies. • Much more creative things...have done lots of reading, but now more important. • Make things to play with. • Social interaction...asks if we can go to the park, play areas. Engaging other kids now. • Everyone is interacting more! 	<ul style="list-style-type: none"> • Helpful ideas, like don’t have TV on too much. • Ideas about weaning from the bottle. • Suggested time out for granddaughter rather than spanking. • Potty training ideas and help. • I spend time with 2 year old now; he listens to me and gets focused. • Has a temper and this has helped calm him down and relax. Puts himself in a time out. • FFN taught me to use her own imagination rather than listening to my expectations (e.g., It’s OK for a cat to be purple!) • Pamphlets that they leave behind, books they provide. • Helped me handle crying...diversions rather than just telling him not to cry. • Helped with how to work with his motor skills. • Social skills and motor skills improved immensely. Mother has other children so doesn’t work with him enough. He went from pointing and grunting to asking for help. • Helped <i>me</i> more than the kids. Things that are already in the home can be used for development. Importance of putting in time. I know the kids so much better. • Helped me get through the language barrier; I teach him the alphabet using games.

6.4 FFN Coaches

FFN coaches conducted recruitment, participated in trainings, provided home visiting and playgroup services, and conducted assessments of children and providers involved in FFN services during Year 1. Table 9 below shows the number of providers recruited by each coach and the average number of months their group of providers received services (coach data has been de-identified).

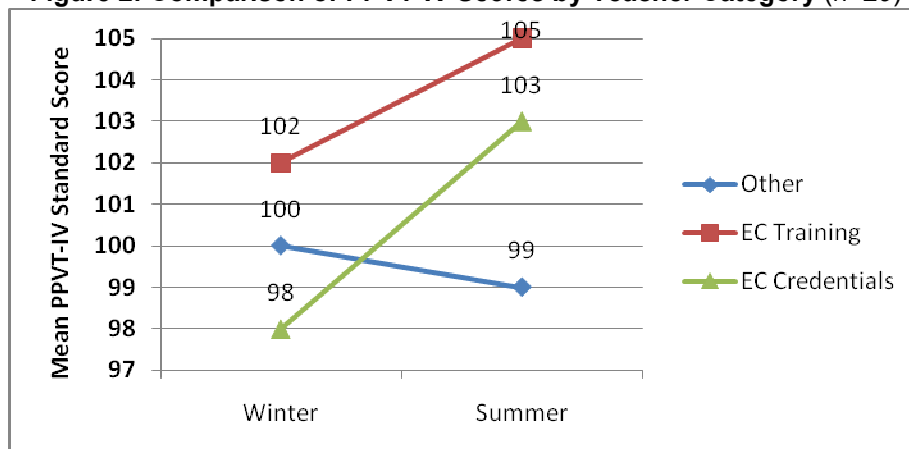
Table 9: Coach Data

Coach	Number of providers recruited	Avg months in program
A	17	7
B	20	6
C	18	8
D	17	4

Evaluation of children’s outcomes on the PPVT was compared to FFN coach education/background. For the Year 1 coaches (4), 21% of the children included in the NEGD analysis had support provided by staff with neither training nor credentials specific to early childhood (e.g., social work and/or family studies); 45% were supported by staff with early childhood education teaching credentials; and 34% by staff with child development training.

Figure 2 below illustrates the influence of FFN disaggregated by the amount of early childhood specific content/practice knowledge and skills possessed by assigned staff.

Figure 2: Comparison of PPVT-IV Scores by Teacher Category (n=29)



Those children served by FFN staff with neither training nor credentials specific to early childhood (other) demonstrated a mean loss of 5 standard scale point between pre to post testing. This does not necessarily mean that these children, on average, “lost” receptive vocabulary. It means that they “grew” at a rate somewhat slower than that predicted for their age at the time of testing. Children who grow proportional to age at time of testing would have standard score pre and post within ±4 points.

Those children served by staff with early childhood training demonstrated a gain of 3 standard score points between pre and post. These children also grew in receptive vocabulary within the range predicted for their age. However, children served by staff with early childhood teaching credentials demonstrated a gain of 5 standard score points. These children grew at a rate somewhat faster than that predicted for their age.

When differences in pre-test scores are statistically controlled, the variation between pre- and post test scores across teachers is statistically significant overall (NEGD, $p < .05$). In this instance, staff with early childhood preparation had stronger impact than those without.

These data provide strong evidence that staff with early childhood specific background have significantly stronger impact on the receptive vocabulary scores of participating children. The evidence supports a clear dose-response relationship proportional to the amount of early childhood preparation held by staff.

6.5 Program Costs

Table 10 shows what was spent on the FFN demonstration project during the 12 month period of the evaluation (ending 6/30/10). Although it appears that \$29K was left at the close of the period, this financial report does not include: 1. Final payments budgeted for project partners, or 2. First Steps’ authorized project extension costs for the months of July and August. First Steps chose to extend the project until the one year evaluation report was completed in August.

Table 10: FFN Planned vs. Actual Budget

Category	Planned \$	Planned %	Actual \$	Actual %	Difference \$	Difference %
Administration	\$16,870	8.65%	\$15,551	7.97%	\$1,319	0.68%
Supervisor Salary & Benefits	\$14,880	7.63%	\$21,433	10.99%	-\$6,553	-3.36%
Other Staff Salary and Benefits	\$8,965	4.60%	\$5,986	3.07%	\$2,979	1.53%
4 PT Consultant Coaches	\$94,248	48.33%	\$89,587	45.94%	\$4,661	2.39%
Training for Coaches	\$3,760	1.93%	\$2,646	1.36%	\$1,114	0.57%
Supplies/Equipment	\$15,700	8.05%	\$7,783	3.99%	\$7,917	4.06%
Incentives for Providers	\$21,327	10.94%	\$14,537	7.45%	\$6,791	3.48%
Transportation	\$5,850	3.00%	\$2,648	1.36%	\$3,202	1.64%
Child Care for Meetings	\$2,500	1.28%	\$1,181	0.61%	\$1,319	0.68%
Parent Meetings	\$2,250	1.15%	\$1,050	0.54%	\$1,200	0.62%
Translation Services	\$1,000	0.51%	\$550	0.28%	\$450	0.23%
Mileage	\$4,650	2.38%	\$1,813	0.93%	\$2,837	1.45%
Communication & Mailing	\$3,000	1.54%	\$1,219	0.63%	\$1,781	0.91%
Totals	\$195,000	100.00%	\$165,985	85.12%	\$29,015	14.88%

6.6 Preparation Time for Coaches

Coaches were asked to discuss the degree to which they prepared for home visits and playgroups. They helped set the context by explaining that there were some decisions made after the program had begun that helped expedite the preparation for these activities. For example, initially (about 3-4 months) the coaches rotated the responsibilities for developing the monthly theme for the playgroups and the monthly curriculum for the home visits. Once the coaches realized how “labor intensive” these planning efforts were, they decided to dedicate responsibilities for either one or the other.

Coaches estimated that preparing the monthly themes for the playgroups could take anywhere from 6 hours to 2-3 days. The variance was likely because of the different ways each coach understood the content and then synthesized it so that their peers could readily use it. They also reported that playgroup individual prep time was between 30-90 minutes.

For home visiting monthly curriculum development, coaches report anywhere between 3 hours and 2-3 days, which included taking what was in the curriculum plan and expanding the one activity for each age level since there was a wide range of ages (0-5) that needed to be supported. Coaches also reported spending 15-20 minutes after a home visit to write up the visit and about an hour to create follow-up materials.

In addition, it appears the amount of time it took personally for each coach to prepare for every playgroup or home visit depended on their own learning style. Most stated that they studied and organized materials for home visits only once at the beginning of the month so that the preparation time prior to each one was simply travel time. Lastly, nearly all of the coaches expressed in their own words the following sentiment: “It got easier as we went along because we figured out how to do it faster.”

6.7 Communication

Scheduling of Home Visits

The degree to which the coaches could positively impact the providers’ knowledge and application of child development practices rested on their ability, as they would say, to “first get in the door.” To that end, coaches were asked to comment on the difficulty they encountered in the scheduling of home visits. Every coach indicated that, to some degree, they did not have full confidence that the provider would actually be at home at the time of a scheduled visit. Overall, however, the coaches estimated that this was a chronic problem with only a very small percentage of the population they worked with – that it was the exception rather than the rule.

To limit the degree to which scheduled appointments were missed, the coaches would schedule the next home visit prior to wrapping up and then initiate 1-2 reminder calls. While not a foolproof solution, they believed these reminder calls cut down significantly on the number of missed home visits. The typical reasons for missed home visits were initially a lack of trust with the client, otherwise very legitimate reasons (child being picked up early or illness).

Frequency and Value of Meetings

Coaches, stakeholders and partners were asked about the frequency and value of program meetings. Most saw value in the purpose, content and scheduling of these meetings. However, depending on the group, some saw more value in them than others.

The coaches initially met weekly for the first few months and then bi-weekly for the remainder of the year. This was seen as sufficient given that there was a great deal of informal communication that happened among the coaches in between the scheduled meetings.

All of the stakeholders reported staying in touch with the coaches to a satisfactory degree. They indicated they had effective professional relationships with the coaches and that they could trust that they would be able to support one another if any problems surfaced or additional resources were required (e.g., a bus for a field trip). A few mentioned that if anything couldn’t be resolved between them and the coaches, they knew who to contact at First Steps or Kent Regional 4C.

- **Coaches** appreciated the time they spent together both formally and informally. They also appreciated being empowered to reduce the amount of time spent formally meeting as a team once they gained proficiency in their role.
- **Stakeholders** felt that the interactions they had with the coaches were sufficient to share information and problem-solve issues that surfaced at the hub location. They did not participate much, or at all, in the partners’ meetings and did not believe it would have been a good use of their time given the role they played in supporting the program.
- **Partners** indicated that the meetings were a good way to foster collaboration.

6.8 Training of Coaches

Coaches were asked specifically if they felt they had been given sufficient training for the job and to comment on the degree to which they felt supported around training needs. Ideas for future training topics were also solicited.

Every coach felt that they had been given sufficient training, taking into account the fact that the training had to support individuals who were from various educational backgrounds (e.g., social work, child development and education). They were equally grateful for the formal training they received from Kent Regional 4C and the more informal coaching and support they gave to one another. Some of their specific comments are captured below:

Training Support

- *In particular, the support provided by Sue Eastman of Arbor Circle was seen as particularly important. One coach expressed the sentiment felt by all the coaches when she said: "I loved the connection with Arbor Circle. Sue was a key piece in being able to process some of the issues that were happening with the providers. Monthly meetings with her were really valuable."*
- *Another coach expressed the mutual high regard the coaches felt for one another in this way: "Because we were multi-disciplinary in our groups, we trained and supported each other.... This job is a mesh between social work and teaching. There are social issues we run into that teachers aren't necessarily knowledgeable about (e.g., around dealing with lower socio-economic populations)."*
- *The group felt totally supported by Jennifer Griffith. One coach represented the group's perspective in the following way: "I thought Kent Regional 4C (Jennifer) did a good job seeing to it that we had training. It was hard because it was a new program and everything had to be created (e.g., the forms we used) and I think she really challenged us."*

Proposed training enhancements:

- *Training for how to run a playgroup/manage a classroom (particularly for non-educators). One coach stated: "As a teacher, I was thankful I had that background to fall [back] on doing playgroups."*

6.9 Playgroup/Hub Locations

Satisfaction with Hub Locations

Three coaches recommended using the same hub locations given their satisfaction with the location itself and the people who supported them within the hubs. The three stakeholders who were interviewed expressed similar satisfaction. All wanted to continue supporting the program by serving as a hub location.

The Ideal Physical Space

Both coaches and providers had perspectives on what would constitute an ideal space for playgroups. **Coaches** felt it would be a pre-school classroom (described as a room with a sink, tables, chairs and floor space). The space could be shared but would have to include dedicated storage. Also, it was felt that having at least one playgroup at the library benefitted everyone in the program, as providers could go there to use the children's section and check out books. Some **providers** expressed concern that overcrowding might impact the quality of the experience for some of the children.

6.10 Recruitment

Overall, 65% (n=72) of providers were recruited through phone calls during Year 1. Coaches were asked specifically if they were satisfied with the number of providers recruited. All felt it took longer to recruit providers than had been anticipated. Even though they eventually did reach the number they had targeted, they were concerned about overall retention. One coach seemed to summarize their perspective as follows: “We wanted to reach more than we did. We also didn’t retain as many as we would have liked either. But I think the retention issues were out of our control, i.e., providers moved or stopped providing child care.”

All groups interviewed had ideas about possible ways to improve approaches to recruitment so that efficiencies could be gained. Coaches and providers were asked specifically to share perspectives on what they believe had worked and/or might work better in the future. Table 11 is a comprehensive list of the ideas presented with some specific comments that may be helpful in determining how best to allocate marketing resources in the future.

Table 11: Recruitment Ideas

Advertising <ul style="list-style-type: none"> • Family Magazine • Public Broadcasting System • Spanish Newspapers • Spanish Radio Stations 	<p>This is an area that has not been tapped before. Advertising in Spanish would be especially helpful in the Burton Heights/Grandville Avenue neighborhoods.</p>
Cold Calls	<p>One coach in particular who was very comfortable making phone calls using the DHS phone list felt this was a useful means of recruitment. Others felt that it was not personal enough, especially for potential providers in the Hispanic community.</p>
Direct Mail	<p>Include an overview in a mailing that DHS normally sends out.</p>
Door to Door	<p>While this was not mentioned at all by the providers, the coaches seemed to feel that this was a very useful way to connect with potential providers.</p>
Flyers <ul style="list-style-type: none"> • Churches • Counselors • DHS • Doctors’ Offices • Health Department • Neighborhood Associations • Schools 	<p>The providers indicated that flyers were useful in the recruitment process. However, of all the methodologies used, the coaches that felt this one did not yield a sufficient number of participants given the amount of work required to distribute them in the community.</p>
Playgroups	<p>Providers being able to invite friends and neighbors to playgroups. Occasionally making playgroups open to “drop-ins” (e.g., at the library) where they were visible to outsiders.</p>
School Activities	<p>One stakeholder mentioned that having coaches participate in school activities geared for parents was very helpful (both for recruitment and retention). Another stakeholder indicated that she lists FFN on “Show Me” TV in the school lobby. One coach mentioned that she found good recruitment opportunities at school open houses.</p>
Tier 2 Training	<p>Promote the program to Tier 2 trainees.</p>
Word of Mouth	<p>This approach was the one most commonly mentioned, in some way, by all groups. The stakeholders played a role in promoting the value of the program to parents – especially the school principals. Providers felt empowered to tell people about it but most did not realize that they would receive an incentive if they made a successful referral.</p>

6.11 Value of FFN

Stakeholders, providers, coaches and parents believed the program offered significant value and wanted to see it continued. **Parents** commented:

- *I think it's a great program that my child is benefitting from 100%, as well as my care provider (my mom)*
- *This is a great program for the children. It helps them develop the skills needed before they start preschool.*
- *I like this program a lot. Hopefully it keeps going on*
- *I think it is a good program for kids that aren't in a regular childcare environment*

Providers valued a number of FFN components – the educational and social aspects (for themselves and the children), the assessments which helped them determine which areas of early childhood skill development to focus on and the range of resources to which they were exposed and that were provided to them.

FFN coaches were impressed by the changes that were recorded in the development of the children (as evidenced by improvements in the PPVT assessments) and the degree to which they personally were able to help providers learn to engage with children in ways that would significantly increase their readiness for school. While they agree that both the playgroups and home visits offered important growth opportunities, they were nearly unanimous (3 out of 4) in their belief that home visits are more critical.

Partners took on a broader community perspective and felt that the program reached an audience that had previously been underserved – relatives who care for young children. In addition, because many of these providers came from lower socio-economic backgrounds, they had numerous unmet needs and a number of which were addressed by the program. A few of the partners felt that having the coaches go into the homes “allowed them to have first-hand impact” in the environment. Through real-time examples and modeling, “quick changes could be made which would benefit the children” and even “small things can make a huge difference for a child.”

Stakeholders spoke of the value of the program in terms of its capacity to engage family members – parents of children who need family members to serve as providers and the relatives (mostly grandparents of the children) who want to help. “The value I see is families/parents working together with children in social development and doing it as early as possible. I see healthy relationships coming out of that – parents [and grandparents, aunts and uncles] understanding and knowing appropriate ways to interact with children, their children and other children.” In addition, one stakeholder saw the value in participating in what she saw as “a good collaborative effort for our city, especially since we want to be part of any early literacy project that’s happening.”

6.12 Overall Program Strengths and Weaknesses

Coaches and partners interviewed noted FFN strengths as:

- The fact that strategies were research-based
- Multi-disciplinary partners around the table wearing different hats which enriched the quality of the programming; each was able to see beyond their respective lens
- Diverse backgrounds of coaches and the ability of the coaching team to (a) flex and adapt quickly when things didn't go according to “plan” and (b) build relationships with the providers
- Playgroups being able to provide great activities for provider/child interactions, teaching things the providers wouldn't have known about otherwise
- Incentives were used effectively

Coaches and partners interviewed noted FFN weaknesses as:

- There were many families with low/no literacy
- More resources were needed to support the challenges faced by many of these families
- Some coaches had insufficient knowledge of community outreach
- An extremely labor intensive curriculum (different monthly themes for both playgroups and home visits) required the coaches to absorb large amounts of information

6.13 Suggested Improvements

The following list of suggested improvements is based on interviews with partners and stakeholders, as well as some that were mentioned multiple times during the focus groups.

Program Scope, Structure and Duration

- Expand the program outside of its current geography to include more participants and parents.
- Find more ways to more effectively use the services of Arbor Circle (mental health) and KISD around interventions for children with developmental delays.

Program Outcomes

- Some coaches questioned the focus on getting providers on the track to get licenses/registered.
- There is value to finding ways to incentivize providers to seek further development (e.g., incentives to increase the providers' own literacy skills).
- Need to have more than one year of service to study program effects.

Participants

- Get providers involved in recruitment by having them tell their stories.
- Solicit parents to attend activities.
- Get more young parents and men involved as providers
- Educate parents to find care that offers developmental activities (e.g., emphasize licensed care as another option).

Playgroups

- Continue to have coaches with Bachelor's and add assistants from the community (e.g., past or current providers who have been observed interacting with children at the level it is hoped other providers will master) to complement that role - creating a higher ratio of coaches to playgroup participants.
- Use playgroups as a way to market the program; open it up to non-enrolled caregivers so they can experience it.
- Give participants a reminder call the day or evening before.
- Allow parents to participate in playgroups.

7 Summary

7.1 Project Goals

FFN achieved most of the goals it set out to accomplish during its first year of implementation. Program achievement highlights (including the five main goals, are summarized below.

- Children enrolled for 6 months gained more than typical in language development
- Were able recruit 70 providers (technically recruited 72)
- 54% of providers were retained in services for 6+ months
- Providers enrolled for 6 months improved on their post-assessment with the CHELLO
- Providers enrolled for 6 months improved their child care environments
- Providers increase provision of age appropriate literacy
- 100% of providers received at least one incentive, with the average being 4 per provider
- Coaches did make referrals to community resources
- Through field trips and materials distributed provider access to community resources was increased
- Developmental delays data was not collected to the extent that referral to early intervention could be assessed

7.2 Recommendations

There were many lessons learned from this initial year of implementation and evaluation that should be considered as the program moves forward. The following list pertains to program evaluation improvements to consider:

1. **Administer provider assessments to all providers pre and post, regardless of length of involvement in program.** This year, only those providers who received six months or more of service were assessed post. By expanding post assessments to all, regardless of length of time in service, FFN will be able to examine effects of service by dose and, depending on program attrition, potentially create a comparison group (full dose v. dropouts or limited engagement). It should be noted that this type of follow-up may require the program to redesign incentives (i.e. notifying providers up front that the program would like to assess them at certain time points regardless of their level of involvement *and* offering incentives that would encourage this).
2. **Adopt an assessment that measures learning development in children under 2½ years of age.** In Year 1, 158 children were touched by home visiting. Of those, approximately 40% were less than 2 years old.
3. **Consider additional assessments that can be used in a playgroup environment.** The program could consider identifying an assessment instrument that takes 10-15 minutes and could be employed during or after playgroups and would provide a more robust sample size for measuring outcomes. The program would need to build in time for these assessments to occur during a child's first or second playgroup experience (i.e. designate additional time and incentives)
4. **Explore additional developmental delay assessments (other than ASQ).** FFN did not use the ASQ to track or identify developmental delays. An alternate instrument could be useful for this purpose and for follow-up after delays are identified.
5. **Data collection improvements.** 1. Track the number (name, dob, date of attendance, associated FFN ID) of all children participating in playgroups – developing a standard learning group attendance sheet and creating a data entry option in the FFN database is recommended. 2. Track developmental delay referral information (delay identified, method of identification, resource referred to, and referral outcomes). 3. Assign a date of program exit for dropouts.

There are also several areas of program implementation that should be explored:

1. **Recruiting and retention goals and methods.** Recruitment methods should be explored to maximize efficiencies. A thorough examination of recruitment and retention methods should be considered for future program implementation.
2. **Home visit, playgroup and field trip efficiencies.** FFN should explore changes to the program design, such as offering neighborhood centric playgroups, time of day playgroups are conducted, or offering more field trips.
3. **Coaching qualifications.** As demonstrated in section 6.4, staff with early childhood specific backgrounds had significantly stronger impact on the receptive vocabulary scores of participating children. This should be considered in future staffing qualification requirements.